Present
Henry W. Lim, MD, President
Brian Berman, MD, PhD, Vice President
Suzanne M. Olbricht, MD, President-Elect
Ted Rosen, MD, Vice President-Elect
Abel Torres, MD, JD, MBA, Immediate Past President
Barbara M. Mathes, MD, Secretary-Treasurer
Marta J. Van Beek, MD, MPH, Assistant Secretary-Treasurer
Neal D. Bhatia, MD
Kevin D. Cooper, MD
Sheila Fallon Friedlander, MD
Jane M. Grant-Kels, MD
Marc D. Brown, MD
Janet G. Hickman, MD
Mark D. Kaufmann, MD
Gary S. Wood, MD
Kimberly J. Butterwick, MD
Linda Stein Gold, MD
Neil S. Sadick, MD
Terrence A. Cronin, Jr., MD
Valerie Callender, MD
Patricia K. Farris, MD
Robert S. Kirsner, MD, PhD
Danette D. Bentkey, MD, Young Physician Board Observer

Not Present:
Erin Boh, MD, PhD
Robert A. Weiss, MD
Vinod K. Sharma, MD, International Board Observer
Meredith Wagner, MD, Residents/Fellows Board Observer

Speakers / Guests
Sabra Sullivan, MD, Chair, Council on Government Affairs and Health Policy
Michel A. McDonald, MD, Chair, Council on Practice Management
Eva A. Hurst, MD, Chair, Membership Committee

Staff
Elaine Weiss, JD, Executive Director and CEO
Robert M. Portman, JD, General Counsel
Barbara Greenan, Sr. Director, Advocacy & Policy
Cindy Kuhn Sr. Director, Membership Engagement
Diane Simmons, MPA, RN, CAE, Sr. Director, Education/Chief Learning Officer
Krista D. Kauper, Sr. Director, Constituent Relations & Strategic Planning
Melanie Tolley Hall, Sr. Director, Integrated Communications
Nancy Ali, Sr. Director, Community, Corporate & Philanthropic Relations
Sarah Tancredi, MBA, PHR, Managing Director, Administration
Stephanie Peditto, Sr. Director, Science, Quality & Practice
Steve Debnar, Chief Financial Officer
CALL TO ORDER
Henry W. Lim, MD, President and presiding, called the meeting of the Board of Directors of the American Academy of Dermatology Association to order at 8:55 AM (CDT) on Saturday, May 20, 2017. Dr. Lim welcomed the Board members, observers, and guests.

QUORUM
Barbara M. Mathes, 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. Mathes referred the Board members to the background 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. Mathes 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.

Consent Agenda
Dr. Lim noted that the AAD and AADA Consent Agenda email ballot was posted to BoardEffect and was approved by email ballot vote prior to the meeting. The Board minutes of the March 6, 2017 Board meeting and the Executive Committee email ballot were included in the Consent Agenda email ballot.
AADA STRATEGIC DISCUSSION

Council on Practice Management

Vignet Teledermatology Platform

Dr. Michel McDonald presented the Council’s report on the Vignet Teledermatology Platform. She summarized the history and usage of the AAD/A’s teledermatology programs, including AccessDerm and Inpatient TeleDerm. AccessDerm provides a telehealth platform for AAD/A members to provide volunteer teledermatology consultations to outpatient clinics in underserved areas. Inpatient TeleDerm facilitates the initial triage and management of hospital consultations. Dr. McDonald noted that AAD/A also provides a plethora of educational information on telehealth issues for dermatology practices through the Practice Management Center.

Dr. McDonald then reported that the AAD/A’s teledermatology platform is technologically outdated. The app and server have had significant issues, particularly in the last two years, and the vendor response to them has been slow. The result is that 11 of 15 dermatologists using the platform were not able to access the application during the month of April, 2017. She noted that the platform and technology have outlived their useful life and must be shut-down in a timely manner to mitigate the ongoing risk of keeping the platform online.

Dr. McDonald also noted that staff had presented options to the AAD/A Teledermatology Task Force for continuing the current Vignet platform, developing another AAD-owned teledermatology platform, or partnering with a telemedicine company. The Task Force, after significant discussion, was open to considering the third option.

