

MAD NEWS

The Newsletter of the
Massachusetts Academy of Dermatology
VOLUME 9 ISSUE 21 SUMMER 2011

PRESIDENT'S MESSAGE

By Louis Kuchnir MD

We had an excellent Spring Meeting with a record attendance of approximately 125 dermatologists, nurse practitioners/physicians assistants and others. The presentations were well received with some especially informative Q&A sessions.

Now, we turn our attention to our Annual Meeting in Woodstock, VT on the weekend of Sept. 23rd. We have a very distinguished group of speakers including doctors who regular lecture nationally. Woodstock was an appealing venue when we met there several years ago and the Woodstock Inn has undergone extensive renovation and updating since then. If you have not received a meeting notice and reservation form, please contact our office and it will be sent to you.

Since February we have been in discussions with Harvard Pilgrim Health Care regarding their policy change to reduce the reimbursement when an E&M code with a Modifier 25 and a procedure is done in the same visit. In May we asked your support in contacting HPHC and relating your own experience with this change.

Since then, Massachusetts Medical Society, the American Academy of Dermatology, and the American Medical Association have joined us in this effort. Other specialty societies are considering the fight. Recently, as you will note from the newsletter article on this subject, the Board engaged an attorney to advise us on our options in dealing with HPHC.

Dean Nicastro, former general counsel to the Massachusetts Medical Society, pretty much ruled out litigation and painted a rather dim picture of appealing to the Insurance Department. This leaves us along with others to continue our dialog pointing out the negative impact on our practices and our patients of this policy change. We also believe we have a strong case in illustrating how HPHC's policy contrasts with other payers.

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ANNUAL MEETING COMING UP ON SEPTEMBER 23-25 IN WOODSTOCK, VT

By now you should have received your invitation and registration form for the 2011 Annual Meeting scheduled for Sept. 23-25 at the Woodstock, VT. Inn. We believe we have an excellent mix of topics presented by outstanding speakers addressing issues you face in your daily practice.

When not attending the clinical sessions the Woodstock area features a variety of excellent things for the family and guests. We have reserved tee times for golfers at the adjacent Woodstock Country Club. Also, we are arranging a guided tour of the Billings Farm Museum for Saturday afternoon.

If you did not receive the mailing the program and registration form is available on our website: massacademyofdermastology.org. Or, call the office and we will send you the materials.

HARVARD PILGRIM MODIFIER 25 ISSUE UPDATE

Earlier this spring, we notified you about a change in policy by Harvard Pilgrim HealthCare involving the use of Modifier 25 when billing for E&M services performed in connection with surgical and diagnostic services in the same visit. HPHC is reducing the E&M fee by 50% in these situations.

We enlisted the support of the American Academy of Dermatology, the American Medical Association and the Massachusetts Medical Society in challenging this policy. We have had several conversations with HPHC officials and the AAD/AMA sent a joint letter outlining in great detail why they felt the policy was wrong. We also asked the MAD membership to contact HPHC and some of you did that relating how this change impacted your practice.

Although they have not formally replied to MAD they have responded to individual physician letters. Basically, their position is that using RBRVS methodology the practice and malpractice components

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PRESIDENT'S MESSAGE

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Recently Blue Cross Blue Shield of Massachusetts reached out to a half-dozen specialty societies to discuss their new interest in sharing "practice pattern variations." A group of six dermatologists from the Mass Academy of Dermatology met with leaders from BCBSMA's practice analysis group to gain a better understanding of how they could accumulate and share data with individual dermatologists. We gained insight on their intentions, provided feedback on the validity of the measures they studied, and suggested constructive ways they might share the data with dermatologists. As these payers become more committed to using their data to manage the care we provide, I think it important that we continue to provide guidance and feedback on their initiatives. I appreciate the members who joined me in meeting with Blue Cross last month.

Earlier this year I told you about the MAD being recognized by AAD as a Model State Society. The award included a \$2,000 grant from AAD that we can donate to a local cause or organization in our field. We gave the grant to the Melanoma Foundation of New England to use in producing an educational video on the dangers involved in using tanning booths. This, of course, fits in with our legislative effort to change the regulations regarding the use of tanning booths.

I hope everyone will make a special effort to attend our Annual Meeting and look forward to seeing you there.



Check out our Web site:

www.massacademyofdermatology.org

HARVARD PILGRIM UPDATE

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of the E&M fee are included in the surgical reimbursement.

Having received no satisfactory response the Board of Directors decided to explore all our options and retained an attorney for advice. Dean Nicasastro, former general counsel of the Massachusetts Medical Society, met with us last month and we had a lengthy and informative meeting. He advised us on three options, as follows:

Litigation – Atty. Nicasastro strongly advised against attempting to gain relief via a lawsuit. In his view we would have to prove that the policy change was in violation of the HPHC contract which all of us have signed. This is a long shot at best and would take a long time and sizeable expense.

Complain to the Massachusetts Commissioner of Insurance: In past efforts, even involving the MMS, complainants to the Insurance Department has gone nowhere. Many times there has simply been no response. We may still attempt this avenue but are not hopeful.

Continue our dialogue: We will continue to discuss the matter with HPHC and we will enlist the support of other specialty societies. The MMS' Interspecialty Committee meets next month and we will raise the HPHC Modifier 25 issue then.



