Present
Brett M. Coldiron, MD, President
Elise A. Olsen, MD, Vice President
Mark Lebwohl, MD, President-Elect
Timothy G. Berger, MD, Vice President-Elect
Dirk M. Elston, 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
Kevin D. Cooper, MD
Sheila Fallon Friedlander, MD
Alice B. Gottlieb, MD, PhD
Jane M. Grant-Kels, MD
Julie A. Hodge, MD, MPH
George J. Hruza, MD
Stephen H. Mandy, MD
Jack S. Resneck, Jr., MD
Phoebe Rich, MD
Thomas E. Rohrer, MD
Kathryn Schwarzenberger, MD
Paul A. Storrs, MD
Abel Torres, MD, JD
Robert D. Durst Jr., MD
Bethanee J. Schlosser, MD, PhD, Young Physicians Board Observer
Andreas D. Katsambas, MD, International Board Observer
Brian R. Hinds, MD, Residents/Fellows Board Observer

Incoming Board Members
Kenneth J. Tomecki, MD, Incoming Vice President-Elect
Marc D. Brown, MD, Incoming Director, Class of 2019
Mark D. Kaufmann, MD, Incoming Director, Class of 2019
Janet G. Hickman, MD, Incoming Director, Class of 2019
Gary S. Wood, MD, Incoming Director, Class of 2019
Carrie A. Kovarik, MD, Incoming Director, Class of 2016
Sabrina Newman, MD, Incoming Young Physicians Board Observer

Speakers / Guests
Marta J. Van Beek, MD, MPH, Chair, Council on Government Affairs, Health Policy and Practice
James S. Taylor, MD, Chair, Patient Safety Quality Committee & Chair, Outcomes Workgroup
Henry W. Lim, MD, Chair, Burden of Skin Workgroup
Karen E. Edison, MD, Member, Specialty Positioning Communications Workgroup
Sarah T. Arron, MD, PhD, Chair, Skin Cancer Incidence and Mortality Study
Rebecca C. Tung, MD, Co – Chair, Cutaneous Oncology Workgroup
Martin Weinstock, MD, Co – Chair, Cutaneous Oncology Workgroup
James A. Schiro, MD, Member Guest
Candidates
Clifford Warren Lober, MD, JD
Henry W. Lim, MD
Hugh Greenway, MD
Brian Berman, MD, PhD
Linda Stein Gold, MD
Neil S. Sadick, MD
Andrew F. Alexis, MD, MPH
Brent Moody, MD
Neil Alan Fenske, MD
Kimberly J. Butterwick, MD
Seemal R. Desai, MD
David M. Pariser, MD

Staff
Elaine Weiss, JD, Executive Director and CEO
Robert M. Portman, JD, General Counsel
Sarah Tancredi, MBA, PHR, Managing Director, Administration
Nancy Ali, Sr. Director, Philanthropic Programs
Steve Debnar, Chief Financial Officer
Barbara Greenan, Sr. Director, Government Affairs
Krista D. Kauper, Sr. Director, Constituent Relations & Strategic Planning
Cindy Kuhn Sr., Director, Membership Engagement
Melanie Tolley Hall, Sr. Director, Integrated, Communications
Cyndi Del Boccio, Director, Executive Office
Roseanne Fischoff, MPP, Director, Science, Quality & Practice
Shawn R. Friesen, Director, Legislative Political Grassroots Advocacy
Eric Horn, Director, Information Technology
Beth Laws, Director, Advocacy and Policy Operations
Leslie Stein-Lloyd, JD, Director, Regulatory & Payment Policy
Suzanne Lothary, MBA, Director, Marketing
Lara Lowery, Director, Creative and Publishing
Tim Moses, CMP, Director, Meetings and Conventions
Katie Domanowski, Associate Director, Publishing
Jennifer Thompson, Senior Manager, Live Education
Kevin Pierce, Instructional Designer
Kristina Finney, Manager, Quality and Patient Safety Resources
Kevin Boyer, Manager, Clinical Practice Guideline
Jose Moyano, Manager, Clinical Practice Guidelines & Policy Development
Reva Bhushan, Senior Manager, Evidence-based Education & Clinical Best Practices
Wendy Smith Begolka, Associate Director, Science and Research
Joan Tenut, Manager, Executive Office

CALL TO ORDER
Brett M. Coldiron, MD, President and presiding, called the meeting of the Board of Directors of the American Academy of Dermatology to order at 7:56 AM (PDT) on Monday, March 23, 2015. Dr. Coldiron welcomed the Board members and the incoming 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. Coldiron 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.

