2020
AOCD Spring Meeting
Activity Review
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West Palm Beach, FL
February 20-23, 2020
Activity Attendance Summary

Activity Evaluation Response
319 pre-registration questionnaires completed, 72 activity evaluations returned, 80 speaker and learning objective evaluations returned, 67 CME mission statement surveys returned, 68 professional practice gap surveys returned, 27 outcomes evaluations returned

Meeting Attendance
319 Total Registrations; 302 Total Attendance (AOCD Members – 192; Non-Members – 110)
Registration Questionnaire Summary
319 registration questionnaires completed

What was your reason for enrollment? (more than one selection could be made)
- 62.91% - Needed CME hours
- 39.40% - Location of the activity
- 31.13% - Desire to broaden knowledge
- 29.80% - Activity topics
- 15.56% - Other

Other reasons for enrollment:
- Speaker (17)
- Board of Trustees (10)
- Resident Requirement (7)
- Florida Requirements Course (3)
- Industry Member
- Melanoma Update
- Research presentation
- Support the AOCD. I do not need CME hours so I will be attending the Spring AOCD 2020 meeting for social reasons to reconnect with colleagues
- TY PGY-1 resident & dermatology applicant

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

What is your professional status?

- Over 100,000 52%
- 50,000 - 100,000 29%
- 30,000 - 50,000 12%
- 10,000 - 30,000 6%
- Under 10,000 1%
- Retired 1%
- Student/Intern 6%
- Resident 14%
- Practicing 78%
- Office Staff 1%
In which type of practice are you currently engaged?

- Group 49%
- Solo 28%
- Military 1%
- N/A 13%
- Retired 1%
- Hospital 10%

Have you previously attended an AOCD CME program?

- Yes (68.35%)
- No (31.65%)

What would you like to learn from the conference?

- Dermatology updates (4)
- Cosmetic updates (3)
- Everything (3)
- Billing/Coding (2)
- CME (2)
- Dermoscopy (2)
- Medical dermatology (2)
- Medication updates (2)
- New treatments or techniques (2)
- Practice updates (2)
- Treatment updates (2)
- Advanced therapeutics
- Alopecia
- Broaden knowledge of systemic complications
- Clinical Dermatology (not cosmetic dermatology)
- Clinical pearls
- Concepts in dermatology
- Cosmetic dermatology
- Current treatment guidelines for common diseases
- Current trends in dermatology
- Cutting edge dermatology
- Dermatology
- Dermatology oncology
- Diagnostic updates
- Fulfilling the Florida CME requirement
- Hands on cosmetics
- I always enjoy learning about osteopathy in dermatology. Any talks on OMT or what osteopathic dermatology will be in the future are appreciated.
- I am in urgent care, so whatever I can get from the conference in order to help my patients is beneficial
- I would like to learn more ways to expand my regenerative practice
• I would like to learn things NOT related to biologics for psoriasis. I would prefer to learn things that do NOT have heavy funding from big pharma. How about treatment and management of pruritus? SLE? Dermatomyositis? HS? Nail disorders? Surgical techniques and pearls?
• Make connections with other physicians and broaden knowledge of the practice in dermatology

• New therapies
• Perspective on atopic dermatitis and other type 2 inflammatory diseases and their treatment
• Stuff
• Surgical dermatology updates
• Trichoscopy
• Updates to stay current
• Varied Interests
### General Activity Evaluation Summary

72 evaluations returned

#### General Activity Evaluation

<table>
<thead>
<tr>
<th></th>
<th>Average Rating</th>
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<tbody>
<tr>
<td>Activity content</td>
<td>3.69</td>
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<tr>
<td>Length of activity</td>
<td>3.78</td>
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<tr>
<td>Facilities</td>
<td>3.75</td>
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<tr>
<td>Overall rating</td>
<td>3.78</td>
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#### Evaluation of Activity Content

<table>
<thead>
<tr>
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<th>Average Rating</th>
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<tbody>
<tr>
<td>Time for questions &amp; answers was sufficient</td>
<td>3.75</td>
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<tr>
<td>Activity met your expectations</td>
<td>3.75</td>
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<tr>
<td>Presentations provided usable ideas and/or techniques</td>
<td>3.80</td>
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<tr>
<td>Activity will improve professional effectiveness</td>
<td>3.78</td>
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Please describe any poor ratings:
- Hotel could be nicer/on the beach
- Lectures are too long.
- Schedule time for questions or questions from a panel if there isn’t time at the end of talks

