2019
AOCD Spring Meeting
Program Review
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Orlando, FL
April 10 - 13, 2019
Program Attendance Summary

Program Evaluation Response
197 preregistration questionnaires completed, 57 program evaluations returned, 57 speaker and learning objective evaluations returned, 54 CME mission statement surveys returned, 44 professional practice gap surveys returned, 60 outcomes evaluations returned

Meeting Attendance
220 Total Registrations; 213 Total Attendance (AOCD Members – 182; Non-Members – 31)

Member Breakdown
- Attending Physicians 132 (73%)
- Residents 37 (20%)
- Students/Interns 13 (7%)

Non-Member Breakdown
- MDs 15 (48%)
- DOs 5 (16%)
- Practice Mgrs 2 (7%)
- NPs 1 (3%)
- Students 1 (3%)
- PA-Cs 2 (7%)
- PharmDs 1 (3%)
- Other 4 (13%)

Program Evaluation Response Summary
- 197 preregistration questionnaires completed
- 57 program evaluations returned
- 57 speaker and learning objective evaluations returned
- 54 CME mission statement surveys returned
- 44 professional practice gap surveys returned
- 60 outcomes evaluations returned

Meeting Attendance Summary
- 220 Total Registrations
- 213 Total Attendance
- 182 AOCD Members
- 31 Non-Members

Percentage Breakdown by Region
- East 12.68%
- Southeast 56.34%
- Midwest 10.33%
- Southwest 13.63%
- Northwest 3.29%
- West 3.76%
Registration Questionnaire Summary
197 registration questionnaires completed

What was your reason for enrollment? (more than one selection could be made)
- 65.48% - Needed CME hours
- 41.12% - Location of the program
- 34.01% - Desire to broaden knowledge
- 18.78% - Program topics
- 12.18% - Other

Other Reasons for enrollment:
- Residency program requirement (3)
- Become more familiar with dermatology residency programs
- FL requirements course
- Guest
- Mandatory meeting
- Requirement

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

- Over 100,000: 63%
- 50,000 - 100,000: 18%
- 30,000 - 50,000: 8%
- 10,000 - 30,000: 9%
- Under 10,000: 2%

What is your professional status?

- Practicing: 81%
- Resident: 11%
- Student/Intern: 7%
- Retired: 1%
- Other: 12.18%
In which type of practice are you currently engaged?

- Solo 18%
- Group 62%
- Hospital 8%
- N/A 10%
- Retired 2%

Have you previously attended an AOCD CME program?

- Yes (89.69%)
- No (10.31%)

What would you like to learn from the conference?

- Business pearls (2)
- Clinical Pearls (2)
- Allergy for dermatology
- Broaden dermatology knowledge
- Chronic urticaria management
- Clinical dermatology
- Cool stuff!
- Cosmetic dermatology
- Current concepts
- Dermatology Education, Practice Management,
- Dermoscopy, disease guidelines, pearls for life/asset protection/practice
- Everything
- General dermatology, networking
- Hot new topics
- Latest trends in treating rashes; Identifying melanoma
- Managing complex medical dermatoses
- Medical dermatology
- N/A
- New advances
- New psoriasis drugs
- New treatments for common ailments such as acne, psoriasis, eczema, and verruca
- Novel approaches in therapeutic management
- Required Florida CME
- Sharpen skills, keep up to date
- To keep up to date with the latest developments in Dermatology
- Updates in diagnosis and therapy
- What's new
### General Conference Evaluation Summary
57 evaluations returned

#### General Program Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Average Rating</th>
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<tbody>
<tr>
<td>Activity content</td>
<td>3.65</td>
</tr>
<tr>
<td>Length of activity</td>
<td>3.65</td>
</tr>
<tr>
<td>Facilities</td>
<td>3.88</td>
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<tr>
<td>Overall rating</td>
<td>3.76</td>
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#### Evaluation of Program Content

