



MAD NEWS

The Newsletter of the Massachusetts Academy of Dermatology
VOLUME 4 ISSUE 13 FALL, 2007

PRESIDENT'S MESSAGE

by Kathryn Bowers M. D.

We had a very successful Annual Meeting in mid-October at Wentworth-by-the-Sea in New Hampshire with our speaking program receiving excellent evaluations from the more than 50 dermatologists and nurse practitioners/physician assistants in attendance. We are grateful for the four out-of-state presenters who gave up both office and personal time to participate along with locally based doctors who filled the program.

I am grateful to the membership for electing me to another term as your President. We are also pleased that Dr. Susan DeCoste from Weymouth agreed to serve on the Board of Directors. I want to recognize Dr. Terry Hadley who left his position as Director Emeritus last spring. Terry has served our Academy for many years representing us with a variety of organizations and providing continual leadership and sound advice.

At the Business session in New Hampshire we announced that we will propose a bylaw change to add a Nominating Committee, as a standing committee of the organization. For several years the Board has been uncomfortable serving as the Nominating Committee, placing us in the position of nominating ourselves to continue in office. A Committee of non-officers or incumbent directors is the recommended method used by most organizations like ours. The bylaw change will be on the agenda at the spring meeting.

Our lobbyist, Marty Cohn, reports that action on legislation pending on Beacon Hill has been suspended for the

remainder of the year. When the new session begins in January we will again be working hard to pass our bill to regulate tanning facilities. He has included a sample letter to contact your legislator on this bill.

Around the nation insurance firms initiating doctor ranking programs have been under attack in the courts and through actions by regulators. N.Y. Attorney General Andrew Cuomo recently reached a settlement with CIGNA Healthcare calling for full disclosure on all aspects of its program. We will be supporting the Massachusetts Medical Society bill that includes many of the tiering and reimbursement issues addressed in their case and others around the country. See the summary in this Newsletter for further details.

Finally, our 2008 dues notices will be in the mail shortly and I encourage everyone to respond promptly. Our goal is to have the majority of Massachusetts dermatologists as dues paying members of the Massachusetts Academy. When we represent you with legislators, insurance companies and regulators it enhances our stance when we can say we represent nearly all the dermatologists in the state.

Check to see if all the dermatologists in your group are members. The application is on our ever expanding website. Speaking of the website, we will be announcing an exciting web based project at the spring meeting.

I wish everyone a Happy Holiday season and healthy and successful New Year.

SUCCESSFUL ANNUAL MEETING HELD IN NEW HAMPSHIRE

Dr. Bowers Re-elected President

About 60 dermatologists, physician assistants and nurse practitioners attended the Annual Meeting at Wentworth-by-the-Sea in New Castle NH in October. They received 12 CME credits for lectures by local and out-of-state physicians on a variety of topics.

The presentations were well received with high evaluations from the audience. The beautifully restored Wentworth provided a stunning venue for the meeting and the weekend's social events. Next year's meeting will be held on the weekend of September 19th at The Woodstock Inn in Vermont.

At the Business Meeting on Sunday morning attendees elected Dr. Kathryn Bowers to another term along with other officers: Dr. Daniel Finn, vice president and Dr. Steven Ugent, secretary/treasurer.

Dr. Terry Hadley has resigned from his position as Director Emeritus earlier in the year and Dr. Richard Brown moved to that position from his place as a Director-at-Large. Dr. Susan DeCoste was newly elected to take the vacated position.

In other action the members voted to continue the dues of \$200 for the coming year.

BCBS CASE SETTLEMENT INCLUDES MANY PHYSICIAN FRIENDLY PROVISIONS

by Paul Wetzel, MAD Executive Director

As reported earlier, the settlement agreement of the national class action suit against Blue Cross Blue Shield plans is expected to be approved by the Court and take effect shortly. There are many physician friendly provisions in the settlement that will address some of the significant complaints physicians have had with the state's major insurer.