Did the activity remain commercially unbiased?
- Yes 100.00%
- No 0.00%

List the subjects you felt were most valuable to you:
- Pediatric dermatology (31)
- Billing/Coding (10)
- Biologics (9)
- The Science of Anti-Aging Cosmeceuticals (9)
- Fillers Is There a Difference (6)
- Future of reimbursement (6)
- Cosmetic dermatology (4)
- Employing PAs in Your Practice (4)
- General dermatology (4)
- Melanoma (4)
- Which Drugs for Which Patient (4)
- Future of Osteopathic Medicine (3)
- OMT in Dermatology (3)
- Psoriasis (3)
- Case studies in cutaneous oncology (2)
- Dermatopathology (2)
- Dysplastic nevi (2)
- Medical/Legal issues (2)
- All
- Americans with Disabilities Act
- Anti-aging
- Atopic dermatitis
- Brown Stains
- Contract review
- Coronavirus
- Cutaneous Mucinoses and Systemic Diseases
- Empowering techniques to use in your practice
- Ethics
- Honesty about practice
- Incorporation of how osteopathy sets physician in a better stance when approaching a patient--this is not always highlighted in other conferences
- Mandatory Florida requirements
- Melanoma CPC: Demystifying the Molecular Maze, A Diagnostic & Prognostic Update
- Melanoma subtypes
- Dr. Bhatia lectures
- New things with CMS codes
- Non-melanoma skin cancer
- Pearls From Legally Speaking
- PRAME stain in melanoma
- Private equity
- Session for private practice billing
- Skin biopsy
- Surgical dermatology
- Time management
- Tips and Tricks in Pediatric Dermatology
- What's Your Story?

What topics would you like to see presented at future meetings?
- Board review (7)
- Dermoscopy (5)
- Lasers (5)
- Hair loss (4)
- Business (3)
- Coding (3)
- Live patient demonstrations for cosmetics (3)
- Surgical dermatology (3)
- Billing/Coding (2)
- Complex medical dermatology management (2)
- MACRA/MIPS update (2)
- Melanoma (2)
• Melasma (2)
• Non-melanoma skin cancer (2)
• Practice management (2)
• Skin cancer (2)
• Acne
• Advances in sun protection and sunscreens
• Aesthetic workshops—Botox, Fillers, Lasers, etc.
• Androgenetic alopecia
• Anti-aging
• Approach to fillers
• Autoimmune workup guidelines (bullous pemphigoid, pemphigus vulgaris)
• Best electronic medical records
• Biologics
• Bullous pemphigoid
• CBD/THC in dermatology
• Challenges with insurance coverage
• Challenging cases
• Cicatricial hair loss treatment
• Cosmetic
• Cosmetic trends more simplified
• CTCL
• Dermatopathology updates
• Dermoscopy course (Dr. Rubenstein or Dr. Margoob both excellent)
• Diagnostic imaging for pigmented lesions
• Drug cost control/Supply cost control
• Dysplastic nevi
• Geriatric dermatology
• How to start your own practice
• How to treat skin conditions secondary to biologics
• I would like to see specific OMT therapies for dermatology and how to bill for it in dermatology
• Infectious skin diseases
• Itch
• Lichen planus
• Marketing
• Meaningful use and PQRS
• Medicare adjusted payments
• Melanoma - Chemo response rates, diagnostics
• More detailed methods to avoid burnout and continue to enjoy practicing
• More Dr. Swanson
• More on in-office practice procedures
• Morgellons
• Nail biopsies
• Nail disease
• Pediatric dermatology
• Pemphigus vulgaris
• Pemphigus/Dermal hypersensitivity (Dr. Nousari)
• Procedural update or surgical course (like at AAD)
• Pruritus eruption/rash
• Psoriasis
• Psychocutaneous medicine
• Rosacea
• Show all excisions now not eligible for Mohs
• Skin of color
• Some discussion on the consensus of the treatment necessity for dysplastic nevi
• Surgical repairs
• Surgical techniques
• Tips for starting your own practice
• Tropical dermatology
• Urticaria
• What to do with abnormal lab work
• Workshops
The following are overall learning objectives for the Spring 2020 Current Concepts in Dermatology seminar:

- Discuss upcoming changes to physicians’ reimbursement models, share tips for operating a successful practice.
- Treat atopic dermatitis and psoriasis effectively, recognize the risks and benefits of biologic therapy, select appropriate therapies for specific patient populations, recognize the side effects of various psoriasis therapies.
- Discuss new therapeutics for children with skin diseases, help attendees identify common pediatric skin conditions, help attendees learn that what is new and interesting in pediatric dermatology.
- Review osteopathic tenets, review osteopathic approach in delivering bad news to the patient, review dermatologic medical conditions and treatments with an osteopathic approach.
- Interactively participate in case studies of complex cutaneous oncology, gain a better perspective of the complexities of interdisciplinary approaches common in oncology.
- Describe the characteristics and treatment options of Morgellons disease, describe research on causes of Morgellons disease.
- Utilization of a PA in a dermatology office, definition and implementation of optimal team practice, tips for hiring/employing a PA.
- Identify common causes of contact dermatitis in children, discuss new treatments for hemangiomas and pyogenic granulomas, provide attendees with some new tools to manage atopic dermatitis in children.
- Increase clinician’s awareness of subtle findings in common lesions, recognize and identify certain patterns that can assist in formulating a diagnosis, improve ability to combine histological and clinical information to render a diagnosis.
- Understand the cellular processes that lead to skin aging, evaluate the various anti-aging techniques, update your knowledge on the science of skin aging.
- Learn legal principle as they affect the practice of dermatology, improve patient satisfaction by emerging compliance with the ADA and similar regulations, avoid legal missteps by clarifying ambivalent regulations. Learn which activities the ADA covers, know how to make these websites compliant with the ADA, understand how to determine if an animal is a service animal according to the ADA.
- Detailed analysis of the 3 main causes of facial aging, how to approach those causes, appropriate and inappropriate treatments.
- Practical aspects of IVIG therapy, therapeutic pipeline for atopic dermatitis, differentiating among biologics for psoriasis.
- Understand the changes to the CPT book in 2020 and 2021, understand reimbursement challenges dermatologists will face over the next few years, understand the ultimate goal of value-based healthcare.
- Evaluate, diagnose, discuss treatment, treat patients for common dermatologic issues.
- Recognize the pathogenesis of warts and their similarities to actinic keratosis in terms of morphology, distribution, and responses to treatment. Identify basic mechanisms of action of PDT. Recognize basic mechanisms of physiological/pathological sweating including hyperhidrosis. Analyze and define the various mechanisms of actions of biologic therapies.
- Understand medical law and know what to look for in medical contracts.
- Newest diagnosis techniques, prognostic treatments/methodologies in melanoma.
- Understanding of rheological properties of fillers, understand the anatomy of the face, foundation of philosophy related to injections.
- Empowering techniques to use in your practice.
- Future of the osteopathic profession and how to enhance the profession.