<table>
<thead>
<tr>
<th></th>
<th>Average Rating</th>
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<tbody>
<tr>
<td>Time for questions &amp; answers was sufficient</td>
<td>3.81</td>
</tr>
<tr>
<td>Activity met your expectations</td>
<td>3.72</td>
</tr>
<tr>
<td>Presentations provided usable ideas and/or techniques</td>
<td>3.72</td>
</tr>
<tr>
<td>Activity will improve professional effectiveness</td>
<td>3.66</td>
</tr>
</tbody>
</table>
Please describe any poor ratings:

- Conference should offer more credit hours. Also, start the conference on Thursday and end Sunday. Easier for attendance as one does not have to take off an extra day from office.
- I felt there was very little usable material presented. Overall, I was disappointed in the meeting. The history of Mohs was a complete waste of time.
- Some presenters did not have Powerpoints available. No link available.
- Some slides were hard to read
- There are not enough hours of CME offered. Also, Wednesday is too early to start conference. It should mostly be Friday through Saturday.

Did the activity remain commercially unbiased?

Yes 100.00%

No 0.00%

List the subjects you felt were most valuable to you:

- Psoriasis updates on biologics (15)
- Allergy for the dermatologist (11)
- Neutrophilic dermatoses (7)
- Psoriasis (6)
- Radiation therapy (6)
- Therapeutic update (5)
- Cutaneous venous hypertension (3)
- Dermatopathology (3)
- Metastatic carcinoma to the skin (2)
- New Anti IL-23 drugs (2)
- New therapies (2)
- Pediatric dermatology (2)
- Providing the Florida required CME (2)
- Psoriasis co-morbidities (2)
- Psoriasis lecture (Dr. Lebwohl and Dr. Feldman) (2)
- Psoriasis treatment update (2)
- Surgical (2)
- All
- Clinical application
- Clinical pearls
- Complex medical dermatology
- Facial plastic surgery
- General dermatology
- Immunohistochemistry
- Medication updates
- Mohs
- Nuts and bolts speakers who tell you how to do things, not just the data
- Prescribing laws and rules for controlled substances
- Psoriasis lecture

What topics would you like to see presented at future meetings?

- Cosmetic update (5)
- General medical/clinical dermatology (4)
- Pediatric dermatology (3)
- Psoriasis (3)
- Surgical dermatology (3)
- Business topics (2)
- Dermatopathology (2)
- Laser update (2)
- Medication update (2)
- Pruritus (2)
- Allergy
- Alopecia update
- Anything but cosmetics
- Atopic dermatitis
- Board review
- Chart audits - how to prepare
- Chronic urticaria
- Coding updates
• Complex medical dermatology
• Connective tissue disease
• Cosmetic with demonstration
• Cosmetics - Filler techniques, products, complications
• Dealing with difficult, dangerous or litigious patients
• Dermatologic presenters/manifestations of systemic disease
• Dermoscopy
• Drug eruptions
• Evidence-based management of common and complex medical dermatology
• Immunology basics short lecture
• Less dermatopathology
• Melanoma treatment
• Mohs topics
• Monitoring labs and side effects of systemic medications
• More about biologics
• Nail disease and biopsy techniques
• Need ethics and addiction lectures earlier in the program
• OCC
• Pertinent and up-to-date topics
• Rashes
• Resurgence of STDs and prevention
• Rheumatology
• Risk management
• Similar program, this one was great!
• Skin cancer treatments
• Tropical medicine
• Upcoming economic trends in dermatology
• Updates on treatment and management of common dermatologic conditions
• Urticarial allergic dermatitis
The following are overall learning objectives for the Spring 2019 Current Concepts in Dermatology seminar:

- Psoriasis tailor-made treatment in the era of biologics and dermal fillers histopathology reactions
- Identify comorbidities, understand the immunological relationships, consideration to objectify these associated issues in clinical practice to buffer our outcomes
- Understand the gender differences, modes of spread, and anatomic distribution of metastatic carcinoma, understand the clinical and microscopic features of various types, understand prognosis and palliative treatment options.
- Understand the manifestations of cutaneous venous hypertension, recognize the patterns of venous pathology, become familiar with primary/secondary venous ulcers and treatment
- Recognize the clinical features that allow diagnosis of neutrophilic dermatoses, determine the best strategies for evaluating patients, understand the therapeutic ladder of treatment
- Discuss new treatment options for common pediatric dermatology conditions, discuss diagnosis or various pediatric dermatology conditions, discuss management of several common pediatric dermatology conditions
- Learn several examples of VIP customer service, learn several practical ways to improve customer service and patient satisfaction
- Review the core principles of osteopathic dermatology, review dermatologic conditions and common treatments, osteopathic approach to dermatologic conditions
- Identify ideal patients for anti-IL-23 therapy, understand the mechanism of action of anti-IL-23 drugs, recognize the risks and benefits of anti-IL-23 therapy
- Understand Mohs Micrographic Surgery, understand the evolution of Mohs techniques, understand the indications of Mohs surgery
- Dermatopathology features of cutaneous malignant tumors, early detection, prognostic issues and treatment options of cutaneous malignant tumors
- Summarize newer therapies that are available or in development for common dermatologic disorders, explain MOAs of individual therapies and how correlation of MOAs with specific disease manifestations can optimize therapeutic response, list potential adverse effects of specific therapies and devise monitoring approaches including both clinical and laboratory assessments and testing
- Better understand when free tissue transfer is appropriate for a cancer defect, better understand the technical aspects, considerations and philosophy behind microvascular surgery, better understand the use of technology in facilitating and optimizing complex reconstructions
- Overview of the most advanced surgical techniques in cosmetic facial surgery, complicated Mohs reconstruction, charity work in impoverished countries
- Describe the safety of biologics for psoriasis, list relative efficacy of different biologics for psoriasis, describe how well patients adhere to self-administered biological treatment
- Differentiate among types of allergy testing for food and drug allergies, understand limitations of tests to assess drug-induced skin rash, recognize various patterns of skin reactions caused by drug allergies
- Review the historic precedent for radiation therapy in skin cancer treatment, understand how to select patients for radiation therapy, discuss several different radiation technologies available for delivery of treatments in a dermatology office setting

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 better understanding of medical knowledge and technology to improve diagnosis for better patient care and outcomes
- Apply clinical guidelines in practice
- Apply in decision making for treatment of patients
- Apply new data for safety and efficacy of new drugs
- Apply to daily clinical practice
- Be able to better treat psoriasis patients, skin cancer patients and surgical patients
- Better differential diagnoses; Incorporate new treatment options
- Better treatment for psoriasis and atopic dermatitis
- Better understanding on how to utilize radiation oncologist, vein specialist, plastic surgeon and allergist; Better understanding of Osteopathic principles related to dermatology; Have more knowledge of biologic agents for psoriasis and psoriatic arthritis; Have better understanding of neutrophilic dermatoses
- By implementing them
- Good and useful updates for psoriasis medications
- Good psoriasis tips I will use; Allergy lecture was exceptional
- Help maximize my patient care and make me a better doctor
- Help to better treat patients in a clinical setting
- I will incorporate in my practice and relay to my patients
- I will incorporate new information and updates in my practice in order to provide the best evidence-based medicine possible.
- Increase use of biologics for patients with psoriasis; Improved management of patients with immunodeficiency
- Increase use of new biologics (i.e. IL-23); Lecture helped fine-tune evaluation/work-up of neutrophilic dermatoses; Considering adding radiation treatment modality in office setting for non-melanoma skin cancer and keloid scars
- Increased professional knowledge
- Mandatory Florida licensure courses for renewal; Incorporating appropriate allergy referral in persistent eczema; Review of general dermatology topics
- More use of IL-23 biologics for psoriasis in appropriate patients and try to encourage adherence
- Provided food for thought - always learn and think of ways to improve private practice, patient care, staying up to date with medicine/documentation and to have fun practicing medicine!
- Simply understanding the pathogenesis, presentation, workup and management of varying cutaneous disease processes will allow me to further provide up-to-date care for all of my patients
- Some clinical treatment changes; Better understanding of some systemic drugs
- The review of material will in general improve my care, as my breadth and depth of topics has been expanded and new ideas have been introduced to me
- Tips from Dr. Feldman’s lecture; Tips from Dr. Michael Wein
- Use more biologics for psoriasis treatment; Focus on treatment options for pediatric conditions
- Utilize treatments more effectively; Better awareness of safety and efficacy of treatments
- Vascular pearls; Biologic management
- Will be able to use several learning objectives, especially from Dr. David Herold’s lecture Art of Radiotherapy
- Will improve patient care
- Will improve patient care and workup of treatment
- With up-to-date treatment

The Powerpoints and/or handouts effectively supported the presentation.
The content of the topics were presented in a clear and understandable manner.