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 Academy follow the order of business and observe corporate formalities necessary to ensure the separateness of the two organizations.

Review and Approval of Academy Board of Directors Board Minutes, and Executive Committee Summation Report
Dr. Olbricht presented the minutes of the November 22 and December 9, 2014 Board meetings and the Executive Committee email ballots of December 11, 2014, February 13 & 27 and March 6, and the summation report from March 10, 2015.

A motion was made and duly seconded to approve the Board minutes of the November 22 and December 9, 2014 Board meetings and the Executive Committee email ballots of December 11, 2014, February 13 & 27 and March 6, and the summation report from March 10, 2015.

ACTION: Approved

OFFICER AND DIRECTORS REPORTS

President’s Report
Dr. Coldiron discussed AAD/A’s efforts to counteract narrow payor networks, payer certification requirements, and other issues. He noted that the AAD/A DermToolkit, which provides information on legal and business issues involved in different practice formation, alignment and consolidation options has been very well received. He discussed AADA’s efforts to counteract the Centers for Medicare and Medicaid Service’s proposal to eliminate the 10- and 90-day global surgical period under physician fee schedule as part of the Sustainable Growth Rate (SGR) Reform Bill. Dr. Coldiron concluded with remarks about whether the American Board of Dermatology should offer a certification in Mohs surgery.

Secretary-Treasurer’s Report
Twelve Month Year-to-Date (YTD) Financial Report Ending December 31, 2014
Dr. Olbricht presented the Twelve-Month YTD Financial Report ending December 31, 2014. She discussed specific categories of revenue and expense and ways of increasing revenues and decreasing costs. She reported that the unaudited surplus for 2014 is $2.99 million, which is significantly higher than budgeted and achieved in 2013.
Dr. Olbricht also reported that the Reserve Income Fund (RIF) has an estimated excess of $501,506, and the Strategic Reserve Fund (SRF) has an unallocated balance of $1.46 million, most of which has been allocated in the 2015 budget. She further reported that the endowment fund has reached $10 million. Lastly, she reported on the performance of the AAD/A investment portfolio. She reminded the Board that AAD/A switched from UBS to Great Lakes in April 2014 and that the transition has been completed.

A motion was made and duly seconded to approve the Twelve Month Year-to-Date Financial Report Ending December 31, 2014 for information only.

ACTION: Approved

Dr. Olbricht thanked Steve Debnar for his assistance in budgetary and financial matters and announced that he had been promoted from Controller to Chief Financial Officer.

Administrative Regulation on Membership and Administrative Regulation on Advisory Board Resolutions

Dr. Olbricht referred the Board to the edits to the Administrative Regulation on Membership Vote and to the Administrative Regulation on Advisory Board Resolutions. She noted that these changes were necessary in light of the change in the timing of the Annual Board of Director’s meeting to Monday, one day after the annual meeting of the Advisory Board and Annual Business Meeting. This change would indicate that the Board would be required to address issues raised during the Annual Business Meeting at the next meeting of the Board of Directors after the close of the Annual Meeting. A similar bylaws amendment will be required to change the rule for when the Board of Directors must address Advisory Board resolutions.

During the discussion the Board addressed the concern that, currently, Advisory Board resolutions which are brought forward to the Board have time constraints and must be dealt with immediately. This AR does not preclude immediate action but changing the timing to the first meeting after the close of the Annual Meeting allows staff and member leaders the needed time to develop an information base to use while decision making.

A motion was made and duly seconded to approve the edits, as presented, on the Administrative Regulation on Membership Vote and to the Administrative Regulation on Advisory Board Resolutions

ACTION: Approved by required 2/3 vote

Dues Increase Member Opposition Statements

Dr. Olbricht presented the information only report for the proposed dues increase member pro and con statements. She noted that the Academy rules allow for three pro and three con statements. Only three pro statements were submitted. Several con statements were submitted. Dr. Olbricht picked three con statements that she thought best addressed the opposition view and wrote letters to those whose statements she did not choose.