Have the overall specified learning objectives been met?

Yes (100.00%)
How will you utilize stated learning objectives within your practice?

- Always great to see updates and how physicians explain them can help with patient education
- Apply knowledge learned, especially for pediatrics and surgery
- Better decision making - choosing a biologic
- Better identification of melanoma subtypes; Biopsy techniques
- Better target biologic usage; Better understanding of the future of the AOA
- Broaden differential diagnoses for pediatric patients; Consider comorbidities in biologic choices; Match filler type with anatomic location; Give greater thought to cosmeceutical recommendations based on skin type
- By implementing other dermatologists' better approaches; Being able to better diagnose and treat patients
- By reviewing material as it applies to patient care in my practice
- Change some practice methods
- Choosing biologics (Dr. Wein)
- Do more attention to detail--skin exams and prescriptions
- Employ new pediatric dermatology pearls from Dr. Swanson in atopic dermatitis, perioral dermatitis; Coding update pearls; Pearls on managing psoriasis from Dr. Lebwohl
- Excellent
- Excellent conference
- Familiarizing myself with newer medications and treatments; Review of medical conditions to keep awareness in clinical practice
- Helpful pearls; Nice review of medical derm; Billing/Coding was very helpful; Pediatric lecture was best in my opinion--she was excellent
- How to treat atopic dermatitis with Dupixent - getting approval, OTC product recommendations; Filler selection and placement procedures pending ethnicity and facial structure
- I enjoyed the pediatric dermatology lecture. I see a lot of kids in my practice and always enjoy this topic.
- I plan to implement treatment approaches learned from Dr. Lisa Swanson (atopic dermatitis/alopecia); Coding updates are always useful (Dr. Kaufmann); I may take a more team-based approach to complex skin cancers (Dr. Yob)
- I will apply the treatment skills discussed at meeting to my patients--particularly pediatric pearls learned. Additionally, I will create patient skin care regimens.
- I will better understand medical law and how it affects my practice. Further, I will continue to change my practice as advances in dermatology come to the forefront.
- I will definitely apply much of what I learned and pearls to my practice--Excellent meeting!
- I will directly apply them
- I will incorporate them as part of my management and protocol
- I will utilize what I have learned by making changes in the office and advising my partner and employees
- I’ll apply various methods and treatments into my practice, from cosmetic evaluation of skin types for anti-aging to psoriasis, hyperhidrosis, AK treatment, warts (Warpeoll) and atopic dermatitis
- Implement new guidelines and standards of care in my practice
- Improve ability to combine histological and clinical information to render a diagnosis by recognizing and identifying certain patterns; Use of PRAME stain in melanocytic lesions
- Improved patient outcomes; Share content and knowledge with PAs and aestheticians
- Incorporate compliance updates with support staff. Improve upon a simple education tool to relay the science of slowing aging when discussing products and procedures with patients
- Instantly utilized
- Many aspects of how I practice will change
- Many of the presentations apply directly to day-to-day practice
- Multiple new options for verruca; Will give more concise handouts
- New coding starting 2021
- New ideas from Dr. Bhatia to put into practice, including treatments for verruca
- New medical management strategies for various conditions will be applied in my practice
- New treatment options for various conditions
- New treatments
- Newest diagnosis and treatment methodologies
- OMT for use of skin manifestations of certain underlying diseases
- Plan to incorporate more staff meetings and produce an overall better patient experience
- Practice pearls
- Stay out of a lawsuit
- Take clinical and administrative tips and updates and share them with partners and implement them in daily practice
- The benefit of mid-level providers in a practice to accomplish proposed patient outcome; Appropriate use of medication regimens/ treatment plans by being able to identify patterns of common lesions
that are used in diagnosing condition; How to approach patients and proper realistic treatment goals for aging process and psoriasis

- To improve patient care
- Treatment options for pediatrics
- Will be utilizing new diagnosis techniques and prognostic treatments in melanoma; I feel better equipped in managing pediatric skin conditions such as warts, eczema, molluscum, etc
- Will continue to apply pearls and standard of care

- Will help change the management and/or treatment of patients
- Will likely try other options for treatment of pediatric cases
- With enhancing and improving patient care; Spending more time with each patient to ensure understanding and counseling of their disease or skin condition
- Yes, retired and still learning

The Powerpoints and/or handouts effectively supported the presentation.