- Strongly Agree (81%)
- Agree (16%)
- Disagree (3%)
- Strongly Disagree (0%)

The sessions assisted me in my professional development.

- Strongly Agree (74%)
- Agree (23%)
- Disagree (3%)
- Strongly Disagree (0%)

The sessions provided me with specific ideas that I intend to use.

- Strongly Agree (70%)
- Agree (27%)
- Disagree (3%)
- Strongly Disagree (0%)
The presenters were knowledgeable, organized and effective in their presentations.

- **Strongly Agree** (75%)
- **Agree** (23%)
- **Disagree** (2%)

The conference remained commercially unbiased.

- **Strongly Agree** (80%)
- **Agree** (18%)
- **Disagree** (2%)

Were disclosures made or conflicts of interest identified prior to the CME program?

- **Yes** (100%)
- **No** (0%)
Mission Statement Survey
54 Responses Received

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 (98%)
No (2%)

If you answered “no,” please describe how we did not meet the mission:
- Too much opinion with too little science
Professional Practice Gap Survey
44 Responses Received

What problems/issues in your practice would you like our continuing medical education program to try and help you with?

- Advances in EMR
- Audits; Dermoscopy mastery
- Billing and reimbursement
- Clinical updates
- Continue providing the Florida requirements and providing AOA 1A CME for CAQ (Dermpath) requirements
- Continue with great surgical lecture updates on guidelines for management of common skin conditions
- Contract negotiations with insurance companies and unifying doctors
- Cosmetic procedures
- Cosmetic treatments including anatomy lectures for injections
- Diagnosis and treatment of unexplained dermatitis and pruritus in elderly patients
- Employee within a group practice hospital owned practice issues
- Future billing and reimbursement topics
- Hands on fillers, Botox and new cosmetic procedures
- Immunobullous diseases
- Managing non-compliant patients
- Melanoma treatment
- Mohs closures; Perineural invasion; Treatment of rare/aggressive skin cancers; Information on Mohs board certification; Recertification of boards (review course)
- Neutrophilic dermatoses; Spongios dermatitis
- New medication and treatment updates
- Office efficiency and collections
- Operations and efficiency; Improving productivity
- Pediatric dermatology; Billing
- Prior-authorization
- Tips on surgical techniques; New treatment modalities in dermatology
- Up-to-date standard of care on complex medical dermatology
- Update on new drugs
- Updates on coding
- Urticaria

What questions in practice are you having that you are not getting answers to?

- Audits; Dermoscopy
- Best EMR and PM for dermatologists
- Billing and reimbursement
- Dealing with increased patient co-pay
- How to bill efficiently and appropriately about which/when- to use modifiers
- How to develop a more efficient, cost effective practice
- Insurance issues
- Management of dysplastic nevi
- MIPS & ACO
- Negotiations with hospital owned practice to support dermatology within the group practice
- Switching biologics when patients are not responding to treatment for psoriasis

What patient problems or patient challenges do you feel that you’re not able to address appropriately or to your satisfaction?

- Addressing misinformation
- Decreased time spent with patients due to EHR
- Expectations of skin lightening regimen
- Insurance coverage
- Medication access to patients
- Medication coverage
- Medication coverage, especially with government insurances
- Obtaining prescriptions for necessary treatment(s) that are off-labeled
- Palmoplantar psoriasis; Delusions of parasitosis
- Patch testing
- Pityriasis rubra pilaris
- Pre-certs
- Prescription/Pharmacy
- Problem patients; Patients and social media; How physicians should respond to complaints through social media
- Pruritus in elderly
- Recurrent rashes
- Referring to other specialists (i.e. allergy, ENT, plastics)
- Slow office flow
- Treatment options with cosmetic lasers
What patient problems are your patients communicating to you needs more attention or more follow-up?