2015 Election Status

Dr. Olbricht reminded the Board that online voting opened worldwide Saturday, March 21, 2015 to all voting members and that ballot books were mailed Friday, March 20. She noted that both online and paper ballots would be accepted through April 20, 2015 and encouraged everyone to vote.
President-Elect Report
Dr. Lebwohl reported on the key initiatives that will be on his agenda during his presidential year; being an ally to patient organizations, advocating for patients, continuing to advocate against narrow networks, HIPAA regulations and reforming maintenance of certification.

Executive Director Report
Ms. Weiss referred the Board to her written report and highlighted the following issues:

- Registration numbers for the Annual Meeting were 18,772 as of March 22, 2015;
- Membership numbers are up by 2.5% in 2015;
- Individual donor support increased by 15%, and corporate support for the Annual Meeting exceeded the established goals;
- AAD and AADA have launched several new initiatives, including DataDerm™, Derm Care Team, Derm Toolkit, and the Online Learning Center;
- Efforts are being made to educate members about ICD-10, which takes effect in October 2015;
- AADA’s advocacy agenda, including passage of SGR and fighting narrow networks, is being aggressively pursued;
- AAD has had impressive media successes, including Spot Skin Cancer, plans for Melanoma Monday in May, the 2014 PSA campaign, and the 2015 SPOTme™ campaign.

Ms. Weiss concluded with a video tribute to Dr. Coldiron.

International Board Observer
Dr. Katsambas referred the Board to his International Board Observer Report for information only. He reported on the increase in international members, the participation of international members in the Annual Meeting, and the Academy’s scholarship programs for young international members.

Young Physicians Board Observer Report
Dr. Schlosser referred the Board to her Young Physicians Board Observer Report for information only. She discussed the Young Physician Committee’s activities at the Annual Meeting and otherwise. She thanked the Board for the opportunity to serve as the Young Physicians Board Observer and introduced Dr. Sabrina Newman, who will be taking over for her after the Annual Meeting. Dr. Coldiron thanked Dr. Schlosser for her service.

Residents/Fellows Observer Report
Dr. Hinds referred the Board to his Residents/Fellows Board Observer Report for information only. He thanked Dr. Berger for attending the Resident and Fellows Committee (RFC) at the Annual Meeting to discuss DataDerm™ and highlighted some of the activities of the RFC. He thanked the Board for the opportunity to serve as Resident/Fellows Board Observer and noted that Dr. Nathanial Miletta will be taking over for him after the Annual Meeting. Dr. Coldiron thanked Dr. Hinds for his service.

Council of Medical Specialty Societies (CMSS)
Dr. Coldiron referred to the Council of Medical Specialty Societies written report for information only.

2014 Journal of the American Academy of Dermatology (JAAD)
Dr. Elston referred the Board to the written JAAD report and provided a verbal report summarizing JAAD’s accomplishments in 2014.
Online Learning Center (OLC)
Mr. Erik Horn and Mr. Kevin Pierce reported on the Online Learning Center. They noted that the OLC is an educational portal that will provide one-stop shopping for Academy members with respect to educational resources and activities. It will also allow members to find, track, store, and search their educational events/activities. They noted that the project came in under budget.

A motion was made and seconded to accept the OLC report for information only.

ACTION: Approved

The AAD Board recessed at 9:25 AM (PDT) to convene the AADA Board Meeting.

The AAD Board reconvened at 12:36 PM (PDT)

CONSENT AGENDA
Council on Science and Research
Drs. Martin Weinstock and Rebecca Tung provided some history on the development of the Cutaneous Oncology Work Group and the decision to provide seed funding to the Transplant Skin Cancer Network (TSCN). They then introduced Dr. Sarah Arron, the TSCN principal investigator. Dr. Arron reported on the goals and deliverables of the TSCN, including the development of a network of dermatology departments closely associated with skin transplant centers, a research database, and a fellowship program. She thanked the Board for the seed funding it provided to this initiative.

AAD STRATEGIC DISCUSSION
MOC Letter
AAD Leadership tasked Dr. Berger with drafting a letter to the American Board of Dermatology reflecting the membership’s frustrations with the maintenance of certification (MOC) program. He asked the Board for feedback on the draft letter that he circulated.

After discussion, a motion was made and duly seconded to approve the draft letter as presented.

A motion was made and duly seconded to amend the letter to delete items no. 1 and no. 6, and move item 4 to new item no. 1.

ACTION: Amendment approved

A motion was made and duly seconded to accept all additional amendments as shown below in the redlined version of the letter.