- Strongly Agree (80%)
- Agree (19%)
- Disagree (0%)
- Strongly Disagree (1%)

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

- Strongly Agree (84%)
- Agree (15%)
- Disagree (0%)
- Strongly Disagree (1%)
The sessions assisted me in my professional development.

- Strongly Agree (79%)
- Agree (20%)
- Disagree (0%)
- Strongly Disagree (1%)

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

- Strongly Agree (81%)
- Agree (18%)
- Disagree (0%)
- Strongly Disagree (1%)

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

- Strongly Agree (89%)
- Agree (10%)
- Disagree (0%)
- Strongly Disagree (1%)
The conference remained commercially unbiased.

- Strongly Agree (91%)
- Agree (8%)
- Strongly Disagree (1%)
- Disagree (0%)

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

- Yes (100%)
- No 0%
The overall mission of each AOCD CME Activity is to:
1. Inform the provider of advances in medical knowledge and technology.
2. Inform the provider of advances in diagnosis and treatments for better patient care and outcomes.
3. Inform the provider 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.

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

- Graduated 1989 - Don't understand immunology or biologics. Don't understand drug company sponsored talks. Would like to know if anyone does?
- I would like to see a digital file of the lectures that can be downloaded to and iPad or phone to reference during the lecture and stored for later reference
Professional Practice Gap Survey
68 Responses Received

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

- Billing/Coding/Reimbursement (15)
- None N/A (5)
- Staff retention/recruitment (4)
- Complying with MIPS and government regulations (HIPAA, OSHA, etc.) for small practice (3)
- Continue educating with up-to-date literature (3)
- Contract negotiations (3)
- Documentation overload (2)
- How to manage an office if you are in private practice (2)
- Insurance coverage
- Accounts receivable
- Administrative
- Algorithms/systemic approaches to some disease processes
- Androgenic alopecia
- AOBD recertification and OCC
- Appeals
- Assistance in prior authorizations
- Better evaluation and treatment for itch and hair loss
- Biologics and psoriasis
- Board review
- CMS compliance
- Compliance
- Compliance with MIPS and whether or not it is a necessity in a small practice
- Connective tissue disease
- Continue disease database
- Current trends in dermatology
- Dermal hypersensitivity
- Dermatology coding tips
- Dermatopathology on black skin
- Difficult patients
- EMR comparison
- Handling a Medicare denial of EM code when biopsy is performed
- Hands-on cosmetic training
- How to bill for OMT in dermatology and a demonstration of specific OMT therapies to use for dermatology
- How to establish a private practice, private equity, etc.
- How to improve prescription access
- Off-label coverage possibilities
- Lasers--ablative/resurfacing and protocols
- List of available specialists that are more knowledgeable in treating advanced skin disorders that have failed first line biologics
- Look at derm PA website, I listen to their programs daily
- Malpractice
- Medicolegal
- Novel treatments and indications
- Online state required opioid CME if able to
- Pearls of what to look for when starting a new job
- Pearls to starting an independent practice (private practice)
- Pediatric dermatology
- Practice management issues
- Prescription of controlled substances
- Pruritus
- Psoriasis
- Rash workup
- Reducing staff/provider burnout
- Reimbursement--more financial education instead of legal
- Retired
- Starting biologics--patient perception, coverage
- Updated current research literature in dermatology
- Use of extenders was valuable
- Would like to get CME schedule for AOCD/AOBD in sync with Florida license CME schedule, also to have MD and DO requirements, but hopefully MD getting rid of much; Would like to see elimination of requiring specifically live AOA dermatology credit--Should allow live AMA credit to fulfill some requirement
What questions in practice are you having that you are not getting answers to?

- None N/A (17)
- Billing/Coding (5)
- EMR (2)
- Opening a practice (2)
- Where to go after you complete residency--what are my options? (2)
- Alopecia effective treatment
- Alternative treatment that is successful for alopecia resistant to available treatment modalities
- AOBBD recertification and OCC
- Better evaluation and treatment for itch and hair loss
- Better understanding the ongoing/continuous certification process
- Bullous disorders
- Collecting accounts receivable
- Complex medical dermatology
- Contract negotiation
- Costs
- Coverage
- Current CMS rules and regulations
- Decline in reimbursements
- Employees--what they need to do on a yearly basis to stay compliant, such as OSHA exams, etc
- Future of revenue, how to help
- Generic steroids
- Handling a Medicare denial of EM code when biopsy is performed
- How much medicine is costing our patients and how insurance companies make it harder and harder to give quality care
- How to bill for OMT in dermatology
- How to deal with itchy patients
- How to ensure patient compliance
- More on changes to codes and satisfying quality measures constantly changing
- Newer not yet approved treatments
- Prior authorization process
- Prior authorization streamlining
- Pruritus
- Reimbursable code and procedures in the primary care setting
- Required documentation for insurance companies
- Unintended consequences of the AOA-ACGME merge
- What is a safe way to treat psoriasis in patients with a history of melanoma or other malignancies?
- Why does reimbursement change to frequently? Is it just to confuse the issue?