- Cost of medications (2)
- Eczema (2)
- Medication coverage (2)
- Prior authorizations (2)
- Access issues - difficulty getting appointment sooner
- Atopic dermatitis
- Business of medicine
- Call backs to patients
- Chronic itch
- Decreased time spent with patients due to EHR
- Getting medical information from questionable sources
- Getting pathology results to patients who don't answer the phone
- Getting prescriptions filled
- Medication access
- Palmoplantar dermatitis
- Patient counseling - Handouts to reiterate what was discussed during office visit
- Perioral derm
- Pharmacy issues with getting certain medications
- Problems with plantar warts
- Quicker return on biopsy results
- Recurrent rashes
- Scalp psoriasis
- Seborrheic keratosis
- Skin cancer
- Written after care instructions

What are the most common cases seen in your area?

- Skin cancer (20)
- Acne (13)
- Psoriasis (13)
- Eczema (8)
- Non-melanoma skin cancer (7)
- Atopic dermatitis (5)
- Rosacea (4)
- Actinic keratosis (3)
- Pre-cancers (3)
- Seborrheic dermatitis (2)
- Warts (2)
- Atypical nevi
- Cancer
- Carcinomas
- Dermatitis
- Dysplastic nevi
- General dermatology
- Hypersensitivity reactions
- Melanoma
- Notalgia paresthetica
- Pediatric dermatology
- Routine
- SCC/BCC requiring Mohs
- Seborrheic keratosis
- Skin cancer
- Stasis dermatitis

What are the most prevalent and serious medical problems for your state? (Please provide state)

- Alabama
  - Overdoses/narcotics
- California
  - Melanoma
- Colorado
  - Access to healthcare and poor reimbursement
- Florida
  - Skin cancer (14)
    - Skin cancer (melanoma) (2)
    - Skin cancer (non-melanoma) (2)
  - Dysplastic nevi
  - High cost of prescription drugs
  - Overutilization or competition in Mohs surgery
  - Psoriasis
  - Stroke
  - Surge in Lyme disease cases
- Hawaii
  - Syphilis
- Illinois
  - Advanced (multiple) SCC
  - Access to care
  - Lack of tertiary care centers
- North Carolina
  - Ocular melanoma
- New Hampshire
  - Drug/Opioid crisis (2)
- New Jersey
  - Reimbursement on business side, Pre-certs for medications on the prescription side
- Ohio
  - Medication access
- South Dakota
  - Skin cancer
What are the key issues or obstacles to patient care you or your colleagues encounter?

- Prior-authorization (4)
- Access to medications (3)
- Insurance coverage (3)
- Insurance coverage for prescriptions (3)
- Insurance (2)
- Patient compliance (2)
- Reimbursement (2)
- Access
- Cost
- Cost of medications
- Coverage for treatment
- Fighting with insurance companies about what medications I can prescribe
- Getting paid by the state of Illinois
- Having access to various treatment options
- Hospital-owned group encouraging use of their pathologists who are not dermpath trained
- Insurance coverage of new medications
- Misinformation on social media
- Non-compliant patients
- Not enough time with high-risk patients
- Online reviews
- PA for Rxs
- Patient access
- Payors/insurers
- Regulatory burden
- Timely access to healthcare for patients

What kinds of clinical situations do you find difficult to manage or resolve?

- Delusions of parasitosis (2)
- Hypersensitivity reactions (2)
- Non-compliant patients (2)
- Acne compliance
- Advanced psoriasis
- Advanced skin cancer
- Allopecia
- Billing
- Billing issues in patients with high deductibles
- Chronic eczema
- Chronic itch
- Complex medical dermatology
- Contact dermatitis
- CTCL
- Elderly patients with chronic pruritus
- Female hair loss
- Hidradenitis suppurativa
- Immunobullous diseases
- Insurance reimbursement
- Lupus
- Metastatic carcinoma
- Most difficult would be the complex medical cases in which a diagnosis is not only identifiable and requires biopsies or just more time for the condition to present itself, all while the patient expects immediate results
- Pruritus in elderly patients
- Psoriasis with multiple co-morbidities
- Rashes (Drug vs. Contact vs. Arthropod)
- Recalcitrant warts
- Scars
- Trying to keep visits to a minimum of three problems
- Vasculitis work-up
- Vitiligo
- Work-up of itch with no rash

The following items are very important in helping you provide optimal care to your patients.

