Present
Mark Lebwohl, MD, President
Timothy G. Berger, MD, Vice President
Abel Torres, MD, JD, MD, President-Elect
Kenneth J. Tomecki, MD, Vice President-Elect
Brett M. Coldiron, MD, Immediate Past President
Suzanne M. Olbricht, MD, Secretary-Treasurer
Barbara M. Mathes, MD, Assistant Secretary-Treasurer
Neal D. Bhatia, MD
Robert T. Brodell, MD
Marc D. Brown, MD
Kevin D. Cooper, MD
Sheila Fallon Friedlander, MD
Janet G. Hickman, MD
Julie A. Hodge, MD, MPH
George J. Hruza, MD
Mark D. Kaufmann, MD
Stephen H. Mandy, MD
Jack S. Resneck, Jr., MD
Kathryn Schwarzenberger, MD
Paul A. Storr, MD
Gary S. Wood, MD
Robert D. Durst Jr., MD
Sabrina Newman, MD, Incoming Young Physicians Board Observer
Nathaniel Miletta, MD, Residents/Fellows Board Observer

Not Present:
Jane M. Grant-Kels, MD
Carrie A. Kovarik, MD
Andreas D. Katsambas, MD, International Board Observer

Incoming Board Members
Henry W. Lim, MD, Incoming President-Elect
Brian Berman, MD, Incoming Vice President-Elect
Terrence A Cronin, Jr., MD, Advisory Board, Chair-Elect

Speakers / Guests
Marta J. Van Beek, MD, MPH, Chair, Council on Government Affairs, Health Policy & Practice
James S. Taylor, MD, Co-Chair, Ad Hoc Task Force on Data Collection Platform and Registries
Abby S. Van Voorhees, MD, Physician Editor, Dermatology World

Staff
Elaine Weiss, JD, Executive Director and CEO
Robert M. Portman, JD, General Counsel
Sarah Tancredi, MBA, PHR, Managing Director, Administration
Steve Debnar, Chief Financial Officer
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Barbara Greenan, Sr. Director, Government Affairs
Krista D. Kauper, Sr. Director, Constituent Relations & Strategic Planning
Cindy Kuhn Sr., Director, Membership Engagement
Nancy Ali, Sr. Director, Community, Corporate & Philanthropic Relations
Stephanie Peditto, Sr. Director, Quality Improvement & Data Collection
Diane Simmons, MPA, RN, CAE, Sr., Director, Education
Cyndi Del Boccio, Director, Executive Office
Elida Gonzalez, Sr. Project Specialist
Roseanne Fischoff, MPP, Director, Science, Quality & Practice
Kristina Finney, Sr. Manager, Patient Safety & Quality Improvements
Erik Horn, Director, Information Technology
Beth Laws, Director, Advocacy and Policy Operations
Leslie Stein-Lloyd, JD, Director, Regulatory & Payment Policy
Shawn R. Friesen, Director, Legislative, Political and Grassroots Advocacy
Lisa Albany, Associate Director, State Policy
Suzanne Lothary, MBA, Director, Marketing
Lara Lowery, Director, Creative and Publishing
Tim Moses, CMP, Director, Meetings and Conventions
Jennifer Thompson, Sr. Manager, Live Education

CALL TO ORDER
Mark Lebwohl, MD, President and presiding, called the meeting of the Board of Directors of the American Academy of Dermatology Association to order at 4:18 PM (EDT) on Saturday, August 22, 2015. Dr. Lebwohl welcomed the Board members, observers, and guests.

QUORUM
Suzanne M. Olbricht, MD, Secretary-Treasurer declared that a quorum was present for the transaction of business.

ORDER OF BUSINESS/INTRODUCTORY MATTERS
Antitrust Compliance Policy, Fiduciary Obligations, and Note Taking
Dr. Lebwohl referred the Board members to the printed materials regarding the AAD/A Antitrust Compliance Policy and note taking during meetings and reminded them about the importance of following their fiduciary obligations, including maintaining confidentiality and declaring conflicts of interest.