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

- None N/A (9)
- Difficulties with prescribing what the patient needs versus what their insurance will cover (3)
- Prior authorization streamlining (2)
- Prior authorizations (2)
- Pruritus (2)
- Acne keloidalis nuchae
- Alopecia
- Alternatives to FDA-approved therapeutics and OTC brands
- Androgenetic alopecia
- Are sunscreens safe? What about sunscreens killing our reefs?
- Better evaluation and treatment for itch and hair loss
- Billing Issues
- Chronic itch
- Co-pays and deductibles
- Coverage of medications by insurance
- Coverage of procedures
- Dealing with insurance companies
- Different clinical appearance on pigmented skin
- Expectation on wait times for Mohs surgery
- Finding a referring physician accepting Medicaid
- Folliculitis de calvans
- Hair loss
- High cost of medication
- How insurance works
- How much medicine is costing our patients and how insurance companies make it harder and harder to give quality care
- I didn’t feel confident with pediatrics but feel much better after this conference
- Insurance coverage
• Interaction with patient over web/social media
• Itch with non-specific pathology
• Melasma patients
• Nail dystrophy
• No immediate access to multi-disciplinary tumor board
• PAs
• Patient’s co-pay responsibility
• Pharmacies
• Pigmentary problems
• Proper communication between specialists that leads to patient experiencing distrust in all parties involved

What patient problems are your patients communicating to you needs more attention or more follow-up?

• None N/A (8)
• Prescription costs (7)
• Insurance coverage of medications (5)
• Acne (4)
• Alopecia (2)
• Wait times (2)
• Wart resolution (2)
• Biggest reason patients need more attention, sadly, is poor drug coverage/prior authorizations
• Challenges at the pharmacy--prior authorizations, high deductibles and not understanding what that means
• Co-pays
• Cost of drugs are not because of us
• Cost of therapeutics
• Coverage of procedures on same day as office visit
• Dealing with Medicare Advantage programs--patients do not know what they signed up for
• Hidradenitis suppurativa
• Home care for those not eligible to receive home care
• How much medicine is costing our patients and how insurance companies make it harder and harder to give quality care

What are the most common cases seen in your area?

• Acne (24)
• Skin cancer (22)
• Psoriasis (17)
• Atopic dermatitis (14)
• Non-melanoma skin cancer (13)

• Psychodermatology patients
• Psychiatric medication monitoring
• Rash workup
• Referring patients to specialists, specifically getting them in to be seen at referring doctor in a timely fashion
• Risk stratification and management of high risk squamous cell carcinoma and metastatic squamous cell carcinoma
• The angry patient
• Time
• Unsatisfied patients no matter what I do
• Use of biologics for advanced squamous cell carcinoma
• Wish we offered more patch testing in our practice

• Insurance coverage
• Kareo scheduling problems--when they schedule online via Kareo, it doesn’t sync with our Kareo schedules--switching to EMA in April
• Most deal with their insurance issues which I have little knowledge of
• Patients are looking for more time spent face to face versus administrative input
• Pharmaceuticals
• Post-visit education
• Prices of patients’ medications, especially topical steroids--very expensive
• Proper long-term plan of care with appropriate specialists
• Psoriasis
• Psych dermatology
• Skin care regimen--cosmetic and dry skin care
• Timely access to dermatologists
• Treatment failure for rosacea and sensitive skin
• Treatment options for hair loss
• Urticaria
• Very aggressive squamous cell carcinoma

• Actinic keratoses (6)
• Basal cell carcinoma (5)
• Eczema (5)
• Warts (5)
• Rosacea (4)
- Squamous cell carcinoma (4)
- Melanoma (3)
- Skin exams (3)
- Pruritus (2)
- Rashes (2)
- Sun damage (2)
- Aging skin
- Allergic contact dermatitis
- Alopecia areata
- Androgenic alopecia
- Candida intertrigo
- Delusional disorders
- Dysplastic nevi
- Everything from cosmetic to surgical
- Hidradenitis suppurativa
- I see complex medical dermatology: lupus, dermatomyositis pemphigus, psoriasis daily. Do skin exams on immunosuppressed patients. Run pediatric dermatology clinics for residency. Finally, I supervise resident adult continuity clinics.
- Inflammatory dermatoses
- Many
- Medical dermatology
- Melasma
- Molluscum
- Oncology
- Photo damage
- Pre-cancers
- Seborrheic dermatitis
- Seborrheic keratosis
- Skin cancer treatment and evaluations
- Sunburn
- Tinea
- Xerosis