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<tr>
<th>Articles in peer-reviewed journals</th>
<th>Continuing medical education courses</th>
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<tbody>
<tr>
<td>84.19% Agree</td>
<td>97.73% Agree</td>
</tr>
<tr>
<td>13.64% Neutral</td>
<td>2.27% Neutral</td>
</tr>
<tr>
<td>2.27% Disagree</td>
<td>0.00% Disagree</td>
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2019 Spring Meeting Program Review – Orlando, FL
Pharmaceutical company sales representatives
- 36.36% Agree
- 59.09% Neutral
- 4.55% Disagree

Opinions of nationally recognized experts
- 84.09% Agree
- 15.91% Neutral
- 0.00% Disagree

Clinical practice guidelines
- 86.36% Agree
- 9.09% Neutral
- 4.55% Disagree
What changes in performance and/or patient outcomes do you anticipate to occur as a result of participating in this conference?

- More treatment options (3)
- Advise patients not to delay introduction of peanut to infant diets
- Approach to invasive SCC
- Aware of more choices in therapy that would benefit patients
- Be better informed about treatment options
- Better
- Better patient outcomes related to review of extensive treatment options
- Better performance with wider range of tools
- Better prepped for MIPS
- Better psoriasis treatment and outcomes. Better understanding of many new medications now on the market.
- Better results in treating patients with psoriasis with biologic medications
- Better understanding of clinical treatment
- Better understanding of different systemic drugs for psoriasis and atopic dermatitis
- Better understanding of patient selection for radiation
- Better up to date patient care
- Better, more informed care
- By offering more treatment options that are patient specific, the patient’s course of improvement is expected to be optimal
- Changes to best practices in office
- Consider radiation therapy more as another option for skin cancer treatment
- Different strategy of psoriasis treatment and workup and certain surgical cases
- Different treatment options in hard to manage patients
- Discussion of radiation therapy as a treatment modality for NMSC
- Drug updates were very helpful. I am more informed of the newer biologics especially.
- Exploring different treatment options
- Heightened awareness of newer drugs on market
- Holistic approach for patients with psoriasis
- I expect an improvement in patient outcomes.
- I have a patient that has facial paralysis from skin cancer metastasis that might be helped by Dr. Azzi
- I think patient outcomes will be improved
- I will be a better physician
- I will consider some of the treatment options I learned about
- Improved knowledge of care with allergists
- Improvement in patient safety and education
- Increase use of new biologics
- Increased performance in patient care due to expanded knowledge of treatment updates
- Increased use of biologics
- Incremental
- Legality and the need to be very careful
- Increased performance in patient care
- Many of the lectures provided updates on new advances in therapy and to improve patient care
- More liberal use of biologics
- More prudent surgical closures
- More targeted and specific surgical and medical treatment therapies due to closer diagnostic accuracy of skin tumors and rashes
- Much improved
- No changes
- No medical errors
- Offer XRT for treatment of skin cancers
- Psoriasis biologic treatment options
- Re-evaluating treatment plans for certain dermatologic conditions
- Recommendations in treatment options for psoriasis. Recognizing different kids of allergies related to dermatologic conditions.
- Retired, so none
- Treatment options
- Understanding treatment options for psoriasis
- Yes, use of new psoriasis medications

How will your treatment options change after attending this conference?

