

I consider myself very lucky and blessed to be a dermatologist, which I think is the best specialty in the world.

However, dermatology, as a specialty faces several challenges in 2020.

We have struggled for several years to find our place in the house of medicine. Unfortunately, the role of dermatology is still underappreciated by several of our colleagues in medicine. Most of them see us as “pimple poppers” . This misperception of our specialty leads to issues with third part payers, prescription coverage, and even governmental agencies.

We experience examples of this everyday in our practices.

Consider the difference in obtaining FDA approval for biologics between rheumatology and dermatology. Most TNF  $\alpha$  inhibitors were approved immediately for the pediatric rheumatologic indications. However, it took more 10 than years to get approval for the pediatric psoriasis indication with the same drug. Does the same drug have a different safety profile for a 4 year old with psoriasis versus a 4 year old with JIA? Or is a 4 year old psoriasis patient not as important as a 4 year old with JIA in the eyes of the agency?

Of course, the same misperception leads to prescription coverage. We are all familiar with the torturous process to get biologic coverage for our psoriasis patients compared to rheumatoid arthritis patients. We know from several surveys that one of the biggest reasons for dermatologist burnout is prescription rejection. We are not able to treat our patients as we should be able to despite the fact that most of us have full time employees dedicated to prior authorization. This issue has become not only a financial burden but an emotional one as well. The fact that we cannot take care of our patients freely and appropriately is very frustrating and demoralizing for us as physicians. We need to fight at every level to get our prescribing freedom back. Academy must lead this battle in coordination with state societies.

New compounding rules are yet another imposition by regulatory agencies. Restrictions such as diluting Lidocaine or intralesional steroids affect our livelihood and are a threat to our office-based practices. I joined the AAD Compounding Work Group to combat this problem. We have accomplished a great deal and still are working together with other groups such as ASDS to lessen those restrictions and improve the situation. After having had this positive experience and seeing results from our joint efforts, I realized that I can make a real difference in fighting external forces. Our achievement and continued progress have motivated me to run for the Board.

We really must empower ourselves with public relation campaigns and with legislative advocacy. We must work together with patient organizations such as the National Psoriasis Foundation and the National Eczema Association. We have to use all available resources in order to achieve our well-deserved place in the medical community and show the world our contributions to medicine and patient care.

When elected, I will represent the medical, surgical, aesthetic, solo or group, academic or private practice dermatologist united in one voice to elevate our specialty in the house of medicine.

Thank you for your consideration.  
Leon Kircik, MD, FAAD

