

MAD NEWS

The Newsletter of the
Massachusetts Academy of Dermatology
VOLUME 9 ISSUE 20 WINTER 2011

PRESIDENT'S MESSAGE

By Louis Kuchnir MD

Before I comment on issues facing us in 2011 I'm happy to report our Annual Meeting was a great success. We had record attendance of 102 people including dermatologists, nurses and others. Thanks to our outreach we had 10 attendees from Maine and several from throughout the country. Portland proved to be an excellent venue for everyone to go sites seeing, shopping and dining.

As we move into the New Year we are facing initiatives that would significantly change our practices and reimbursement systems on both the state and Federal level. The major focus in the coming months will be here in Massachusetts with Governor Patrick's plan to control health care costs through a payment reform law. He is expected to file a bill in the next few weeks calling for implementation of a global fee payment system and ultimately an end of fee-for-service payments.

While details of this plan have not yet been released the general outline is known. The heart of the plan will require healthcare providers to form or join Accountable Care Organizations (ACOs) or other groupings. The ACO would then be reimbursed on a global fee basis for treating a certain group of patients. The premise, of course, is that this will bring about much better coordination of care for the patients, reduce duplicative tests and result in high quality treatment at a lower cost.

An independent commission will be established to oversee the transition to global payments, set guidelines for the new networks and provide assistance to the healthcare community in establishing the new system.

Recognizing that this transition will take some years to implement, Governor Patrick is reported to be considering capping the increase in fees the hospitals can negotiate with insurers.

You are probably aware that anticipation of these changes is already having an effect in our industry

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SPRING BUSINESS MEETING TO BE HELD APRIL 13TH AT THE MASS MEDICAL SOCIETY

Our Spring Business Meeting with its traditional program focused on practice management topics will be held on Wednesday, April 13th at the Massachusetts Medical Society Conference Center in Waltham. We will begin registration at 8:30 am and the program at 9:00 am. Conclusion is set for 4:30 pm.

The Board of Directors, acting as the Planning Committee, has enlisted speakers on liability issues, electronic records and the Federal incentive program, coding, OSHA inspections and Accountable Care Organizations. In addition we will receive reports from ProMutual on our claims experience and updates on state and Federal legislative and regulatory issues.

The meeting notice with details and a registration form will be mailed shortly but in the meantime please save the date and clear your schedule so you can attend this meeting.

MELANOMA FOUNDATION NEEDS YOUR HELP

The Melanoma Foundation of New England is a non profit organization dedicated to educating children about the need for sun-safe behavior, to increasing public awareness about the dangers of the sun, and to helping people cope with melanoma. Each year, MFNE provides Skin-Safety programs in local communities at health fairs, school programs, hospital health fairs, and for other groups. Typically, they show the effects of sun damage, and provide educational materials and sunscreen.

In the past companies with sun screen products provide samples for NMFE to use at their events but that is no longer the case. You can help! If each member of the Massachusetts Academy of Dermatology checks their free sample supply closet and donates 100 samples, then MFNE community safety programs will be able provide this valuable educational service.

You can send them to: MFNE, 111 Old Road to Nine Acre Corner, Concord, MA 01742. We will also be collecting donations at our Spring Meeting. Thanks for your consideration

PRESIDENT'S MESSAGE

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with more new physicians choosing to work for hospitals. The recent announcement of a possible merger between Tufts Health Care and Harvard Pilgrim Health Care is another example.

It appears that most entities involved in healthcare have adopted a "bigger is better" attitude in dealing with the future changes.

One thing that hasn't changed is that this is a very complicated endeavor with support from the major participants still uncertain. Most of what we read about thus far is focused on primary care doctors and their practices. How specialists will be treated is very much uncertain. There is, however, widespread agreement that costs cannot continue to go up at the recent pace but no agreement on how to accomplish that goal.

We plan to devote a session at our Spring Business meeting on April 13th to ACOs and how they work.