The AAD strongly supports the principles of continuous professional development and lifelong learning. The MOC program should reflect the needs and values of dermatologists and the dermatology community, and be consistent with the changing nature of medicine and current practice of dermatology. The program should include This is best achieved by obtaining direct input and feedback from diplomates, and engagement of by engaging with the AAD and other dermatologic societies.

Given the current rapidly evolving changes in MOC, the AAD asks the ABD to:

1. Put a moratorium on MOC

AAD BOD MINUTES – 30 DAYS - FINAL
2.1. That Part IV MOC be suspended until the value of each has been established. We believe there is a crisis of trust in the ABD and that this step is necessary to restore trust and reasonable dialogue.

3.2. There should be more flexible means for dermatologists to demonstrate self-assessment of medical knowledge. The ABD should recognize most forms of ACCME-approved Continuing Medical Education provided by the AAD for offerings relevant to medical knowledge self-assessment. To minimize the burden of MOC on members, the process of reporting self-assessment MOC credits must be integrated and seamless; as members report credits to the online learning center, the ABD website technology must be capable of accepting and acknowledging the immediate transfer of data.

4.3. The Dermatology MOC exam (Part III) should be relevant to the practice of clinical dermatology and reflective of what dermatologists in practice do. The ABD should make available to its diplomates an open book option for Part III of MOC. The emphasis should be on learning and demonstration of continued competence. An exam that fails a percentage of diplomates each year is inferior to a system that helps all diplomates learn essential new information and rewards them for doing so.

5.4. The ABD improve coordinate their communications strategy with its diplomates regarding MOC. with the AAD strategy for communication with its members. An effective strategy requires multiple venues of communication and discussion.

6. (Lobby ABMS eliminate MOC)

ACTION: Approved

A motion was made and duly seconded to share the letter with the American Board of Dermatology (ABD) and AAD membership immediately.

ACTION: Approved

After discussion, a motion was made and duly seconded to direct the Council on Education and Maintenance of Certification:
- To contact the American Board of Dermatology to confirm grandfathering requirements for any certification exam on micrographic surgery and dermatologic oncology;
- To educate the membership regarding the issues including pros and cons, eligibility and exam development; and
- To survey, after an appropriate period, the membership and report results back to the Board of Directors.

ACTION: Approved; one abstained

Advisory Board Resolutions
AB Resolution: AAD06 (A-15)
Preservation of the Unity of Dermatology
RESOLVED, Dermatologic Oncology is a Key Component of the practice of most dermatologists not practicing micrographic surgery; and be it further

RESOLVED, that the American Academy of Dermatology/Association should educate and survey the General Membership regarding the creation of the micrographic surgery and dermatologic oncology subspecialty certification; and be it further

RESOLVED, that if the plurality of the membership is opposed to the creation of the subspecialty, that the American Academy of Dermatology/Association not support the creation of a subspecialty certification unless the membership is surveyed and they support this certification.

A motion was made and duly seconded to reject this resolution based on the approval of the previous Board motion.

ACTION: Approved

A motion was made and duly seconded to attach this to resolution to other related motion that was referred to the appropriate committee.

ACTION: Approved

AB Resolution: AAD02 (A-15)
Request to put an end to maintenance of certification for American Board of Dermatology Board certified dermatology

RESOLVED, that the AAD policy should be that ABD should immediately change their recertification policy removing the re-certification designation; and be it further

RESOLVED, the AAD confer the status of fellow based on initial lifelong certification and not dependent on recertification.

A motion was made and duly seconded to reject this resolution because this issue has already been addressed by the Board of Directors through the Maintenance of Certification letter previously approved during this meeting.

ACTION: Approved

AB Resolution: AAD03 (A-15) Maintenance of Certification

RESOLVED, that the AAD board of directors advocate on behalf of the almost 2,000 anti-MOC petition signatories and the general AAD membership to the ABD and the ABMS to eliminate all MOC requirements; and be it further

RESOLVED, that if the ABD cannot/will not comply with removing all MOC requirements that we will consider moving forward with a new credentialing board for dermatology.

A motion was made and duly seconded to reject this resolution because this issue has already been addressed by the Board of Directors through the Maintenance of Certification letter previously approved during this meeting.

ACTION: Approved
Dr. Durst presented an Advisory Board resolution of appreciation for Dr. Coldiron

AAD07 (A-15): Advisory Board and AAD Leadership Working Relationship

RESOLVED, the Advisory Board wishes to show their appreciation through this resolution to all those who worked at addressing the issues contained in our resolutions so that we are able to report back their completed work at this year’s Annual Advisory Board Meeting.

