

Executive Session

Opening Remarks, Tom Helm, MD, Secretary-Treasurer
Introduction of New Members, Robert Brodell, MD, ADA President
Election of Officers and Directors, Robert Brodell, MD, ADA President
In Memoriam, David Pariser, MD, Historian



Scientific Session

The Latest From Some of Our Specialty Societies

Session Moderator: Thomas Helm, MD Secretary-Treasurer

American Academy of Dermatology

Kenneth J. Tomecki, MD - AAD Immediate Past President

- Update on membership demographics and membership trends
- Summarized the AAD's educational initiatives, work in telemedicine, advocacy efforts, and 11th Hour Initiatives



American Board of Dermatology

Mary Stone, MD - ABD President

- The updated pathway to ABD Certification (Basic Exam, 4 Core Exams, & Applied Exam) generated positive reviews, with emphasis on knowledge obtained from direct patient care experiences & attendings



American College of Mohs Surgery

Glenn Goldman, MD - ACMS Past-President

- Update on the MDS Board Certification
- Discussed the specialty society "meeting paradigm" that in-person and virtual options have led to increased attendance & involvement



International League of Dermatologic Societies

Lars French, MD - ILDS President

- ILDS membership includes 90 countries. Its vision is to attain the best possible skin health for all people around the world.
- Major activities include working with the World Congress of Dermatology, the International Foundation for Dermatology, and the World Health Organization.



Skin of Color Society

Valerie Callender, MD - SOCS Past-President

- Reviewed the history and founding members, the SOCS mission, and the Annual Meeting just prior to the AAD Annual Meeting.
- Highlighted mentorship programs, SOCS Dermatology E-Learning + Equity Program, and the speakers' bureau.



Women's Dermatologic Society

Bethanee Schlosser, MD - WDS Treasurer

- Reviewed several WDS programs, including the Student Summer Research Fellowship, the WDS and La Roche-Posay Diversity in Dermatology Fellowship at Howard Dermatology, and the GloDerm-WDS Career Development Award.



American Medical Association

Jack Resneck, Jr., MD - AMA President

- Though this is a challenging time in medicine with anti-science protests and unprecedented burnout, he is hopeful and optimistic because of the AMA's work supporting physicians and patients.
- He reviewed many initiatives, including reducing the prior authorization burden, team-based care, keeping politics out of the exam room, and reducing innovation without physician input.



The Dermatologic Hospitalist: What Is the Future?

Session Moderator: Alisa Femia, MD

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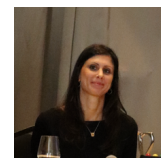
Dr. Femia reviewed cases from the inpatient dermatology service that underscore how dermatologists can be critically important in inpatient medicine. Dermatologists are uniquely poised to make critical diagnoses and guide life-saving treatment based on cutaneous examination alone. Diseases spanning multiple organ systems like dermatomyositis prompt collaboration with multiple specialties, involving dermatology among the broader house of medicine.



INPATIENT CONSULTS AND RESIDENT EDUCATION

Amy Musiek, MD

Inpatient consults can have a profound impact on resident education. Social determinants of health are highlighted by inpatient cases. Interesting inpatient cases also allow for deeper contemplation, which may spark interest in a niche and aid in developing future physician scientists. Inpatient cases require the resident to demonstrate professionalism with other specialties, serve as a patient advocate, and work collaboratively and effectively in inter-professional teams.



Scientific Session, continued

The Dermatologic Hospitalist: What Is the Future? (continued)**UPDATES IN INPATIENT DERMATOLOGY AND HOW WE GOT HERE**

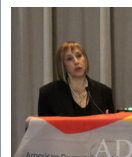
Daniela Kroshinsky, MD

A high burden of skin disease in hospitalized patients supports the growing need for inpatient dermatology. There is clear value in dermatology expertise in the hospital: several studies demonstrate a mere 22-52% concordance between the primary team's diagnosis and the dermatology consultation diagnosis, and in 58-96% of cases, dermatology changes treatment. To respond to this need, dermatologists followed the hospitalist movement and founded The Society of Dermatology Hospitalists in 2008, now boasting 187 members. At MGH, adoption of a dermatology hospitalist model has resulted in increased volume and revenue.



Lindy Fox, MD

Inpatient dermatology allows for teaching of not only dermatology residents, but non-dermatology residents, students, ancillary staff, and colleagues in the house of medicine. Having an inpatient dermatologist improved mortality in SJS/TEN patients. The economic impact of inpatient dermatologists is evident in cases of cellulitis, where inpatient dermatology care resulted in shorter duration of antibiotics and length of stay. A JEADV article estimated that dermatology consultation achieved \$19-38 million on Medicare cost savings in 2017. Overall, inpatient dermatologists have added value, improved standard of care with evidence-based and expert opinion, and elevate dermatology within the House of Medicine.



Dermatology Resident Research Awardee's Presentations

**Engaging Primary Care through Project ECHO:
Bridging the Gap in Rural America**Hannah Badon, MD
University of Mississippi Medical Center

The Extension for Community Healthcare Outcomes (ECHO) model was initially developed to tackle the education of rural primary care physicians in the treatment of Hepatitis C. Project ECHO has since been adapted to the field of dermatology. At the University of Mississippi Medical Center (UMMC), Project ECHO is conducted monthly. Primary care providers present cases from their clinics using video-based technology to UMMC dermatology faculty. This program has witnessed rapid uptake and adoption by Mississippi's primary care physicians. Survey data suggests the program has been effective in relaying information regarding skin diseases to non-dermatological providers, with many of these providers caring for patients with dermatological diseases in their practices. This collaboration between specialists and primary care physicians is an efficient method of bridging the access to care gap in Rural America.

**Emergency Department Utilization in
Hidradenitis Suppurativa**Cynthia Wang, MD
Washington University in St. Louis

Emergency department (ED) visitation is common for treatment of hidradenitis suppurativa (HS), whereas dermatology outpatient care is low. Utilizing the IBM® MarketScan® Databases, the interventions & patient factors associated with ED return following an initial ED visit for HS were assessed, with the study population including 20,269 total HS patients. Forty eight percent of patients had incision and drainage performed at index ED visit, 72.6% had oral antibiotic prescription, & 48.9% had opioid medication prescription. Thirty-four percent of patients had a return ED visit for HS or proxy within 180 days, as opposed to 6.8% with a dermatology visit. Patients with Medicaid & who had an opioid prescribed were more likely to return to the ED for treatment of their disease and, conversely, less likely to have dermatology follow-up. This study suggests that many HS patients frequent the ED for their disease but are not seen in dermatology clinic for ongoing care. The findings raise the opportunity for cross-specialty interventions that could be implemented to better connect patients with HS to longitudinal care.

Social Activities

Tour of Le Fairmont Château Frontenac**Wine & Cheese Reception Honoring New Members and Spouses/Guests**