



MEMORANDUM

DATE: May 7, 2012
TO: **Advisory Board Representatives**
FROM: Robert Durst, Chair of the Advisory Board
SUBJECT: 2012 Final Report of Actions

American Academy of Dermatology Association
Excellence in Dermatology™

The American Academy of Dermatology (AAD) and AAD Association Boards of Directors met Saturday, May 5th, where the 2012 Advisory Board Resolutions were presented. The actions on the 2012 Advisory Board Resolutions were as follows:

A. AAD01 (A-12): *Membership in the AAD for Dermatologists Who Are No Longer Board Eligible*

Proposed Motion:

Adopt the following resolution:

RESOLVED, the American Academy of Dermatology clarify existing membership for those physicians who have completed an Accreditation Council for Graduate Medical Education or Royal College of Physician and Surgeons –accredited dermatology residency program but are no longer board eligible due to the time limitation policy.

Rationale

After much debate on this resolution, the Advisory Board considered the language in Article III, Section 2 (a) of the AAD bylaws and strongly felt clarification should be provided on whether dermatologists who have been board certified, at one point, should be eligible for membership into the Academy.

The language in question reads as follows:

Article III, Section 2, Eligibility, Rights and Obligations

(a) Fellow. Any physician in good standing who has been certified by the American Board of Dermatology or in dermatology by the Royal College of Physician and Surgeons of Canada shall be eligible to be a fellow.

Action: The AAD Board of Directors referred this resolution to the Council on Member Services.

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A. AADA01 (A-12) Elimination of All Payment Reductions For Not Participating in Electronic Prescribing and Electronic Health Records

Proposed Motion:

Adopt the following resolution:

RESOLVED that the AADA should lobby Congress and the Center for Medicare and Medicaid Services with or without the assistance of the American Medical Association (AMA) or other national physician organizations for the eliminations of all penalties in the form of fee or payment reductions to the solo and small group practice physician for not using either an electronic medical record system or doing electronic prescribing.

Rationale

The Advisory Board agreed that the outcomes and penalty fees associated with forcing Electronic Health Record systems on small practices are too burdensome and costly. With this issue affecting a large number of dermatologists within the Academy, the Advisory Board feels strongly about having this resolution adopted as policy.

Action: The AADA Board of Directors referred this resolution to the Council on Government Affairs, Health Policy and Practice.

B. AADA02 (A-12) Stopping Centers for Medicare and Medicaid Services from using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision Diagnosis Coding System

Proposed Motion:

Adopt the following resolution:

RESOLVED, that the AADA lobby Centers for Medicare and Medicaid Services (CMS) and Congress to completely abandon the conversion to and use of the International Statistical Classification of Diseases and Related Health Problems, 10th Revision coding system (ICD-10).

Rationale

The Advisory Board is concerned that the conversion of the new ICD-10 coding software will be too expensive for individual practices and will not add to patient care, just physician burden. With the adoption of this resolution, the Advisory Board hopes to be successful, in that CMS will mandate the usage of ICD-11 and skip over ICD-10.

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Action: The AADA Board of Directors referred this resolution to the Council on Government Affairs, Health Policy and Practice.

C. AADA03 (A-12) *Public Education on Doctor of Nursing Practice and Board Certification*

Proposed Motion:

Adopt the following resolution:

RESOLVED, that the American Academy of Dermatology collaborate with other physician groups to develop a strategy to educate the public regarding the distinctions between the Doctorate of Nursing Practice and the Doctorate of Medicine and Osteopathy and the distinctions between the board certification in nursing and board certification through the American Board of Medical Specialties. This should include AADA helping state societies craft legislation on the issue. Further the American Academy of Dermatology support rules that clarify these distinctions to patients.

Rationale

The Advisory Board believes that the above resolution would strengthen and be complimentary to current AADA activities, and that the Academy should adopt all possible strategies as part of its goal to provide quality patient care.

Action: The AADA Board of Directors referred this resolution to the State Policy Committee to consider, in part, an educational program to inform the public of this distinction.

D. AADA05 (A-12): *Support H.R. 452 to Repeal the Independent Payment Advisory Board (IPAB)*

Proposed Motion:

Adopt the following resolution:

RESOLVED, to make the repeal of the IPAB an ongoing priority for the AADA

RESOLVED, to urge members to contact their legislator about repealing IPAB

RESOLVED, to encourage members to involve their patients in advocacy about this issue.

Rationale

While the Advisory Board is aware of the AADA Dermatology Advocacy Network grassroots efforts in advocating to repeal IPAB, it also felt that

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having the resolution adopted by the Board as policy would reinforce the importance of keeping the repeal of IPAB a top priority for the Academy.

Action: The AADA Board of Directors stated that elimination of the IPAB is already the policy of the AADA; the resolution was referred to the Council on Government Affairs, Health Policy and Practice.

I will follow the course of these resolutions and keep you informed as what actions have been taken on the 2012 Advisory Board Resolutions

Thank you,



Bob Durst, MD, FAAD
Chair, Advisory Board



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