- More available (3)
- Some new options (2)
- Better options with more specific targets
- Better practices
- Broader options to present
- Consider more options
- Consider other biologics
- Consider other options that I did not before
• Consider other psoriasis medications
• Consider radiation treatment more often
• Considering various treatment options for psoriasis patients particular and adjunctive treatment options
• Discussing alternative options with patients
• Expanding treatment armamentarium for psoriasis and radiation treatment for SCCs
• Fund of knowledge
• I am in line with what was presented
• I will change the way I treat venous hypertension
• I will feel more comfortable in using newly approved medications, especially in regards to psoriasis and atopic dermatitis
• I will use newer drugs
• I will utilize new biologic treatment options for certain psoriasis patients
• Incorporate them into my practice
• It allows a greater selection of the most up to date therapy for optimal patient improvement
• Keep in mind new therapies from Dr. Del Rosso's lecture
• More broad options for some skin diseases
• More comfortable with biologicals
• More IL-23 inhibitors for psoriasis
• More insightful
• More options with biologic agents
• More use of new biologic therapy under the right circumstances and same for XRT
• More use of radiation for NMSCs
• New medications I have not had experience with can now be added to my treatment protocols
• New updates regarding common dermatological conditions
• No changes
• Off label uses
• Offer XRT for treatment of skin cancers
• Offering and educating newer treatment options for patients who already failed their previous treatments
• Open to more ideas
• Option for new therapy
• Psoriasis biologic options
• Read more up to date literature
• Similar to above, more informed about new biologics
• Test patients more often for penicillin allergy
• The conference allowed for the development of a greater knowledge of a wider variety of surgical treatment options for vascular and malignant skin lesions
• The conference enhanced my treatment armamentarium when treating patients
• They won't
• Treatment options will be increase; Try to include some alternative medicine options
• Two or more
• Venous disease disorders, psoriasis
• Very Little
• Will depend upon the clinical scenario
• Yes
• Yes in treating patient with biologics feel more comfortable considering other options besides TNF inhibitors

What is one new thing you learned from this conference?

• A better understanding of the Florida statutes and regulations
• A flap
• Adverse effect of medications
• Approach to invasive SCC and melanomas
• Assessing neutrophilic dermatoses ddx
• Be very skilled at the statutes
• Being insightful into other methods
• Better understanding of radiation therapy
• Better with biologics
• Biological treatments
• Broader knowledge about allergy
• Check for nails changes as an indication for psoriatic arthritis
• Check IGA in evaluating dermatitis herpetiformis
• Clinical mimickers of atopic dermatitis/eczema
• Dealing with parents of pediatric patients
• Diagnosing neutrophilic d/o
• Do not order blood IgG allergy testing
• Don’t treat a face aesthetic gravity problem by adding volume, will not help
• Equanimity
• Fine tuning diagnostic acumen for neutrophilic dermatoses
• How to better discuss biologics with patients
• How to prescribe certain biologic agents
• How to properly advertise my services
• I learned how better evaluate treatment options for skin cancer patients including radiation immunological expertise
• Innovative approach to treatment of veins
• Lower blephs
• Medical treatment of cutaneous carcinoma
• Mohs technique
• Neutrophilic disorders
• New dermpath features of cutaneous malignancies
• No new skills
• No new technical skills picked up at this conference
• Not a new skill
• Not to worry about side effect of newer drugs
• Options in approaching treatment
• Practice management pearls
• Proper informed consent
• Radiation counseling
• Radiation for skin cancers -- I have avoided recommending for patients but will begin to discuss for certain patients
• Radiation therapy as a new tool
• Radiotherapy
• Sclerotherapy
• SRT
• The history of Mohs surgery
• To be better able to clinically diagnose pediatric "lumps and bumps"
• Tolerance of others opinions
• Treating perforator veins to reduce spider veins
• Treatment of invasive skin cancers
• Update on medical and surgical treatment
• Use of specialized suturing techniques for facial surgery/wound closure after tumor excisions
• Using biologics in the treatment of atopic dermatitis
• Various AK treatment options
• VIP customer service and practical ways to improve patient satisfaction
• Vitiligo options

Who will you share this information with?
• Colleagues (41)
• Patients (20)
• Staff (15)
• Residents (4)
• PAs (2)
• Students (1)
• Trainees (1)