Some of the highlights are:

- The agreement mandates broad physician access, electronically and by hard copy, to complete fee schedule and commonly used codes. It broadens the period for fee reductions to 90 days and limits them to no more than once per calendar year. It allows physicians to terminate the contract upon 90 days notice.
- The plan is required to adhere more closely to AMA CPT Guidelines and liberalize the acceptance of certain coding particulars (e.g. unbundling, no automatic down coding of E&M codes and recognition of same day codes for separate payment). BCBS is required to be more specific and more exacting for disclosure of payment rules and claims editing software (including customization).
- The recoupment period is cutoff after 18 months and mandates a 30 day notice to the provider prior to the start of recovery efforts.
- The agreement requires a 90 day notice for material adverse changes to the contract and, importantly, allows physicians who object to the change to terminate the contract after the 90-day notice period unless BCBS withdraws the change.
- The agreement mandates freedom of choice for physicians in participating among BCBS product networks.

INSURER'S DOCTOR RANKING PROGRAMS UNDER ATTACK

A major initiative of insurance plans to install doctor ranking programs has been under attack across the country both in courts and through actions by regulators. In one significant matter N.Y. Attorney General Andrew Cuomo recently reached an agreement with Cigna Healthcare calling for full disclosure to consumers and physicians on all aspects of its program.

It includes a requirement that rankings cannot be based solely on cost and must identify clearly the degree that cost played in the ranking. It also requires the plan to use national standards to measure quality, include risk adjustment factors in the ranking and provide an appeal process for physicians.

Mr. Cuomo had earlier reached similar agreements with Aetna, United Health Group and Wellpoint. He has filed a

bill in the New York Legislature to convert the agreements to law and make the New York model the standard for plans in other states.

Physicians in Pennsylvania won a similar case against a plan in that state and physicians in Connecticut brought suit against plans that have designated certain physician as "elite" and allowing reduced co-payments for patients who use them.

In Massachusetts the MMS has filed a bill calling for many of the items in these cases and MAD is strongly in support of it. We anticipate the bill to be debated early next year.

In a significant development Blue Cross Blue Shield of Massachusetts declined to bid to continue to participate in the Massachusetts Group Insurance Commission program because BCBS opposes the commission's rules on tiered coverage.

SUPPLIES NEEDED FOR DERMATOLOGIST'S TRIP TO PERU

Dr. Karen McKoy from The Lahey Clinic is participating in the Health Volunteers Overseas program and is leaving for Peru on January 1st. She is in need of donated medical supplies to support her clinical work in Lima.

Among the items on her wish list are the following:

"Surgical instruments, like skin hooks, blade handle 3, small needle holders, iris scissors curved and straight, skin punches and currettes (disposable or the other ones, better both!), come done extractors, Adson's forcep delicate with or without teeth, and instruments for nail surgery, like clippers, septum elevators. They don't need to be new. Also, some magnifying device could help, like Opiloupes

or Optivisors. We could use also some books on Pediatric Dermatology, Therapeutics, Hair diseases.

Chlorazole can help us for KOH disposable supplies like punches starting from 1 or 1.5, and 3,4. We could use also some currettes, disposable or not. We need Finn chambers on the adhesive tape and perhaps a set of the European set of allergens if it's available to you.

Also a second-hand microscope may be pretty helpful under our circumstances. A dermatoscope for Arequipa would be perfect with the Johr's book."

Donations can be sent to Dr. McKoy, 26 Farm Street, Dover, MA 02030.

LEGISLATIVE MATTERS

By Martin Cohn, MAD Associate Director / Lobbyist

In January, 2008 the second half of the 2007/08 legislative session will begin, and formal sessions will resume. Now is the time for House members on the Committee on Public Health to hear from their constituents with regard to Senate Bill 1329, an act to further regulate tanning facilities. Here is a list of members and a sample letter. Please send me a copy of any letter and response.