Disclosure of Conflicts of Interest and Code of Conduct
The Board members’ disclosures of potential conflicts of interest and code of conduct were circulated. Dr. Olbricht asked Board members to update their disclosures and to declare any other actual or potential conflicts of interest with respect to specific agenda items for this meeting. None were declared.

Separate Order of Business
Mr. Portman reminded the Board members that they would follow the American Institute of Parliamentarians Standard Code of Parliamentary Procedure (formerly Sturgis Code of Parliamentary Procedure) and that it is essential that the Association follow the order of business and observe corporate formalities necessary to ensure the separateness of the two organizations.
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Review and Approval of Association Board of Directors Board Minutes, and Executive Committee Summation Report
Dr. Olbricht presented the minutes of the May 16, 2015 Board. She noted that there were no Executive Committee summation reports or email ballots since the last Board meeting.

A motion was made and duly seconded to approve Board minutes of May 16, 2015.

ACTION: Approved

OFFICER AND DIRECTORS REPORTS
President’s Report
Dr. Lebwohl reminded the Board that his report and the Secretary-Treasurer, Executive Director, and Board Observer reports were presented during the Academy Board meeting.

American Medical Association Report
Dr. Resneck referred to the American Medical Association (AMA) report for information only.

A motion was made and duly seconded to approve the AMA June 6 – 10, 2015 report for information only and that the Association take the same actions as were taken by the Academy Board of Directors for the other reports.

ACTION: Approved

Relative Value Scale Update Committee
Dr. Kaufmann gave his verbal report for information only on the Relative Value Scale Update Committee.

A motion was made and duly seconded to approve the report.

ACTION: Approved

Position Statement on Cost-Effective Care
The Board discussed the proposed position statement on cost-effective care. After discussion, a motion was made and duly seconded to refer the position statement to the Payor Relations Committee.

ACTION: Approved

AADA New Business
Heard from the Field

The Americans with Disabilities Act (ADA) in a Health Care Context
Dr. Mandy reported that the ADA requires physician practices to provide a qualified interpreter for hearing-impaired patients at the practice’s cost, even if interpreter cost exceeds payment for the services provided to the patient. He suggested that the Academy educate its members about this requirement through a Dermatology World article or other means.

American Society of Plastic Surgeons (ASPS)
Dr. Lebwohl noted that he would like an AADA representative to hold regular calls with an ASPS representative to discuss issues of common interest to the societies. It was suggested that staff be on these calls. Dr. Lebwohl noted that ASPS had offered to send someone to speak at the
upcoming AADA legislative conference on truth in advertising and other topics. It was noted that the agenda for this year’s meeting is set, but that AADA should consider inviting ASPS to participate in a legislative conference in the future.

**Biopsies by Extenders in Skin Cancer Diagnosis**
Dr. Coldiron stated that he provided the article on non-physicians doing biopsies to diagnose skin cancer for information. He noted that this is a threat to patient safety and that the Academy should be focusing on the physician supervision of non-physicians which leads to their being permitted to do biopsies outside of their scope of practice.

**iPledge Situation**
Dr. Lebwohl discussed the *JAMA Dermatology* article on “We pledge to change iPledge,” the program established to set restrictions on the prescription of isotretinoin. He discussed a specific case in which a non-physician member of a dermatology practice lost her privileges to prescribe isotretinoin in part because of overly strict testing requirements. He acknowledged that AADA cannot get involved in individual cases, but that something needed to be done to fix the program. Staff reported that the Food & Drug Administration would be holding hearings on retinoids soon and that the AADA was developing comments and a strategy for raising the issues associated with the iPledge program with the agency.

**Drug Pricing**
Dr. Durst noted that the price for 15g of Dermovate is $15 in Europe and $250 in the United States. Dr. Lebwohl acknowledged this example as being reflective of a major problem in drug pricing in the United States and noted that the Task Force on Drug Pricing had been formed to address these issues. He recommended advising the Task Force of this example.

