

## **2020 ANNUAL REPORT ADVISORY BOARD**

### **Summation of 2020 Activities and Accomplishments:**

#### **I. Strengthening Communications, Engagement, and Outreach**

The Advisory Board's mission is to protect, promote, and preserve the interests of the individual practitioner of dermatology by:

1. Providing a forum for AAD/A members to present policy proposals for consideration by the AAD/A Board of Directors; and
2. Serving as a conduit of information between the AAD/A Advisory Board, the represented societies, and the AAD/A Board of Directors; and
3. Disseminating information on AAD/A policies and other issues vital to AAD/A members' patients and practices.

As such, Advisory Board representatives serve as important communication, policy, and membership links between the Academy and the regional, state, and local dermatologic societies.

The Advisory Board and its Executive Committee continue to strengthen member outreach and engagement through increased communication and solicitation of feedback on important policy issues and organizational changes. The Advisory Board Executive Committee meets via conference call on a monthly basis to discuss issues affecting dermatology. In addition, members receive monthly newsletters that highlight important information and current state, legislative, and regulatory policy issues. Members are advised to share the monthly updates with their state and local societies.

In order to better fulfill the mission, the Executive Committee worked to refine the summer resolution process, modeling it after the original annual meeting process. The new protocol was designed better engender the Advisory Board as a whole and features a summer meeting of the Reference Committee and the entire Advisory Board. Both of these meetings will be available virtually and will result in a more complete and democratic summer resolution process.

In order to accomplish the changes, a Subcommittee was formed to revise the Summer Resolution Process. The previous process outlined resolutions being submitted to staff and then posted to the Advisory Board forum for comments. Resolutions are then presented to the Reference Committee for review and recommendations, and then submitted as a consent agenda to the Advisory Board for a vote.

The Subcommittee met via conference call and made recommendations to streamline and improve the process, including making Committee meetings more accessible with virtual and in-person meetings at the Annual and Summer meetings. This included holding a virtual Reference Committee meeting during the Summer meeting, similar to

that of the General Business Meeting. The Subcommittee proposed the following changes:

- The Advisory Board forum will be available to the general membership and Academy members will have the opportunity to submit comments to the Advisory Board Reference Committee through their state representative.
- The author of the resolution is required to post on the forum and introduce why the resolution was brought forward. The author or Advisory Board representative will be required to attend the virtual meeting to introduce the resolution. If no one is present, the resolution will be withdrawn.
- The Reference Committee will hold an attendance optional Virtual/Live Summer Reference Committee Meeting to discuss each resolution and provide members the opportunity to participate and speak to the resolutions by sharing input directly with the Reference Committee. Electronic and virtual live commenting will be available during this meeting.
- The Advisory Board will convene a mandatory attendance Virtual/Live General Business Meeting during the Academy's Summer Meeting to consider mid-year resolutions and the Reference Committee recommendations. Electronic and virtual live commenting will be available during this meeting as well.

Furthermore, the Advisory Board Executive Committee proposed changes to the membership criteria for new societies to clarify that a member society should not have membership requirements in excess of AAD's fellowship requirements, but rather should be required to have membership that is open to any dermatologist who fulfills the criteria for the AAD fellowship.

These changes were approved at the November Board of Directors meeting and are reflected in the Advisory Board Organizational and Operational Guidelines and Position Description.

## **II. General Business Meeting**

The general business meeting features speakers with expertise in a variety of topics as a means of keeping representatives informed and engaged in Academy priorities, relevant state-level issues that affect dermatology, and to provide the dermatologic societies the opportunity to share information about strategies in advocacy with the Advisory Board.

The 2020 Academy Meeting was canceled due to the COVID-19 outbreak, and in-person meetings transitioned into a virtual platform, including the general business meeting. This year's agenda focused on the Academy's response to the public health emergency (PHE) and key advocacy issues facing the specialty.