A motion was made and duly seconded to express the Board’s appreciation for the work of the Advisory Board.

ACTION: Approved

Dr. Coldiron reported that the officers met with representatives of American Board of Dermatology during the Annual Meeting to communicate the members’ concerns about Maintenance of Certification.

CONSENT AGENDA

Ad Hoc Task Force on Data Collection Platform Registries

Drs. Taylor and Van Beek presented the information only report on the Ad Hoc Task Force (AHTF) on Data Collection. Dr. Taylor reported on progress and activities of AHTF to date. He reminded the Board that last year it approved funding for the development of a clinical data registry, the principal assumptions and objectives of the registry, and the adoption of the name DataDerm™ for the registry. Dr. Van Beek reported that since then the AHTF issued a Request For Proposal for a database vendor, interviewed several candidates, and is currently in negotiations with the top prospect, FIGMD. She discussed the reasons why FIGMD was the top candidate, including the broad range of its programs, its successful experiences with other societies’ registries, and its ability to pull data directly from electronic health records. She noted that AAD staff (Erik Horn) had negotiated the initial proposed fees down to a reasonable amount. Dr. Van Beek also reported that the AHTF had also developed a budget, a communications plan, and a plan for a pilot program in 2015. The Board acknowledged support for the data collection platform report as presented by Dr. Van Beek, including support for the project budget and next steps involved in finalizing vendor relationship. She noted that the DataDerm name will be trademarked as soon as it is being used.

A motion was made and duly seconded to approve the Ad Hoc Task Force’s selected vendor, FIGMD, for DataDerm™ and move forward.

ACTION: Approved

Council on Communications

Specialty Positioning Work Group

Dr. Rohrer asked Dr. Edison to present the Work Group report. She stated that the Specialty Positioning Work Group screening panel met to vote on a firm to represent the Academy for its specialty positioning initiative. She reported that GYMR, which stands for Getting Your Message Right, was one of three firms presenting to the screening panel on March 7, and had the most thoughtful approach to receiving sound insights and changing the dialogue within the House of Medicine and with policymakers. She noted that the GYMR had a proven track record and had worked with American Board of Internal Medicine on the Choosing Wisely campaign, as well as many projects with the Robert Wood Johnson Foundation, among other notable clients. GYMR also did a project with the American Board of Dermatology (ABD), and ABD may want to do more
work with ABD. Council leadership or staff will reach out to ABD to make sure it doesn’t have an issue with AAD using GYMR.

A motion was made and duly seconded to proceed with a contract with GYMR, a D.C.-based communications firm specializing exclusively in healthcare issues.

**ACTION:** Approved

### CONSENT AGENDA

A motion was made and seconded to accept the Academy consent reports as presented.

- December 1, 2014 & January 22, 2015: Ad Hoc Task Force on State Society Relationship
- January 22, 2015: Transplant Skin Cancer Network

**ACTION:** Approved

### Heard from the Field

Dr. Coldiron invited comments from the Board on hot issues from the field.

#### LAPEL TAGS

It was noted that members do not like lanyards and want the plastic lapel tags back.

##### Choice Card Quick Facts

Dr. Wood presented his report on the Choice Card Quick Facts. He stated that the program involves criteria for giving care to veterans outside of the Veteran Affairs program. The program pays Medicare rates.

### DUES INCREASE QUESTIONS

The question was raised on how much of the total AAD/A dues increase will go to AADA advocacy issues. Dr. Olbricht reported that AADA uses about 28% of total budget, so that is about how much of the dues increase will go to AADA.

### American College of Physicians Request to Endorse Joint Paper/Letter in Firearms

Dr. Mathes noted conflict in that husband works with the American College of Physicians (ACP) but was not involved in this issue. She presented an opportunity for the Academy to sign on to an ACP letter opposing a Florida law that limits what physicians can say to their patients about the dangers of games.

A motion was made and duly seconded to sign on to this letter.

**ACTION:** Defeated

A motion was made and duly seconded to affirm that AAD strongly supports the right of physicians to speak to patients about any topic without government interference.

**ACTION:** Approved

### Council on Education and Maintenance of Certification
Program for Innovative Continuing Medical Education in Dermatology (PICMED) Grant
Dr. Spencer presented the PICMED report.