**2011 ANNUAL MEETING:
September 23-25**
Woodstock Inn, Woodstock, VT

**2012 BUSINESS MEETING:
Wednesday, April 04**
Mass Medical Society, Waltham, MA

**2012 ANNUAL MEETING:
September 21-23**
The Cliff House, Ogunquit, ME

LEGISLATIVE REPORT

By Martin Cohn

In the 187th session (2010-2011) of the Massachusetts Legislature, we are working on three bills, all of which had public hearings before the Joint Committee of Public Health. The first (S.1175), our bill to further regulate indoor tanning facilities, was again filed by State Senator James Timilty. The second (S.1113), filed by State Senator Thomas Kennedy is a “truth in advertising” legislation that would require all persons, including volunteers, consulting doctors, and students and including home health care providers and hospice staff, in contact with clients and residents to wear a form of identification which readily discloses the name, licensure status, if any, and staff position. The third (S.1140) is a bill to regulate medi-spas. Senator Richard Moore filed this bill. We have joined with AAD and ASDS in opposing this flawed bill.

Our 7th Annual Skin Cancer Screening Day at the State House was held in May. In addition to screening 79 individuals, we once again received a proclamation from Governor Deval Patrick to signify May as Melanoma Awareness Month. A summary of the screening can be found on our Web site.

For updates about state and federal legislative issues, please visit our Web site. Also, please do not hesitate to contact me with any questions or concerns.

MANAGING STRESS CAN HELP PEOPLE IMPROVE THEIR SKIN CONDITIONS

As anyone with a chronic, inflammatory skin condition, such as psoriasis, rosacea or acne, knows, dealing with unpredictable flares can cause considerable stress and have a negative effect on a person’s overall well being. Now, an ever-growing body of research shows how the complex link between the skin and the psyche — including the role of stress — affects skin conditions.

At the American Academy of Dermatology’s Summer Academy Meeting 2011 in New York, dermatologist and clinical psychologist Richard G. Fried, MD, PhD, FAAD, of Yardley, Pa., discussed the skin-psyche connection and how incorporating various stress-management techniques into a dermatologic treatment regimen can help patients with skin conditions feel better physically and emotionally.

“Stress is personal, so what might be stressful for one person may be a non-stressor or even

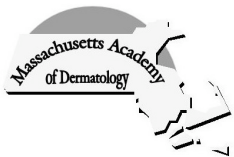
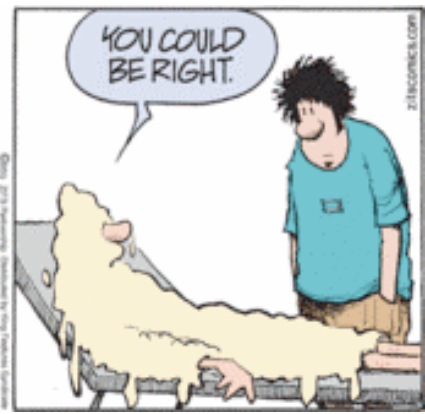
exhilarating for someone else,” explained Dr. Fried. “In terms of how stress can exacerbate or even initiate a skin condition, we are talking about distress, such as feelings of anger, anxiety, depression or tension, and how these emotional states translate to physiological problems.”

To understand the complex relationship between stress/distress and the skin, Dr. Fried noted it is important to consider the biological response that happens when a person experiences stress. Neuropeptides, the chemicals released by the skin’s nerve endings, are the skin’s first line of defense from infection and trauma. When responding to protect the skin, neuropeptides can create inflammation and an uncomfortable skin sensation, such as numbness, itching, sensitivity or tingling. However, Dr. Fried explained that stressful situations could cause neuropeptides to be inappropriately released, which can lead to a flare of skin conditions.

“Until recently, it was thought that neuropeptides only stayed in the skin when they were released,” said Dr. Fried. “But we now know that they travel to the brain and ultimately increase the reuptake of neurotransmitters — meaning that stress depletes the chemicals that regulate our emotions, such as serotonin, norepinephrine and dopamine. For example, when psoriasis patients feel stressed about their condition, it can aggravate their symptoms and lead to a further decline in their emotional state, which becomes a vicious cycle.”

To help patients combat stress-aggravated skin conditions, Dr. Fried recommends that appropriate stress-management strategies be used in conjunction with traditional dermatologic therapies. These strategies include psychotherapy, cognitive behavioral therapy, meditation, hypnosis, tai chi, yoga, antidepressants and beta-blockers. Dr. Fried noted that stress management makes patients feel more empowered and in control, which can make them more likely to comply with a treatment plan for their skin condition and see improvement.

Dr. Fried added that the skin barrier function, which is the skin’s protective outer layer, could be impaired by stress as well. Stress can make the skin more permeable, more sensitive and more reactive, which is why dermatologists recommend the use of over-the-counter moisturizers to enhance the skin barrier function. If stress compromises the skin’s barrier function, more irritants, allergens, and bacteria can penetrate the skin and cause problems. Specifically, stress can make a person’s rosacea redder or acne lesions more inflamed and more persistent. It can worsen hives, fever blisters, psoriasis and seborrheic dermatitis.



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