What information do you still need regarding the topics presented?
• None/Nothing (20)
• Pediatric dermatology (3)
• Updates (2)
• Access to the Powerpoint presentations would be great for review
• As new information evolves it would be beneficial to learn about these & implement new treatment plans for our patients
• Atopic derm
• Biologic lectures are always helpful
• CME for Dermatopathology CAQ
• Continued exposure to SRT protocols
• Continuous education
• Etiologies and treatment options for spongiotic dermatitis in adults
• Exact scripts for self and especially staff for unhappy patients, how to respond to negative online reviews
• Further and more detailed information regarding use of newer biologics and their management of side effects
• How to inject Sculptra in the buttocks
• I appreciate learning surgical tips and new medication options for common conditions
• It would be useful if every lecture was available via pdf format from the presenters for those registered for the meeting
• Long-term follow up on newly approved medications
• Management of skin cancers and precancers in transplant patient
• More information on some of the allergic processes
• More practical observation
• More studies on biologics for psoriasis
• More surgical cases would be helpful
• Need more cosmetic information at the conference
• New drugs are always being brought to market. Many topics are yet to be covered in the subject of dermatological care/treatment.
• Repeat information
• Review of interleukins, immunology and allergy
• SE profile of some meds
• Sometime better handouts
• Studies
• Which to pick
Comments

- All good
- Beautiful facility and food functions
- Consider board reviews for residents. These would have to be as good or even better than any other board review offered all over the country. They would need to be superior.
- Enjoyable and informative meeting
- Excellent course and venue. Enjoyed the conference center and the Marriott.
- Excellent facilities! Ability to obtain mandatory Florida CMEs and satisfy Florida DOH requirements.
- Excellent meeting
- Excellent, great location!
- Good location, good lectures
- Good location; Convenient to attend Florida licensure mandatory courses
- Good meeting - Some outstanding lectures and speakers on psoriasis and allergy. Saturday lectures were excellent but grueling to sit through at once; Arnold Mackles, MD excellent
- Good venue
- Great
- Great conference that has a family feel!
- Great set of lectures and speakers for a wide array of medical and surgical dermatology. The surgical lectures were great. Dermpath session was helpful too. Neutrophilic dermatoses lecture was really helpful.
- I believe all speakers were helpful
- I enjoyed the meeting, the variety of discussions and the quality of the lectures.
- If speakers do not want to give their slides, they should give a summary sheet to provide as the handout.
- It was great and love the venue
- Keep having meetings in non-stop flight destinations -- easy to get to
- Keep up the awesomeness!
- Large microvascular head and neck reconstruction not needed
- Less histology, more clinical management
- Location was great!
- Look forward to Nashville meeting
- Love this organization! We must find a way to keep our membership going.
- Meeting topics were very interesting (History of Mohs Surgery) and relevant to today's dermatology practice (Facial Plastic Surgery and The Art of Radiotherapy)
- More lectures and more CMEs next conference
- More perspective on the changing landscape of diseases
- More resident focus
- Much improved from last year! Stick to clinical topics and basic sciences of skin
- No handouts or USB memory content was provided to refer back to lectures
- None, keep going!
- Presentation should be free of personal bits i.e. voicing concerns of other doctor behaviors.
- Providing the Florida requirements are a great addition and I hope it continues. Also providing opportunity for derrpath CME for my CAQ requirements are very valuable to me.
- Really enjoyed it. It would be easier for a Thursday to Sunday conference. I think that limited attendance.
- Really like having Dr. Lebwohl, Dr. Feldman and Dr. Jorizzo
- Resident focus for future meetings - they are our future
- Thank you for all of the hard work! Great facility, good topics.
- The meeting agenda appeared boring on initial inspection. This meeting was one of the most informative that I have attended and was very well run and professional.
- This conference did not provide for 25 credits, unlike the AOCD in Atlanta 2017. All AOCD conference should provide for at least 25 CME credits.
- This conference is excellent!
- This conference only offers 16 credits. Recommend future conference with the length of time to offer at least 25 credits.
- This year, the meeting was excellent. Good clinicians discussing great cases and advancements in care.
• Want to learn more about how the ACGME merge is going to affect DOs
• We should have more lectures going on at the same time to give options.
• Well run meeting with outstanding group of speakers. AV presentations ran smoothly. Liked the large exhibit hall. Very good food!
• Wonderful venue