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

- Alabama
  - Access to medical providers
  - Acne
  - Non-melanoma skin cancer
  - Psoriasis
- Arizona
  - Diabetes
  - Drug coverage
  - Geriatric mental health
  - Uncontrolled blood pressure
- California
  - Cardiovascular disease
  - Skin cancer
  - Uninsured patients
- Colorado
  - Melanoma
  - Skin cancer
- Florida
  - Skin cancer (13)
  - Melanoma (2)
  - Syphilis (2)
  - Access to care for the elderly
  - Aging
  - Anxiety
  - Autoimmune
  - Basal cell carcinoma
  - Bullous
  - Compliance with treatment regimen
  - Depression
  - DRESS
  - Drug-related rashes
  - Insurance coverage
  - Lack of reimbursement
  - Medicaid providers
  - MRSA
  - Non-melanoma skin cancer
  - Pemphigus
  - Practicing out of scope and inadequate training. NP practicing dermatology under a primary care provider or plastic surgeon.
  - Non-board certified MDs advertising as dermatologists with no training
  - Psoriasis
  - Squamous cell carcinoma
  - Steven-Johnson Syndrome
  - Suicide
- Illinois
  - Medicaid access
- Massachusetts
  - Opioid epidemic
- Michigan
  - High cost of hospitalization and urgent care
  - Skin cancer
- Missouri
  - Cancer
  - Melanoma
  - Psoriasis
- North Carolina
  - Melanoma
- New York
  - Acne
  - Drug coverage
  - Lawsuits
• Resurgence of disease secondary to anti-vaccinations
• Skin cancer
• Stress
• Ohio
• Skin-related medical problems (Psoriasis is commonly misdiagnosed by primary care provider)

What are the key issues or obstacles to patient care you or your colleagues encounter?

• Insurance coverage (9)
• Prescription coverage (7)
• Cost of medications (3)
• Prior authorizations (3)
• Reimbursement (3)
• Co-pays (2)
• Deductibles (2)
• Difficult patient demands (2)
• Prescription prices (2)
• Referrals (2)
• Access to care
• Affordable prescription prices
• Billing
• Cleaning up mistakes from providers with inadequate training
• CMS not letting providers know of key changes timely
• Compliance and patience in acne care regimen
• Compliance with treatment regimen
• Coverage of medications/procedures
• Denials and time to resolve
• Drugs ordered are not getting authorized by insurance company
• Financial burden on patients’ behalf due to insurance coverage and changing definition of medically versus aesthetic need for treatment
• Getting appropriate medications covered
• Getting the nursing homes to follow through with our plans
• Government policies, requirements and prior authorizations
• Inability to get the appropriate (prescribed) choice of medication

• Increasing patient cost/responsibility
• Insurance denials
• Insurance issues
• Insurance reimbursement
• Insurance restrictions
• Internet, Blogs, Social media
• Medical cost to run an office
• Medication cost/access
• Medications
• N/A
• Need more time to convey information thoroughly and understandably by patient
• Online reviews
• Patient compliance with treatment
• Patient education and compliance
• Prior authorization requirements
• Prior authorizations and appeals
• Prior authorizations for necessary procedures or medications
• Process of office
• Reading all journals and keeping up with reading when having to chart in EMR consuming time
• Risk stratification and management of high-risk squamous cell carcinoma and metastatic squamous cell carcinoma
• Shortage of dermatology visits available
• Skin cancer awareness
• Step therapy
• Sun protection
• Supply cost (Kroger’s price for 1000 prednisone $10.00, my cost $300 for three hundred
• Time allotted
• Use of biologics

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

• Hair loss (3)
• Non-compliant patients (3)

• None (3)
• Alopecia (non-male pattern baldness in women) (2)
• Biologic reactions (2)
• Melasma (2)
• Pruritus (2)
• Advanced malignant melanoma
• Advanced treatments for bullous disorders
• Aggressive patients--they have "researched" their condition and want a specific treatment to "their diagnosis"
• Biologics for psoriasis--many new ones now
• Biologics not being covered
• CCCA
• Chronic itch
• Compliance
• Cost of medication
• Delusions of parasitosis
• Dermatitis artefacta
• Elderly getting care you outlined and your medications
• Finding alternatives to biologics when patients are denied coverage
• Hair loss, pattern
• Hidradenitis suppurativa
• Hyperhidrosis
• Hyperpigmentation or hypopigmentation cases
• Immunobullous diseases
• Itch
• Licensing
• More administration versus medicine
• Multiple family members very involved with sick patient’s care
• Neurodermatoses
• Non-compliance and lack of understanding of chronic skin processes needing difficult disease processes
• Non-melanoma skin cancer
• Nursing home patients due to lack of compliance of the nursing home staff
• Patient management
• Personnel
• Poor insurance/No insurance
• Poor outcomes with specialists that you referred your patients to
• Prior authorizations
• Prior authorizations denied for prescriptions
• Psoriasis and biologic access
• Psych dermatology
• Psychiatric cases: Suicidal ideation, Homicidal ideation
• Psychiatric--Delusions of parasitosis, Morgellons
• Psychodermatoses
• Rare diseases
• Rash
• Risk stratification and management of high risk squamous cell carcinoma and metastatic squamous cell carcinoma
• Skin cancers treated improperly by others or infected
• Timely appointments when I refer my patients to dermatologists
• Unable to set proper treatment due to restrictions from insurance companies
• Where insurance gets in the way