**Council on Government Affairs, Health Policy & Practice (GAHPP)
Position Statement on Indoor Tanning**
Dr. Van Beek stated that one area of controversy has been around dermatologists’ prescription of indoor tanning bed use as a substitute for phototherapy services under some circumstances. She noted that the current position statement on indoor tanning does not address this issue. Dr. Van Beek recounted the history of efforts by the Council on GAHPP’s efforts to revise the position statement and the Board of Directors’ review of that proposed language.

In December 2014, the Council on GAHPP requested an analysis of published data regarding the efficacy and risks of indoor tanning by adults and adolescents as a mechanism for ultraviolet (UV) phototherapy treatment, and any similarities or differences that are noted compared to UV phototherapy conducted in the clinical setting. They reported that the findings, presented to Council on GAHPP in March 2015, concluded that 1) phototherapy via indoor tanning devices has demonstrated clinical efficacy for treatment of psoriasis in adults, although studies are limited; 2) studies do not include pediatric or adolescent populations; and 3) no studies have been published investigating the efficacy or risks of indoor tanning devices for the treatment of atopic dermatitis or acne. They noted that in accordance with the findings, the Council on GAHPP directed the State Policy Committee, the Regulatory Policy Committee, and the Congressional Policy Committee to coordinate in drafting an amended position statement to reflect the lack of studies comparing phototherapy and indoor tanning for the pediatric and adolescent population. The amended position statement was set forth at pp. 491-94 of the Board materials.
A motion was made and duly seconded to approve the position statement on Indoor Tanning as presented.

**ACTION:** Approved

**Health Information Technology Position Statement - Help the Private Practitioners with Onerous EHR Regulations**

Dr. Van Beek stated that the AAD/A Advisory Board approved the following resolution, previously considered and referred by the Board to the Electronic Health Record (EHR) Implementation Task Force:

**RESOLVED,** that the AAD work to relieve the burden of electronic health record (EHR) regulations for smaller practice dermatologists; and be it further

**RESOLVED,** that solutions, such as grandfathering or outright exception from these electronic health record (EHR) regulations for small private practice dermatologists and physicians, should be prioritized as part of the Academy’s formal position statement.

It was confirmed that the first part of the resolved reflects the way the AADA has been conducting its advocacy efforts for the past few years. The revised position statement was considered by the EHR Task Force and subsequently approved by the Practice Management Committee and the Council on GAHPP and is now presented for the Board’s consideration.

A motion was made and duly seconded to approve the position statement on Health Information Technology as presented.

**ACTION:** Approved

**Approach to Expand Knowledge and Use of Academy Telemedicine Platforms**

Dr. Van Beek noted that expanded knowledge and use of Academy Telemedicine Platforms would help improve perceptions of dermatology across the house of medicine and specialty positioning for dermatologists as primary clinical care providers for skin diseases.

A motion was made and duly seconded to approve exploring ways to collaborate with the American College of Emergency Physicians, Society of Dermatology Hospitalists, and an array of Community Clinic Associations to recruit sites for AccessDerm and Inpatient TeleDerm.

Concerns were raised about promoting a platform in the absence of a more complete business plan that will allow the Academy to assess the future viability of the program.

A motion was made to amend the main motion to delegate the decision to the Executive Committee after further discussion between staff, leadership, and Council on GAHPP representatives about the pros and cons of this issue.

**ACTION on amendment:** Approved

**ACTION on main motion:** Approved
CONSENT AGENDA
Council on Government Affairs, Health Policy & Practice
Health Policy Retreat
Dr. Van Beek referred the Board to the Health Policy Retreat report for information only.

Workgroup on Innovation in Payment and Delivery (WIPD)
Dr. Schwarzenberger presented the Workgroup on Innovation in Payment and Delivery report for information only. She noted that the goals are to offer members a portfolio of alternative payment models (APMs) they can use in their practice. She stated that she would report back in November on proposed models and conditions for which APMs may be appropriate.