A motion was made and duly seconded to approve the PICMED Workgroup recommendation to fully fund the program at $50,000 with the understanding that the Louisiana Dermatological Society submit data and feedback on the students to the Board of Directors to measure the success of the program.

ACTION: Approved

Council on Science and Research
Choosing Wisely List
Drs. Schwarzenberger presented the Academy’s proposed additions to the Choosing Wisely List developed by the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely Campaign. This campaign was initiated in March 2011 to develop recommendations and aimed at increasing physicians’ awareness of their role as stewards of America’s healthcare resources and providing tools that they can use to improve quality and reduce unnecessary spending. She noted that more than 60 specialty societies who have participated in this initiative were asked to develop a list of “Five Things Physicians and Patients Should Question.” She stated that in June 2014, leadership had again decided to participate in this initiative and had committed itself to develop a second Academy Choosing Wisely list. Academy leadership recommended that the Choosing Wisely Workgroup be assembled and charged with developing this list utilizing the Operating Principles for Specialty Society Participation in the Choosing Wisely Campaign as its guide. After a broad outreach to AAD committees, councils, and work groups, and members, the work group recommended the following five items for the new list:

Statement #1: Do not use systemic (oral or injected) corticosteroids as a long-term treatment for dermatitis.

Statement #2: Do not use immediate-type hypersensitivity tests (i.e., skin prick tests or blood tests such as radioallergosorbent test (RAST)) for the routine evaluation of eczema.

Statement #3: Do not routinely discontinue blood thinners (anti-clotting medications) prior to dermatologic surgery.

Statement #4: Do not diagnose bilateral cellulitis without considering other diagnoses, including chronic venous insufficiency and allergic contact dermatitis.

Statement #5: Do not routinely prescribe antibiotics for inflamed epidermal cysts.

A motion was made and duly seconded to approve the second Choosing Wisely list as developed by the Choosing Wisely Workgroup based on their approved methodology.

ACTION: Approved

Burden of Skin Diseases Report
Dr. Lim reported in the past ten years since the completion of the 2004 Burden of Skin Diseases (BDS) report, there have been significant changes in the practice of dermatology, the available treatments for skin conditions, the US population, and health care policy. He noted in order to address these changes in the new BDS report, the BSD Workgroup had focused initial discussions on three major topics:
1) scope of this new report (i.e. definition of ‘burden, skin diseases, etc.); 
2) vendor identification criteria; and  
3) definition of data/methodology ownership. 

Dr. Lim discussed the scope of the project, criteria and timeline for picking a vendor, and the need for AAD to own the data in this project. He noted that the Workgroup will come back to the Board with a proposed vendor selection at the May 2015 meeting. He noted that the final report for this project is expected in March 2016. 

A motion was made and duly seconded to approve the development of a vendor Request for Proposal based on the recommendations of the BSD Workgroup. 

ACTION: Approved 

Ad Hoc Task Force on Stipends for Educational Activities 

Dr. Mathes noted that the Board of Directors asked this Ad Hoc Task Force to examine the current stipend and expense reimbursement policies for speakers and course directors at educational meetings offered through the Council of Education and Maintenance of Certification, excluding the Annual and Summer meetings, and to revise and create policies as needed, including addressing any sister society programs, such as EADV and World Congress. 

A motion was made and duly seconded to approve the Honoraria and Travel Expense Reimbursement Policies for CME Activities and EADV/AAD Joint Education Working Group Operating Policy as presented. 

ACTION: Approved 

Nominating Committee 

Administrative Regulation on Nomination and Election Procedures 

Dr. Olbricht reported that the Nominating Committee was proposing changes to the Administrative Regulation on Nomination and Election Procedures that would close the call for nominations on November 1 instead of December 1, and allow the Nominating Committee to begin its work prior to the first face-to-face meeting. The charge of the Candidate Recruitment Workgroup (CRW) has also been included. 

The Nominating Committee and CRW will be notified of the number of potential nominees for each position by October 1 to allow the CRW and Former Presidents to focus their recruitment efforts on the specific positions where additional nominees are needed. 