On the federal level the first changes from the Obama Administration's comprehensive health care bill passed last year are starting to take effect. Already, insurers are changing some of their plans for covering Medicare and other things they cover or no longer cover. As the Republicans take control of the House of Representatives they have promised to try to make significant changes to peel back significant parts of the new law.

We will have to carefully and constantly monitor these two situations as they evolve. Our Academy and its Washington office distributes almost daily information to keep us informed and advises us when to take action with our Congressional delegation. Marty Cohn, our lobbyist, will keep us informed on developments as they unfold.

I am pleased to report that once again the Mass Academy has won a Model State Society award from the American Academy of Dermatology, as well as a State Advocacy Program grant to assist in our lobbying efforts. Thanks largely to the work of Marty Cohn we have received nearly \$20,000 over the past three years from this AAD Program.

Check out our Web site:

**[www.massacademyof
dermatology.org](http://www.massacademyofdermatology.org)**

LEGISLATIVE REPORT

By Martin Cohn

In the 186th session (2009-2010) of the Massachusetts Legislature, our bill to further regulate indoor tanning facilities advanced further than previous years. Filed by State Senator James Timilty, the bill received favorable reports from the Joint Committee on Public Health and the Senate Committee on Ethics and Rules. It passed the Senate (i.e. No person under the age of 16 shall use a tanning device) In the House, it received a favorable report from the House Committee On Steering, Policy and Scheduling and went to the House floor for a vote. Rep. Vincent Pedone (D-Worcester) amended the bill on floor (i.e. No person under the age of fourteen shall use a tanning device.) and it passed. Unfortunately, because there were two versions passed, the bill went to a conference committee where it died.

Senator Timilty will refile the bill in the 187th session and we remain optimistic that our efforts to protect Massachusetts youth from the dangers of indoor tanning will be realized.

This year, we are planning to work with State Senator Thomas Kennedy to file "truth in advertising" legislation. Working with AAD and AMA, this legislation 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.

Also, this year we are planning our 7th Annual Skin Cancer Screening Day at the State House for May. Details are still being worked out. We will also request a proclamation from Governor Deval Patrick to signify May as Melanoma Awareness Month.

Once again, I will be chairing the AAD's State Society Executives Conference during February's annual meeting in New Orleans.

Finally, we received a grant from AAD to support a program, "Your Skin Is In", developed by the Melanoma Foundation of New England, to educate youth about the dangers of indoor tanning. Specifically, we will collaborate with the Massachusetts Academy of Pediatrics to provide educational materials to pediatrician offices throughout. You can learn more about this program by visiting <http://mfne.org/public/events/yourskinisin.php>.

Please check out Web site www.massacademyofdermatology.org for updates about state and federal legislative issues. Also, please do not hesitate to contact me with any questions or concerns.

PHYSICIANS ARE NOT CREDITORS UNDER RED FLAGS RULE

On Dec. 7 Congress passed S. 3987, the Red Flag Program Clarification Act of 2010, which clears up ambiguity about who is considered to be a creditor under the red flags rule. The Federal Trade Commission (FTC) had broadly defined creditors to include physicians and other professionals under the red flags rule. President Obama is expected to sign the bill into law before Jan. 1.

The Red Flag Program Clarification Act of 2010 explicitly excludes those who advance funds on behalf of a person for expenses incidental to a service that is provided. Under this definition, the bill's sponsors have stated that physicians, dentists and other professionals would not generally meet the definition of a creditor, and so they are exempt from the rule's requirements. However, the bill leaves open the possibility that the FTC may revisit the issue through the rulemaking process.

The passage of the Red Flag Program Clarification Act of 2010 supports your AADA's argument that the FTC overreached in applying the red flags rule to physicians.