Waltham - Koutoujian, Peter J. (chair)
Rep.PeterKoutoujian@Hou.State.MA.US

Cambridge - Wolf, Alice K. (vice chair)
Rep.AliceWolf@Hou.State.MA.US

Cambridge - Toomey, Timothy J., Jr.
Rep.TimothyToomey@Hou.State.MA.US

Spencer - Gobi, Anne M.
Rep.AnneGobi@Hou.State.MA.US

Beverly - Grant, Mary E.
Rep.MaryGrant@Hou.State.MA.US

Sutton - Callahan, Jennifer M.
Rep.JenniferCallahan@Hou.State.MA.US

Leominster - Flanagan, Jennifer L.
Rep.JenniferFlanagan@Hou.State.MA.US

Medford - Sciortino, Carl
Rep.CarlSciortino@Hou.State.MA.US

Dennis - Turner, Cleon H.
Rep.CleonTurner@Hou.State.MA.US

Groton - Hargraves, Robert S.
Rep.RobertHargraves@Hou.State.MA.US

Westfield - Humason, Donald F., Jr.
Rep.DonaldHumason@Hou.State.MA.US

December, 2007

Dear Rep. _____,
RE: S. 1329

As a constituent and a dermatologist, I am writing to ask for your support of Senate Bill 1329, regarding the use of tanning services by individuals under 18 years of age. I feel that it is very important to protect the children of Massachusetts from this known human carcinogen, as defined by the United State Department of Health and Human Services. UV radiation is the single largest causal environmental factor in the development of skin cancer, and UV radiation rates in indoor tanning beds can be up to 15 times greater than that of the sun.

I have personally seen the adverse effects of indoor tanning. *<Insert personal observations>*.

I am concerned about the growing incidence of skin cancer. This year alone, more than 1 million new cases of skin cancer will be diagnosed in the United States. Melanoma, the deadliest form of skin cancer, is now the second most

common cancer in women aged 20-29. With these statistics come staggering health care costs. In 2004, the total direct cost associated with treating just non-melanoma skin cancer was \$1.5 billion, \$1.2 billion of which was attributed to care received in a physician's office.

There is also increasing evidence that shows indoor tanning may be addictive. Researchers at Wake Forest University School of Medicine and the University of Texas Medical Branch at Galveston have discovered that frequent tanners exhibit withdrawal and substance-related disorder symptoms.

I urge you to support Senate Bill 1329 to protect the health and well being of the future of Massachusetts.

Thank you for your time and consideration.

SAVE THE DATES!

Please mark your calendars and plan to attend.

2008 Skin Screening: Wednesday, March 12 or 19; State House, Boston, MA

2008 Business Meeting: Wednesday, May 14; Mass Medical Society, Waltham, MA

2008 Annual Meeting: September 19-21; Woodstock Inn, Woodstock, VT

THANK YOU 2007 ANNUAL MEETING CORPORATE SPONSORS

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Steifel Laboratories	Strata		

2007 MAD Annual Meeting Practice Survey Results

Twenty-six meeting participants completed the practice survey.

1. How many patients do you see per day? — 34

1a. Of that number how many are new patients? — 08

1b. How many are primarily cosmetic patients? — 01

2. Do you employ a NP or PA? No — 20; Yes — 06

2a. How many patients do they see per day? <30 — 03; =30 — 02; >30 — 01

2b. How many are primarily cosmetic patients? — 10

3. Is your practice open or closed to new patients?

Open — 24 (92%); Closed — 02 (08%)

4. What is your estimated wait for an established patient with a changing mole? Less than one week — 07 (27%); One to three weeks — 12 (46%); Three to five weeks — 06 (23%); Six weeks — 01 (04%)

5. What is your estimated wait for a new patient with a changing mole? Less than one week — 03 (12%); One to three weeks — 07 (27%); Three to five weeks — 01 (04%); Six to eight weeks — 07 (27%); Three months — 06 (23%) NOTE: If referred by primary doctor, sooner appointment.

6. Do you have a dedicated staff member to triage phone calls for urgent visit requests?

No — 15 (58%); Yes — 11 (42%)

7. In your practice, is there less of a wait time to obtain a Botox/cosmetic appointment than an appointment for a changing mole? No — 22 (85%); Yes — 04 (15%) NOTE: All cosmetic evaluations start with aesthetician so there are more appointments. Or, have dedicated cosmetic doctor.

8. Would you be willing to reserve emergency appointment slots, on a limited basis, for referrals from the New England Melanoma Foundation? No — 08 (31%); Yes — 18 (69%)

9. Do you have any ideas on how to improve patient access to dermatologists in Massachusetts?

- Graduate more dermatologists (x6)
- Decrease cost of living to attract doctors (x3)
- Train primary doctors to call rather than just refer (x2)
- Increase reimbursements (x2)
- This is a good topic for Spring MAD business meeting (x2)
- Streamline office practice
- Don't schedule return patients unless absolutely necessary
- Reserve spots for questionable skin cancer in schedule
- Increase PA/NPs skin checks
- Academic offices need increased funding for support staff
- Discussion with new trainees of importance of non-cosmetic dermatology
- Encourage use of physician extenders



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