Dr. Olbricht reported that the Committee would like to reopen the call for nominations for one week after an early review of the candidates and their applications if it determines that the number or qualifications of potential nominees for one or more positions is not adequate to select appropriate candidates for that office. The nominating committee proposes a soft close to the nominations October 1. The CRW would then work on any positions without enough applicants. The Nominating Committee would receive the names of the candidates electronically November 7 and hold a phone call shortly after to discuss if they have enough appropriate applicants to choose from. If they deem the applicant pool is inadequate, they would notify CRW who would be activated to search for additional candidates. She noted that the CRW and Former Presidents would only be notified of the specific positions, not names, where additional recruitment is necessary. The Nominating Committee would meet face to face in early January to complete the selection of potential shortlisted candidates.
After much discussion in which concern was expressed that the Nominating Committee should not evaluate candidates by name and then reopen the call for nominations, a motion was made and duly seconded to refer these edits to the Ad Hoc Task Force on Election Oversight for its consideration.

**ACTION:** Approved

A motion was made and seconded to create a firewall between Nominating Committee and CRWG.

**Action:** Approved

Staff was directed to call nominees who don’t complete the candidates’ packet and therefore are not eligible for selection by the Nominating Committee.

**Ad Hoc Nominating Committee**

Dr. Olsen stated that the Ad Hoc Nominating Committee proposed the following two candidates to the Board for election to serve as a Board representative on the Nominating Committee. She noted that this year the candidates are from the East / Northeast Region. The nominees were:

- Lynn A. Drake, MD
- Tom Rohrer, MD

The vote was conducted by written ballot. Dr. Olbricht announced after the votes were tallied the new Board representative on the Nominating Committee was Dr. Rohrer.

**Confirmation of Secretary-Treasurer**

Dr. Coldiron noted that the Secretary-Treasurer must be affirmed by every new AAD Board.

A motion was made and duly seconded to confirm Dr. Olbricht as Secretary-Treasurer and Dr. Mathes as Assistant Secretary-Treasurer for the 2015-2016 AADA Board of Directors term effective at the close of the 2015 Annual Meeting.

**ACTION:** Approved

**AAD Annual Organizational Resolution**

Dr. Olbricht stated that this resolution, which was included in the Board’s background materials, was a housekeeping matter that allows the officers and staff to transact business on behalf of the Academy.

A motion was made and duly seconded to adopt the AAD Annual Organizational Resolution as presented.

**ACTION:** Approved

**Board Meeting During Annual Meeting/Bylaws Amendment**

The Board discussed the timing of the Board meeting during the Annual Meeting. The meeting has been held on Saturday for many years. The meeting was held on Monday this year. Mr. Portman noted that holding the meeting on Monday requires a change in the bylaws to modify the obligation of the Board to address Advisory Board resolutions at the Board’s next meeting. Dr. Lebwohl directed staff and Mr. Portman to develop a bylaws amendment that will change the Board’s obligation to address Advisory Board resolutions within two Board meetings. That will also give the Board more flexibility in addressing Advisory Board resolutions passed throughout the year by email votes, which
is a change requested by the Advisory Board that the Board of Directors will address at its May 2015 meeting.

ACKNOWLEDGEMENTS

Dr. Durst read Advisory Board letters of appreciation to Drs. Coldiron and Olsen thanking them for making the relationship between the Board and the Advisory Board work better.

Dr. Coldiron thanked Dr. Olson and Board members rotating off the Board for their service—Drs. Roher, Spencer, Rich, and Torres—and gave them each an appreciation plaque.

Dr. Olsen thanked Dr. Coldiron for his service and gave him an appreciation pin.

The Board went into Executive Session at 4:38 PM (PDT)

During the Executive Session, Mr. Portman updated the Board on several pending ethics cases or cases that are on the “watch list” for potential disciplinary action.

The Board also discussed a letter received from the American Academy of Physician Assistants and the Society of Dermatology Physician Assistants critical of the attestation statement required to be signed by participating physician assistants and their sponsoring physicians. Academy leaders will discuss this matter with Dr. Pariser, chair of the DermCare Team Work Group and develop an appropriate response.

The Board reviewed the Executive Director’s performance review and approved her proposed compensation for 2015-16 and 2014 bonus.

[More detailed minutes of the Executive Session are maintained in the Academy’s confidential files and by legal counsel.]

ADJOURNMENT

There being no further business, Dr. Coldiron adjourned the Academy Board of Directors Meeting and the Executive Session at 4:45 PM (PDT) on Monday, March 23, 2015.

Respectfully Submitted,

Suzanne M. Olbricht, MD, FAAD
Secretary-Treasurer