The red flags rule, which was scheduled to take effect on Dec. 31, required creditors to develop identity-theft prevention and detection programs. According to the FTC's definition, physicians who do not accept payment from their patients at the time of service were deemed to be creditors and would have been required to comply with the rule by developing and implementing written identity-theft prevention and detection programs in their practices.

The Red Flag Program Clarification Act of 2010 defines creditors as those who regularly and in the ordinary course of business: (1) obtain or use consumer reports, directly or indirectly, in connection with a credit transaction; (2) furnish information to certain consumer reporting agencies in connection with a credit transaction; or (3) advance funds to or on behalf of a person, based on the person's obligation to repay the funds or on repayment from specific property pledged by them or on their behalf.

E-mail the AADA government affairs staff with any comments or questions regarding red flags legislation at govtaffairs@aad.org.

ACADEMY ISSUES UPDATED POSITION STATEMENT ON VITAMIN D

The American Academy of Dermatology (Academy) has updated its position statement on vitamin D based on the results of a review of the increasing body of scientific literature on this vitamin and its importance for optimal health recently conducted by the National Academy of Sciences Institute of Medicine (IOM).

The Academy continues to recommend that the public obtain vitamin D from a healthy diet that includes food naturally rich in vitamin D, foods and beverages fortified with vitamin D, and/or dietary supplements. The Academy reaffirmed its position that vitamin D should not be obtained from unprotected exposure to ultraviolet (UV) radiation from the sun or indoor tanning devices, as UV radiation is a known risk factor for the development of skin cancer.

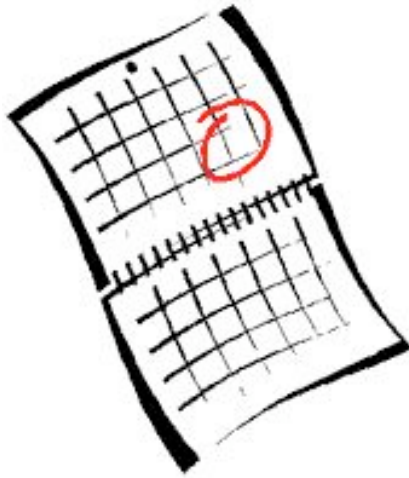
Based on review of more than 1,000 studies and expert and stakeholder testimony, the IOM concluded that while the evidence for associating vitamin D levels with bone health was strong, the evidence for other conditions was inconsistent, inconclusive and insufficient to inform nutritional requirements.

The Academy's position statement reflects the IOM's findings, including the vitamin D blood level deemed adequate and safe for the human body (20 ng/ml), and the Recommended Dietary Allowance (RDA) for calcium and vitamin D intake to support skeletal health. The Academy noted that the RDAs for vitamin D reflect an assumption of minimal sun exposure.

The Academy's updated position statement also asserts that there is no scientifically proven, safe threshold of sun or indoor tanning device exposure that allows for maximum vitamin D synthesis in the skin without increasing the risk of skin cancer.

"The IOM's review of the scientific evidence about vitamin D supports the academy's long-standing recommendation on safe ways to get this important vitamin. ... Unprotected exposure to UV radiation from the sun or indoor tanning is not safe. Individuals who intentionally expose themselves to UV radiation for vitamin D are putting their health at risk for developing skin cancer." stated dermatologist William D. James, MD, FAAD, president of the American Academy of Dermatology.

The Academy continues to recommend that individuals protect themselves from UV exposure when outdoors, such as seeking shade whenever possible, wearing sunscreen and covering up with a wide-brimmed hat, long sleeves, pants and sunglasses. Also, the Academy urges the public to avoid tanning beds.



SAVE THE DATES!

2011 BUSINESS MEETING:

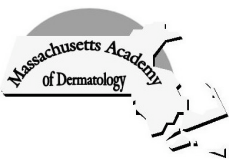
Wednesday, April 13

Mass Medical Society, Waltham, MA

2011 ANNUAL MEETING:

September 23-25

Woodstock Inn, Woodstock, VT



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