The forum began with an update from the Academy's President, George Hruza, MD. In response to COVID-19, Dr. Hruza formed the Ad Hoc Task Force (AHTF) on COVID-19 to monitor pandemic developments daily, assess the impact on practices, and provide

guidance most relevant to dermatologists. Dr. Hruza reported on the activities of the AHTF on COVID-19, which he is chairing and consists of several council and committee chairs in areas of relevance to the outbreak. He noted that the AHTF and staff are tracking all of the medical, public health, legislative, and regulatory COVID-19-related developments at the state and federal levels, and posting relevant information and links on the COVID-19 area of the AAD website, including practice guidance, relaxation of telehealth rules, loosening of rules regarding protective personal equipment, and numerous other issues. The AAD coronavirus webpage is continually updated with the most current information at <https://www.aad.org/member/practice/coronavirus>. Additionally, Dr. Hruza stressed the importance of physician autonomy in medical decision-making, specifically dermatologists determining what is considered essential care during this time of a national emergency.

Next, Clifford Lober, MD, member of the Health Care Finance Committee and DermCAC, presented on scope of practice. Dr. Lober discussed the roles and different training requirements for physician assistants (PAs), nurse practitioners (NPs) and dermatologists. In Dr. Lober's presentation, he showed the dramatic increase in the number of available Doctoral Nursing Programs over the past few years. Dr. Lober spoke to truth-in-advertising issues where some medical titles can be misleading to the general public. He highlighted the importance of the AADA [position statement](#) that cites, "At certain times, and under the direction of a board-certified dermatologist, the practice of dermatology requires a team approach and may include other providers practicing in a dermatologic setting, including but not limited to: non-physician clinicians; allied health professionals; licensed personnel; and other personnel." Dr. Lober encouraged continued medical education and training for all medical professionals.

The next presentation featured Mark Kaufmann, MD, Chair of the Work Group on Innovation in Payment and Delivery and Deputy Chair of the Patient Access and Payer Relations Committee, who provided an overview on drug pricing and pharmacy benefit managers (PBMs). Dr. Kaufmann discussed the ongoing burden of rising drug prices for dermatologists and patients, the increasing profits of PBMs and the need to eliminate rebates, and the continued frustration with prior authorizations and step therapy processes that PBMs implement. Dr. Kaufmann explained how the current Administration proposed to eliminate rebates yet was not successful in finalizing the recommendation due to push back from both the insurers and PBMs. Dr. Kaufmann highlighted the American Academy of Dermatology Association (AADA) advocacy efforts on important pieces of legislation that have the potential to influence the drug supply chain and help with rising prices.

Lastly, Melissa Piliang, MD, Chair of the Health Care Finance Committee, and member of the American Medical Association (AMA) Dermatology Section Council, gave a 2021 physician payment update. Dr. Piliang discussed significant Medicare payment changes that will be implemented in 2021, including Center for Medicare and Medicaid Services' (CMS) proposals to change payment for codes 10- and 90-day global periods. Dr. Piliang provided an overview of the history of AADA advocacy to preserve global

periods. In 2017, the elimination of global periods was averted. In 2019, CMS dropped proposals to merge E/M reimbursements and instead accept CPT values developed by RUC. Dr. Piliang reported that CMS released its own estimates of the 2021 E/M changes on specialties and AADA staff extrapolated data from those estimates to determine the impact on different dermatology practices. Additionally, Dr. Piliang explained AADA's multi-pronged global and E/M payment strategy. Members discussed communication channels to disseminate information on forthcoming payment changes. Dr. Piliang encouraged everyone to visit [www.aad.org/burnout](http://www.aad.org/burnout) for more resources.

### **III. Annual and Summer Meeting Resolutions**

In November of 2016, the AAD/A Board of Directors approved the Advisory Board proposal authorizing the Advisory Board to vote on resolutions and other business twice a year. This has allowed more work to be done year-around to ensure that relevant information is being shared with the AAD/A Board of Directors in a timely manner, rather than once a year after the Annual meeting.

A primary activity of the Advisory Board is to deliberate policy resolutions presented by individual members of the Advisory Board, dermatologic societies, or other individual Academy members. Resolutions adopted by the Advisory Board go to the AAD/A Board of Directors for consideration and potential adoption as Academy policy.

