

ADA's Young Leadership Award – Alexandra Flamm, MD

Health Policy and Dermatology: What's New and How Will It Impact Our Practice?



Understanding the health policy landscape is integral to the practice of dermatology. Dr. Flamm focused on the “Big Three” current health policy trends with the largest impact on dermatology:

Appropriate Reimbursement: There are anticipated decreases in reimbursement, with a new 2023 Medicare Physician Fee Schedule Proposed Rule with a 2-5% decrease for top dermatologic CPT codes. Inflation is also a concern, with Medicare physician updates drastically lower than those of hospitals, SNFs, consumer prices, & practice costs. Modifier 25 & global periods are also under scrutiny.

Access to Care: Consolidation is occurring within dermatology and medicine in general, with COVID-19 accelerating these trends. Private equity, hospitals and hospital systems, and others are absorbing these practices. Scope of practice legislation continues to affect healthcare teams within dermatology. Telemedicine is shifting how many patients are seen for their dermatologic conditions; this can be a positive as long as we avoid improper reimbursement.

Access to Treatment: Disruption to timely medication access has increased due to a variety of factors. Barriers include prior authorizations, step therapy, non-medical switching, & cost. Advocacy work on the federal & state level is critical in order to mitigate these disruptions to timely patient care.

Dermatologists Reinventing Themselves: Five Paths Among Many

Session Moderator: Jerry Shapiro, MD

Moving from Academics to Business Innovation

Eugene Bauer, MD

Dr. Bauer encountered many forks in the road and transitions in his career: researcher to full-time academic, to chair at Stanford, to involvement in tech, to Dean of the school of medicine, and finally moved to industry. He learned to be patient, recruit others who are smarter than you, & developed an understanding that dermatologists have an internal drive that attracts them to leadership and activism.

Finding a Path Forward Despite Roadblocks

Wilma Bergfeld, MD

Dr. Bergfeld credits her grit, passion, & perseverance for her ability to conquer many high fences. Grit can grow, and it increases with age. A maverick at Cleveland Clinic and a trailblazer for women in her field, her passion for dermatology drives her pursuit in the clinical and academic space. She is most proud of founding the Women's Dermatologic Society, which is celebrating 50 years this year.

Pivoting from Private Practice to Academics

Robert Brodell, MD

Ending a dermatology career in academics is a tremendously enriching experience, but requires preparation including identifying an academic mentor, keeping an academic portfolio, and engaging your passion for teaching, research, or service. Dr. Brodell encourages us not to say “no” when a private physician inquires about pivoting to academics; there is a pipeline of private dermatologists out there who may want to pivot to academics like him!

Life Saving Potential of Xenotransplantation

Robert Montgomery, MD, DPhil, FACS



A compelling personal story of surviving 7 cardiac arrests requiring CPR and subsequent heart transplant due to a cardiac gene mutation set the stage for Dr. Montgomery's inspiring talk. He was even a patient in his own study of hepatitis C positive donor organs in negative recipients.

Though the kidney transplant chain increased the donor registry, living donor kidney transplants remained relatively stable over the past decade. Decreased availability of organs is on the horizon, with sources of available donor organs declining due to solutions to the opioid epidemic, neuro-protective therapies like ECMO, and declining hepatitis C rates.

Dr. Montgomery reviewed his research in performing xenotransplantation of genetically modified pig kidneys to recently deceased patients who desired to be organ donors but were not suitable for donation. Transplanting a thymic autograft mitigates the risk of recipient T-cell mediated immune response, and knocking out certain carbohydrates improves organ survival by preventing hyperacute rejection. Knocking out a growth hormone receptor helps prevent organ growth following xenotransplantation. Overall, this groundbreaking work is promising and could be the future of organ transplantation.

Culture Trumps Everything

Gustavo Grodnitzky, PhD



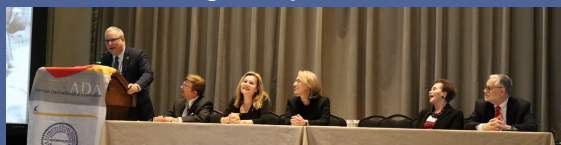
Dr. Grodnitzky started with three main points on culture. First, one must align subcultures in an organization. There can be many naturally occurring subcultures that should not be extinguished, but should be aligned with the overall culture. Secondly, human behavior occurs in a context, not in a vacuum, so when you change your culture, behavior follows. His third point:

we get the culture we deserve. Culture is like a garden; it starts with leadership and flows down, much like water flows down to affect all of the soil. As leaders in an organization, we get the culture we cultivate.