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

Articles in peer-reviewed journals
• 92.65% Agree
• 7.35% Neutral
• 0.00% Disagree

Continuing medical education courses
• 92.65% Agree
• 7.35% Neutral
• 0.00% Disagree

Pharmaceutical company sales representatives
• 37.31% Agree
• 49.25% Neutral
• 13.44% Disagree

Opinions of nationally recognized experts
• 94.12% Agree
• 5.88% Neutral
• 0.00% Disagree

Clinical practice guidelines
• 89.71% Agree
• 8.82% Neutral
• 1.47% Disagree
What changes in performance and/or patient outcomes do you anticipate to occur as a result of participating in this conference?

- All lectures were very informative in different ways
- Better ability to educate my patients
- Better care with patients regarding pediatric care and better self care and discussion with colleagues
- Better surveying
- Broader use of meds
- Closest collaboration with general medicine physicians
- Comprehensive approach, peds
- Continuing what we are doing
- Greater insight treating pediatric derm cases
- Help with new ideas
- I hope that the info will lead to more up to date evidence based treatments and subsequently improved outcomes
- Improved delivery of care
- Improved patient care
- Increased knowledge and better patient care!
- It opened me to OMT treatment for my patients
- More comfortable with pediatrics
- My use of biologic medications have been influenced by the information presented at the meeting
- Order of application of medication and moisturizer. Ped and treatment of warts
- Therapies
- Treatment of pediatric atopic dermatitis
- Update on latest therapeutic treatment for my patients
- Updated and better care of atopic and cosmetic filler patients
- Will better understand results of immunologic stains in diagnosing Paget’s disease and thus aiding in treatment
- With the advent of telemedicine... The lecture by Kaufman was quite helpful in guiding me to proper use of telemedical services The “Lead Off “ Allergy lecture by Dr. Wien .... Reviewing systemic therapy is in Biologics was a game changer and how I will approach selecting specific therapies for patience moving forward
- Work harder to get prior authorizations approved for medication

How will your treatment options change after attending this this conference?

- Because of this meeting... The large array of therapies available have been expanded, carefully explained at the meeting, and there are multiple additions to my toolbox
- Consider the different options for IL-17 and IL-23 inhibitors in patients with psoriasis and psoriatic arthritis
- Fight for biologics more
- For the better
- I have more information on immunomodulators
- I learned of several new medication coming out
- I think coverage will get better
- I will prescribe wart peel
- Increased options
- Increased options--New medications updates are helpful.
- It will change pretty significantly
- Keep pace with current patient care
- Many pediatric treatment options
- More confidence in tough cases
- More options for advanced SCC
- More treatment options
- My treatment options are now better informed
- New treatments I would not have used before
- Not much
- Offer additional treatment options for pediatric and adult patients
- Seems to have more options
- Specifically pediatric treatment approaches to common dermatological problems was broadened
- Treatment of pediatric atopic dermatitis
- Use of novel treatments for skin disease and use of proven treatments along with adjunctive treatment
- Will start using Robathol again, I had forgot!
What is one new skill you learned from this conference?

- A good topical steroid dosing schedule for pediatric atopic dermatitis
- As mentioned previously the guidance on telemedicine was excellent, and given the current coronavirus pandemic, moving forward particularly in our specialty we will need this type of guidance
- Better communication
- Better understanding of dermatology concepts
- Billing and coding tips
- Filler technique
- Focus antiaging treatments done by patients at home and in clinic around "movement" areas of the face
- Hormones
- How to communicate better with patients
- Letter to insurance
- Management of dysplasia nevi, Reagan Anderson’s lecture
- More option treating pigment disorders
- None / N/A (4)
- Not sure
- Overall approach to patient care
- Pediatric dosings
- Product improvement from Dr. Baumann
- Skin biopsy in patients with severe mitral valve prolapse
- Skin cancer surgical approaches from Dr. Yob
- The importance of topical regimen for good skin care
- The use of a distraction device “buzzy” put between the pain (injection) and the brain when having to do a procedure on young patients

Who will you share this information with?

- Colleagues (16)
- Patients (7)
- Physician extenders
- Residents (3)
- Staff (5)

What information do you still need regarding the topics presented?