The docket of 2020 resolutions were unique in that it encompassed a wide array of ongoing concerns, as well as new ideas for recurring problems and original proposals designed to shape the AADA policies in the coming years. The Advisory Board proposed a number of relevant policies, summarized below:

#### *Annual Meeting Resolutions*

- AAD/A Committee Policies: The Advisory Board advocated for the AAD BOD to reconsider this policy and allow membership to attend the committees with prior notification and that any committees not opened have a reason(s) for remaining closed transmitted to the full membership as well as the Advisory Board. Several Board members expressed support for a more open and transparent policy subject to the need to preserve the right of governance chairs to go into executive session or close meetings to allow for discussion of confidential matters. The Board did not remove any of the committees already listed on the policy as being "closed" but did task staff to include rationale on the policy explaining the reason why the listed committees were "closed." The Board of Directors approved this resolution.
- American with Disabilities (ADA) Website Accessibility: The Advisory Board adopted a resolution calling for the Academy to annually notify the membership of the requirement that practice websites must be ADA compliant by the most efficient means possible including the development of an AAD website toolkit that contains minimal standards that all dermatologists should take, to assist in the

process. The Board of Directors adopted this resolution in part but rejected the toolkit requirement, as the Academy is creating a resource center on its website that will contain the information the author is requesting.

Industry Educational Programs: To facilitate the highest level of information transfer, the Advisory Board passed a resolution that called for the AAD to encourage industry to engage Doctors of Medicine or Doctors of Osteopathy when a clinician is utilized for an educational program. The Board of Directors approved this resolution and noted that the AAD could only encourage industry sponsors to use MDs and DOs and could not take any steps to coerce such action without implicating antitrust laws.

- Cannabidiol (CBD) in Dermatology: The Advisory Board passed a resolution urging for the Board of Directors to create a CBD Ad Hoc Task Force to create and submit a report to the Board of Directors containing the details of its findings and recommendations. The Board of Directors rejected this resolution due to a lack of sufficient evidence about the impact of cannabinoids in the treatment of dermatologic conditions, and the Academy already pursuing numerous avenues to monitor and explore the development of such evidence and to educate members about the evolving use of cannabinoids in dermatology. The Board discussed several educational resources that AAD is providing its members on this subject, including a Dermatology World [article](#). Staff was directed to provide the Advisory Board with information on the steps that AAD has taken to educate and inform the membership about the potential uses of CBD in dermatology. The AAD has governance structures in place that are monitoring the evidence-base on the use of cannabinoids in dermatology.

To note, this resolution was submitted to the Advisory Board for consideration at the 2019 Summer Meeting. The Advisory Board approved the following recommended language which was considered by the Board of Directors in November of 2019, advocating for the Board of Directors to convene a panel to study the appropriate use of cannabis in dermatology. The Board of Directors did not approve the resolution but had plans to host an educational session on cannabis at the AAD Innovation Academy in Seattle. Due to the pandemic, the AAD Innovation Academy meeting was cancelled. A session is not planned for the 2021 Annual Meeting but could be included in next year's AAD Virtual Meeting Experience (VMX). At this year's VMX, Adam Friedman, MD, discussed the unique anti-inflammatory properties of cannabinoids, which could make them a new potential therapeutic pathway for the management of several dermatologic conditions. This lecture was also given at the Annual Meeting, and more information can be found on the AAD [website](#). The recording link is available [here](#).

- Coverage of Timely Treatment of Pediatric Vascular Anomalies Laser Treatment of Port Wine Stains: The Advisory Board approved a resolution that called for the

AAD/A to add to the Policy Statements support for the coverage of early intervention by laser treatment for pediatric patients with port wine stains, and emphasized the need to advocate on this issue at the federal level and with insurers. It was noted that the AAD/A has historically advocated for insurers to consider treatment and removal of port wine stains using treatment methods that are clinically appropriate. This support is evident in the AADA's co-signing of the American Academy of Pediatrics 2015 letter to insurers supporting insurance coverage for laser treatment of port wine stains as standard of care. The Board of Directors approved this resolution.