Dr. McDonald also reported that on May 7, 2017, Dr. Lim convened a “Teledermatology Leadership/Governance Group” meeting; the Group consisted of AAD President, President-elect, Secretary-Treasurer and Assistant Secretary Treasurer, and Chairs of the Council on Practice Management, Emerging Practice Models Committee, and Telemedicine Task Force. After extensive discussion, and recognizing the immediate technology issues of the platform, this “Teledermatology Leadership/Governance Group” voted to cease operation of the Vignet teledermatology platform effective December 1, 2017, and to advise current users to discontinue use for new patients and to close out open cases over the next 90 days. The platform would be completely discontinued as of December 1, 2017. On May 11, 2017, the Council on Practice Management voted in support of ceasing operation of the platform.

Dr. McDonald noted that with or without AccessDerm and a telemedicine platform, AAD/A will continue to offer advocacy, policy and leadership on teledermatology issues in/through the House of Medicine; teledermatology training programs; and Practice Management Center products, tools and services to help members understand and adopt telemedicine into practice. The Telemedicine Task Force could consider the future of the AccessDerm and Inpatient TeleDerm programs and opportunities for partnering with a new vendor, and operational and budget considerations to recommend in the 2018 budget; in addition, the Access to Dermatologic Care Committee could consider programs for increasing access.

Several Board members commented that AAD/A should remain committed to teledermatology, but agreed that the current platform is not viable. They also expressed strong support for adopting an alternative teledermatology strategy that will allow AAD/A to continue to support its members in providing dermatology services in underserved areas and educating its members about teledermatology practices more generally. Staff will continue to explore other options; including partnering with a telemedicine vendor and obtaining industry support for AAD/A teledermatology
initiatives. It was suggested that AAD/A serve as a resource for and partner with university medical centers that are already providing telemedicine services.

After additional discussion, a motion was made and duly seconded to approve ceasing operations of the Vignet teledermatology platform effective December 1, 2017; advise current users to discontinue use for new patients and close out open cases over the next 90 days. The platform would be completely discontinued as of December 1, 2017.

**ACTION:** Approved

The AADA Board of Directors recessed at 9:20 AM (CDT).

**The Board moved into Joint AAD-AADA Executive Session at 1:14 p.m. Central**

**The Board moved out of AADA Executive Session at 3:04 p.m. Central**

*Note that the minutes of the AADA Executive Session are kept in the confidential files of the Executive Office and legal counsel.*

The AADA Board of Directors reconvened at 3:15 PM (CDT).

**AADA NEW BUSINESS**

**Advisory Board**

**AADA10: MACRA Induced Penalties on Small Practices**

Dr. Cronin stated that Advisory Board members expressed concern regarding MACRA and the resulting penalties. They acknowledged that the AADA is doing great work to reduce and eliminate those penalties on small or solo practices.

**RESOLVED,** that the Advisory Board commends the Academy Officers, Board of Directors, the Council on Government Affairs Health Policy & its committees, and the staff of the AADA for prioritizing the elimination of MACRA induced penalties on small practices.

A motion was made and duly seconded to approve the resolution on MACRA Induced Penalties on Small Practices.

**ACTION:** Approved

**AADA11: CPT – Credit for Documenting Quality Payment Program / Merit-based Incentive Payment System (MIPS) Data**

Dr. Cronin stated that the Advisory Board is concerned that there is no way at this time for physicians to obtain credit for time they spend documenting and providing information on quality measures required under MIPS. Advisory Board members felt that this documentation should be voluntary. They further noted that insurers will not accept this change, and Congress is not willing to fund this provision. Additionally, they felt this time should be captured in a new Current Procedural Terminology (CPT) code.

**RESOLVED,** the AAD/A Board of Directors commission or appoint a Task Force to study unfunded mandates to include this matter and produce a proposal for (1) coalition development within the house of medicine, and (2) advocacy efforts within the legislative realm; and be it further

**AADA BOD MINUTES – FINAL – JULY 29, 2017**
RESOLVED, that the proposal be directed toward creating a CPT code or other E&M coding means to recognize time and efforts spent in unfunded mandates in pursuing MIPS quality measures or patient engagement activities.