- Additional ways to practice OMT in dermatology
- Always need reinforcement
- I appreciate hands on tips to patient care and also dealing with difficult patient
- Management
- More information on coding
- More Shino Bay!
- More time with Shino on injectable techniques
- New therapies
- None (8)
- None, good amount of info presented
- Nothing, very well done
- Pediatrics- greatly improved. Please continue to include more
- The meeting was fantastic. I would suggest that some of the lectures provide specific “case based on “examples of various topics because this is practical and easy to bring back every day to our practices. Many of the lectures did so… But more is always welcome
- The meeting was very informative.
- Understanding of telemedicine
- Up to date literature
- Updates on therapeutic treatment for patients
Comments

- 1) More photos, stories, examples, jokes audience participations
2) Less can't read the small print, graphs, and charts
3) Definition of abbreviations
- A cosmetic workshop would be great even on a Sunday and several injectors. May even get other specialties.
- Always a great conference and diverse dermatologic topics covered. Enjoy coming to Palm Beach and really appreciate how you incorporate the Florida mandatory courses. This is so helpful for an out of state physician to obtain AOC (1A dermatology credits) and help maintain my mandatory Florida live CME hours every two years. Please keep providing this dual CME experience!
- Always easy, well-organized and informative. Wish slides were available for future use to reference. It's hard to pay attention and stress over taking notes.
- Diverse topics
- Don't understand biologics
- Dr. Anderson did a fabulous job! Outstanding speakers.
- Dr. Romanelli - Great speaker and great content. Dr. Azzi - Nice to see his before and after photos, but not relevant to my practice.
- Dr. Swanson--I look forward to her each conference
- East coast so far! Midcountry or one west coast, next year east coast, etc.
- Excellent
- Excellent conference, excellent speakers
- Excellent lectures and speakers. Conference was very informative and valuable to me. I enjoyed it and will attend the next conference. Thank you to all involved.
- Excellent meeting
- Excellent preparation, great attention to organizing and details. Maybe getting a dance group to do a show at the reception, more music--just a suggestion. Maybe small bottles of water for the speaker at the podium, as they talk for an hour and they need to hydrate. Upload all lectures on the AOC meeting app or website, rather than printing to reduce paper & it appears in color.
- Excellent speakers. Good mix of pediatric, medical, cosmetic dermatology.
- Excellent. Good variety of speakers.
- Good conference, good evidence citations
- Great blend of medical, surgical and cosmetic dermatology. Relaxed setting with plenty of opportunity for Q & A. Thank you!
- Great conference with a good location and well varied topics.
- Great conference. Very pertinent and informative. Pediatrics lecture was great!
- Great job!
- Great meeting! Look forward to future conferences.
- Great speakers and great information
- Great speakers!
- Great to get Florida hours
- Great!
- Have a ski meeting
- I appreciate the fine work and dedication of the entire AOC staff
- I don't have any negative comments. Very well planned and organized conference. Informative and helpful.
- I would like to see more courses that teach specific OMT therapies for dermatology and how to bill these therapies in dermatology.
- Information presented on screens sometimes too "busy" and too small to read
- Lectures had good informational/educational content. Significant new knowledge was acquired.
- Meetings are getting very efficient. Lectures definitely give variety.
- More practical dermatology, less legal
- More protocol-based lectures so we can take info back to practice to use. More skin cancer updates.
- Need more lectures and breaks
- Nice hotel and location.
• Nice variety of topics, future of osteopathic medicine
• Nicely done! Great speakers and content.
• No glaring weaknesses, except surgical lectures were lacking
• One of the best conferences yet! Love the topics, the intimate family-like atmosphere and catching up with colleagues. Look forward to future meetings, especially like the Florida location!
• Possible future Florida meeting at The Breakers?
• Room very cold!
• Shorter lectures--lose interest in areas not applicable to my practice
• Some presenters did not have slides available and it was difficult to try and photograph key slides. If they don't want to provide entire lecture due to patient photos, maybe providing a shortened version would be possible?
• Surgical lectures could show more anatomy and directly which structures moved and sewn such as in the plastic surgery sections. Techniques of closures always useful for excisions with/without Mohs technique.
• Thank you for another great conference!
• Thank you for providing mandatory FL hours. Would like a few extra hours on Sunday for a "cosmetic derm" workshop for techniques on fillers and info about laser treatments in treating most common skin disorders.
• Thank you! (2)
• Thanks for your efforts in providing a good meeting.
• There were a couple of lectures that could have been expounded on. As a resident, I would like to have more information from the private equity lecture, breaking down the options and the pros and cons.
• Topics adequately presented
• Very educational. Would like to see more exhibitors.
• Very informational and I will definitely be more aware of the changes and improvements.
• Very thankful for given the opportunity to partake in this well-planned program.
• Very thankful you provided Florida mandatory hours
• Very well organized
• Very well-organized and welcoming to non-dermatology trained physicians that need a better understanding of treatment options for patients that are available now
• Well organized and great speakers and content. Need more info on AOBD Board re-certification--AOA presenters today provided no concrete answers, just fluff.
• Worthwhile meeting. Excellent speakers from DOs and MDs
• Would add surgical lectures to program. Meeting in the Tampa Bay area.
• Would like to have no break periods--can always leave to go to exhibit hall. Dr. Anderson did an excellent job on dysplastic nevi lecture.
• Would love to have access to Powerpoints for later reference