### *Summer Meeting Actions/Resolutions*

- Advisory Board Operational and Organizational Guidelines: The Advisory Board presented recommendations to streamline the summer resolution process. The Board of Directors approved these changes as presented.
- Advisory Board Position Statement: As previously mentioned, the Advisory Board adopted language to include open membership to anyone in the AAD who fulfills the criteria for the AAD fellowship. The Board of Directors approved these changes as presented.
- Stimulating Membership Engagement through the Advisory Board Resolution Process: The Advisory Board passed a resolution that called for issues or topics brought up on non-AAD social media sites, and by expert resource groups (ERGs) to the AAD Board of Directors, to first pass through the resolution process of the Advisory Board. There were concerns that ERGs were being lumped in with social media sites and that ERG matters are more appropriately reviewed by the Council on Science and Research. The Board of Directors referred the resolution to the Organizational Structure Committee (OSC) to determine how ERGs and others bring matters to the Board.
- Postpone the Micrographic Dermatologic Surgery (MDS) Examination: In light of COVID-19 and its potential interference with live and in-person educational activities designed to prepare dermatologists to sit for the October 2020 MDS exam, the Advisory passed a resolution calling for the AAD to postpone the exam. The resolution requested that the President of the AAD/AADA, the organization which represents the vast majority of United States dermatologists, write a letter to the American Board of Dermatology, an American Board of Medical Specialties affiliate board, requesting delaying the date for the initial Micrographic Dermatologic Surgery examination for an additional year to allow dermatology groups to give their preparation courses that were canceled because of COVID-19. The Board discussed whether AAD members who have already signed up to take this examination and have prepared for it, would want a delay. Furthermore, there were concerns whether this resolution is designed to benefit AAD members who are seeking to take this examination or the

dermatology groups that are offering preparation courses that were canceled because of COVID-19.

- AAD/A Summer 2020—Overreaching Government Power in a Pandemic: In reaction to the governmental response to the public health emergency and its oversight of recommendations for potential treatments, the Advisory Board advocated that the AADA, with the AMA if feasible, send letters to state Governors, state boards of healing arts, and state pharmacy boards. The letters would include the following points:
  1. A physician's primary responsibility is to the patient.
  2. The patient and the physician have the right to determine appropriate treatment for the patient's condition, including off label use, after the disclosure of potential risks and benefits.
  3. Physicians make decisions based on available scientific evidence. Governmental advice and recommendations for treatment may be appropriate additional considerations.

The Board of Directors referred this resolution to the State Policy Committee.

- Promote Young Gifted Members to become Engaged in the Organization of the AAD/A: Strategies to increase young member involvement continue to be a priority for the Academy. The Advisory Board advocated that the Board of Directors create an additional non-voting seat for a one-year tenure, to identify, engage, understand, and promote one additional young, gifted member each year. The Board referred this resolution to the OSC for review and recommendation back to the Board.
- Telemedicine: The government has significantly relaxed regulations around telemedicine so that physicians can continue to provide care to their patients during the pandemic. Telemedicine has shown to be an innovative and rapidly evolving method to deliver high-quality care in these circumstances. While teledermatology is a viable option to provide care, the Advisory Board passed a resolution advocating that though teledermatology is a useful method of evaluating dermatology patients, the gold standard of patient evaluation remains an in-person visit with a dermatologist. The Board of Directors passed this resolution, as it echoes the current AADA Policy, which is referenced in the Position Statement on Teledermatology [here](#). The Academy supports the appropriate use of telemedicine as a means of improving access to the expertise of Board-certified dermatologists to provide high-quality, high-value care.

#### **IV. Elections:**

The Advisory Board Executive Committee have begun discussions on this year's selection of the Advisory Board Nominating Committee candidates. The Committee will rank and vote on the final list of candidates in December.

#### **V. Projected Activities for 2021:**

The Advisory Board Executive Committee is committed to advocating on behalf on the full Advisory Board membership through the continued efforts listed below:

1. Encourage Advisory Board members to share the monthly newsletters and report back to their state societies the status of the resolutions.
2. Monitor the attendance for the Advisory Board General Business meeting and send warning letters when appropriate.
3. Increase communications with the AAD/A Board of Directors throughout the year.
4. Encourage Advisory Board members to attend the Legislative Conference and help represent states that have no member representation present at the conference.
5. Encourage cross-communication among the various representatives, including state societies, Executive Directors, Advisory Board representatives, state representatives, and legislative committee chairs.
6. Better coordinate the activities of the Advisory Board and the State Society Relationships Committee to increase participation on the Advisory Board by AAD members from state and local societies.
7. Raise awareness of the resolution process so representatives continue to contribute to the formulation of Academy policy, identify trends affecting dermatology, and help develop and support advocacy efforts.