Companies that focus on culture first make more profit, and social capitalism companies outperform the classic capitalism companies. In a classic capitalism model, shareholders make decisions, while a social capitalism model balances the needs of stakeholders and drives to optimize – not maximize – profit.

Culture trumps psychology. He provided an example of law enforcement officers who are hired based on particular psychological traits, but a subculture that is not aligned with the overarching culture overshadows this & leads to poor behavior. Culture-based statements can be used to stop undesirable behaviors and start desirable behaviors (i.e. “We don't do that here,” or “This is how we do things here”). Connectedness, relationships, and sense of belonging contribute to the cause, and cause drives behaviors when mission cannot.

Dermatologists Reinventing Themselves: Five Paths Among Many (continued)



Leading in the House of Medicine

Alexa Kimball, MD, MPH

As CEO and President of Harvard Medical Faculty Physicians, being a dermatologist incurred both barriers and advantages. Although many in leadership positions are internists who look down on dermatology, bringing a specialist's perspective to the table is beneficial, and she is able to use her own department to pilot many initiatives. She is still involved in clinical dermatology & research, but the best thing about her job is that she wakes up every morning with a clear mission: to take care of physicians so they can take care of patients.

Bringing Your Skills to a New Continent

Emma Guttman, MD

Dr. Guttman's non-linear career path began with completing her PhD while waiting on a dermatology residency spot in Israel. After residency, she moved to Rockefeller University in the U.S. to research atopic dermatitis. She then completed a dermatology residency in the U.S. before joining Mount Sinai, a clinically-oriented department, but she continued her research involvement with Rockefeller. Despite a difficult starting point, she focused on solutions & built collaborations & relationships that allowed her to secure funding, build a successful lab, & make major discoveries in eczema & other diseases. Even if it is not a straight path, she says, you can get where you want to go.



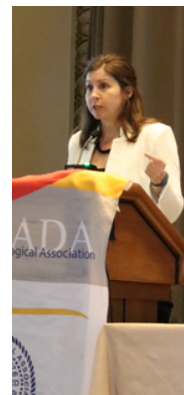
The Future of Leadership in Dermatology

Melissa Piliang, MD and Tammie Ferringer, MD

Although trends of women in medicine and in dermatology are encouraging, women remain behind in attaining positions of leadership, are less commonly faculty members, and are advanced less frequently. Power structures value traits thought of as masculine, but these traits are viewed unfavorably when exhibited by women. Men have stronger, more robust networks. A lack of flexibility with rigid hours and schedules made months in advance make balancing work and family challenging. In order to address these barriers, current leaders must examine their own biases and be an ally, mentor, and sponsor for women. Women seeking leadership must seek out skill-building opportunities and leadership training, seek mentors, and learn to negotiate for salary benefits.

Underrepresented minorities in medicine (URM) are racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. This disparity begins early in the pipeline, although medical school URM enrollment is rising. When examining diversity trends in US dermatology faculty, numbers for non-URM men and women are rising, but URM men and women remains stable. This can be addressed in medical schools with early mentorship and strengthening and expanding the dermatology medical school curriculum. A holistic review of residency applicants and placing more emphasis on commitment to addressing health care disparities, cultural competence, and distance traveled can promote diversity.

The future of dermatology as a specialty includes changes in the dermatology practitioner, practice settings, research, technology, and access. The future of leadership in dermatology depends on development of the leadership pipeline and collaboration. There is a discordance in training needed versus training received in leadership development. Health policy education is lacking in dermatology residencies, and 77% of graduates felt a formalized leadership curriculum during residency would have helped them in their careers. Didactics, coaching, mentoring, networking, and experiential learning can be provided by both residency programs and medical societies. Finally, collaboration among states, other fields of medicine, patient advocates, subspecialties, and societies and medical organizations can promote "silo busting" and diversity.



Social Activities

High Tea and Conversation



The President's Dinner: "An Evening of Fine Dining"