

2011 AAD/A Advisory Board Meeting Highlights

On Sunday, February 6, 2011, during the AAD's 69th Annual Meeting in New Orleans, LA, your Advisory Board (AB) convened to discuss health care policy issues of significance to dermatology practice, and to vote on potential future Academy policies. Before getting down to business, Vincent Muscarella, MD, AB Chair, invited several physicians to address the AB on dermatology issues they were fighting for in their states as part of the *State Health Policy Forum*. Kathryn Chandra, Assistant Director, State Policy for the AADA, kicked off the forum by giving an overview of the AADA's advocacy priorities and the variety of resources and programs the AADA has available to assist with state-level legislative and regulatory efforts. The Forum then shifted focus to a few stand-out examples of state based efforts to advocate on behalf of dermatology. Larry Green, MD, of Maryland described efforts in his state to improve patient safety for cosmetic medical procedures; Bruce Brod, MD, outlined the Pennsylvania Academy of Dermatology and Dermatological Surgery's efforts to pass truth in medical advertising legislation; Julie Harper, MD, and Vera Soong, MD, discussed their private sector experience with Blue Cross Blue Shield of Alabama in working to develop a more appropriate dermatology-specific value-based reimbursement program.

Dr. Muscarella then moved the meeting on to the business of the day. First up, elections were held for the AB's AAD Nominating Committee seat and three openings on the AB Executive Committee. James Ertle, MD, of Illinois, narrowly won the Nominating Committee seat over Louis Barich, MD, from Ohio. Ann Haas, MD, California, and Christopher Moeller, MD, Kansas, were elected to the Executive Committee while Vince Bertucci, MD, Canada, won a close run-off with Fred Wax, MD, Massachusetts, for the third seat (recently vacated by Phoebe Rich, MD, who was elected to the AAD BOD).

Chairman Muscarella handed off the podium to Terrence Cronin, MD, chair of the Reference Committee, and AB Parliamentarian Raymond Cornelison, MD, for the consideration of the 2011 Resolutions. The docket of 2011 resolutions was unique in that it encompassed a wide array of ongoing concerns, as well as new ideas for recurring problems and original policies designed to shape the American Academy of Dermatology and American Academy of Dermatology Association's policies in the coming years.

Once again your AB considered and passed a resolution that directed AAD to change its name to include the word 'surgery.' Also a repeat issue from last year, a resolution was considered that would have

directed the AAD to poll the membership as to its support or opposition to the American Board of Dermatology's (ABD) creation of a certification in procedural dermatology. Unlike the name change resolution, your AB voted to table this resolution after Dr. Brodell, President of the ABD testified that the ABD has absolutely dropped the idea of procedural dermatology. The ABD representative expressed that at some point it may reconsider a Mohs or surgical fellowship, but not procedural dermatology. The Advisory Board felt that although it is important to keep shining the light on this issue, perhaps it would be more appropriate to see how the AAD – ABD meetings taking place this year play out, before taking further action.

On a related subject, your AB passed a resolution to improve the dermatologic residency curriculum by urging the AADA to work with residency programs to ensure **greater competence in Mohs micrographic surgery** as a means of averting efforts to impose additional certification requirements.

Three resolutions took a fresh look at problems from past years, UV radiation and truth in medical advertising. The Ohio delegation introduced two tanning resolutions that called for the AAD to work with state boards of education to establish **standardized anti-tanning educational** materials as well as to become the repository for states to draw from as they work with their legislatures to pass anti-tanning legislation.

Inspired by the efforts of Drs. Brod and John Laskas, in Pennsylvania, your AB passed a resolution to have the AAD provide model state legislation, so that other states may be able to duplicate their success in passing a **truth in advertising** law that requires clinicians to identify their qualifications through name badges.

Some new answers to incoming problems were expressed in resolutions that called for the Academy to address the legal claims against isotretinoin, EMR implementation, Accountable Care Organizations (ACOs), Medicare reform and Cantharone availability.

Inspired by the prevalence of trial lawyers advertisements that utilize scare tactics to press lawsuits related to the use of Accutane, the AB passed a resolution calling for an increased AAD media strategy that reflects the medical importance of **Isotretinoin**.

In the interest of solo practicing dermatologists nearing retirement age, the AB passed a resolution calling for the AADA to ask the AMA to lobby for an **exemption to EMR implementation requirements**.

To address the uncertainty surrounding the impending Health System Reform regulation on **Accountable Care Organizations (ACOs)**, a resolution was passed that the AAD continue to work with physician groups to educate the membership on ACOs.

A resolution, based on a Wall Street Journal Opinion piece, suggesting federal programs that could be cut to offset the cost of an **SGR 'fix,'** was not adopted.

So that the membership may be more effectively informed of the **Washington DC activities**, a resolution was passed to have the staff disseminate information, including summaries of MedPac meetings, using a variety of new and emerging technologies.

Despite personal stories of its unofficial availability, your AB decided that it was important for the AADA to work with FDA to get **approval of Cantharone** and/or alternative treatments and passed a resolution to that effect.

Lastly, your AB took up a brand new subject that is gaining traction nationally, with a twist. A resolution was passed that called for the AAD to determine whether **TSA scanners** are harmful to skin cancer patients, especially melanoma and dysplastic nevi patients.

At 5:30 PM CST consideration of resolutions was complete and Dr. Cronin handed the floor back to your Chairman. Dr. Muscarella thanked all in attendance and concluded another very successful Advisory Board General Business meeting.