Bylaws Committee
AAD Bylaws Amendments, AAD Article VI, Board of Directors Section 7 - Recommendation on Policy
Dr. Bhatia noted that the Academy Bylaws currently require the Board to act on Advisory Board resolutions at the next Board meeting following the Advisory Board General Meeting during the Academy Annual Meeting. He stated that the recent shift in the Board’s meeting during the Annual Meeting from Saturday to Monday meant that the Board could not give due consideration at its meeting to the resolutions coming from the Advisory Board General Meeting on Sunday. Therefore, at its March 2015 meeting, the Board decided it needed more time to review and study the resolutions being presented and directed staff to develop a proposal to accomplish this objective.

A motion was made and duly seconded to approve sending the following proposed bylaws amendments, Article VI, Board of Directors, AAD Section 7 on Recommendation to Policy to the membership for a vote in March, 2016 with recommendations from the Bylaws Committee and Board of Directors to approve.

ACTION: Approved by the required 2/3 vote

ARTICLE VI
AAD Bylaws — Section 7

Recommendations on Policy
Proposed resolutions on matters of policy, including, but not limited to, socioeconomic, political, and business policy of the Academy may be submitted to the Advisory Board for consideration and approval. If such a proposed resolution is approved by the affirmative vote of a majority of the representatives of the Advisory Board present and voting at an Advisory Board meeting at which a quorum is present pursuant to procedures outlined in the Advisory Board Organizational and Operational Guidelines, the resolution shall be forwarded to the Board of Directors for action within two Board meetings after such Advisory Board vote at its next meeting. At the next meeting of When the Board of Directors takes action, the resolution it may be adopted, rejected, postpone for further consideration, or referred by the Board of Directors the resolution to a committee of the Academy. If the Board of Directors fails to neither adopts, refers, nor postpone the recommendation contained in the resolution, the policy contained in the resolution shall become policy of the Academy unless a majority of the Directors vote against adoption of the resolution. The provisions of this Section 9 (or AADA Section 7) shall not apply to proposed amendments or revisions of these bylaws.

Other Consent Reports
May 14, 2015        Audit Committee
August 20, 2015     Priorities Committee
July 29, 2015       State Society Relationships
July 13, 2015       SkinPAC Committee
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A motion was made and duly seconded to accept the Association Consent Reports including the Health Policy Retreat and Workgroup on Innovation in Payment and Delivery as presented; and for the Association to take the same action as the Academy took for the Bylaws, Audit, Priorities, and State Society Relationships Committees, as well as any other issues of concern to both organizations.

ACTION: Approved

Dermatopathology Rapid Response Committee (DRRC)
Dr. Brodell reported that United Healthcare (UHC) has come up with a new policy for limiting choice in dermatopathologists by adopting the Beacon credentialing program. Currently, Beacon allows members to choose any dermpath labs, but soon Beacon will be requiring College of American Pathologists (CAP) certification for all the dermpath labs which will be allowed in its program. Dr. Brodell suggested that AADA explore creating a certification program for dermatologists who perform in-office pathology services. The program would be based on Clinical Laboratory Improvement Amendments (CLIA) and other requirements or standards, called CLIA plus. During the AADA’s conversation with UHC, it stated that this is the only plan it would be open to. Dr. Kauffman stated that he spoke with Dr. Davey and learned that Accreditation Association for Ambulatory Health Care (AAAHC) and American Osteopathic Association (AOA) lab credentialing unit are merging and this might offer another option for the AADA to consider. Their chief operating officer is supposed to be getting in touch with Ms. Weiss in the near future. This could be done in-house or contracted out. He suggested that AADA budget $10,000 to explore this concept.

A motion was made and duly seconded to explore establishing a dermpath certification program based on meeting CLIA plus requirements with a fiscal note of up to $10,000.

ACTION: Approved

ADJOURNMENT
There being no further business, Dr. Lebwohl adjourned the AADA Board of Directors Meeting at 5:17 PM (EDT) on Saturday August 22, 2015.

Respectfully Submitted,

Suzanne M. Olbricht, MD, FAAD
Secretary-Treasurer