A motion was made and duly seconded to refer this resolution to the Resource-Based Relative Value Scale Committee to investigate the possibility of developing CPT codes to value extended physician time spent documenting compliance with quality measure reimbursement requirements. The Patient Safety and Quality Committee was also tasked to look at this request.

ACTION: Approved; 1 opposed

AADA12: Use of Unlicensed Personnel to Perform Surgical Aspects of Hair Restoration Surgery
Dr. Cronin noted that laypersons are now doing hair restoration surgeries and consultations. He noted that these laypersons are recommending surgeries for patients that are not appropriate. Thus, this is a patient safety issue.

RESOLVED, That the AADA oppose the use of practitioners other than physicians and NPPs, to perform critical-to-quality steps of hair restoration surgery, such as re-distribution planning, donor harvesting of follicular units via FUE or strip methods, and/or any surgical method and creation of surgical recipient incision sites; and be it further

RESOLVED, That the AADA oppose the use of practitioners other than physicians and NPPs to perform the diagnosis or treatment of hair loss conditions; and be it further

RESOLVED, That the AADA support legislative efforts to prohibit the use of unlicensed personnel to perform hair restoration evaluation, diagnosis, and/or critical-to-quality steps of hair restoration surgery, such as diagnosis of hair loss etiology, hair re-distribution planning, and donor harvesting of follicular units via FUE or strip methods.

A motion was made and duly seconded to refer this resolution to the State Policy Committee.

ACTION: Approved

AADA13: Maintenance of Certification (MOC) Regulatory Relief
Dr. Cronin stated that the Advisory Board expressed concern regarding MOC being linked to licensure or reimbursement. This resolution was designed to direct AADA to fight this issue at the state level to protect members.

RESOLVED, that the Advisory Board request that the Board of Directors support an initiative to advocate at the state level for passage of model MOC-relief legislation.

A motion was made and duly seconded to refer this resolution to the State Policy Committee.

ACTION: Approved

Council on Government Affairs and Health Policy (GAHP)
Position Statement on All-Products Clauses
Dr. Sullivan presented the revisions to the Position Statement on All-Products Clauses on p. 10 of AADA background materials. She stated that the position statement is part of an effort to periodically review all position statements of the AADA. This position statement was last reviewed in 2001. All-products clauses have not been as much of an issue since most state legislatures have prohibited
payors from requiring these clauses. The Council on GAHP felt it was important to update the policy to keep it consistent and current.

A motion was made and duly seconded to approve the revised position statement on All Products Clauses as presented.

**ACTION:** Approved

*Position Statement on Medical Savings Accounts*

Dr. Sullivan presented the Position Statement on Medical Savings Accounts. She stated that the original position statement was adopted in 1997. She reported that the changes reflected in the modified position statement are in line with the Academy’s support of pre-tax or tax-exempt funds to allow patients increased access to care and treatment in addition to cost savings.

Dr. Sullivan summarized the additional changes to the position statement to include supporting the right of patients to choose their own physician. The Position Statement was updated accordingly with language drawn directly from the AADA “Health System Reform Principles” document and the AADA Position Statement on Access to Specialty Care and Direct Access to Dermatologic Care.

Dr. Sullivan further stated the additional statements were included to reflect the AADA position that all Americans, regardless of means or income, should have access to Health Savings Accounts and Flexible Spending Accounts.

A motion was made and duly seconded to approve the revised Position Statement on Medical Savings Accounts as presented.

**ACTION:** Approved

*Position Statement on Physician Gag Rules*

Dr. Sullivan presented the revised Position Statement on Physician Gag Rules and noted that this position statement had not been reviewed or revised since 1997. She stated that the proposed edits included deletion of key components of the Position Statement on Gag Rules and Financial Disincentives that are redundant.

A motion was made and duly seconded to approve the revised position statement on Physician Gag Rules as presented.

**ACTION:** Approved

*Position Statement on Gag Rules and Disincentives*

Dr. Sullivan presented the Position Statement on Gag Rules and Financial Disincentives. She stated that the Council proposed sunsetting this position statement as it is redundant and unnecessary based on the approval of the revised Position Statement on Physician Gag Rules.

A motion was made and duly seconded to approve sunsetting the AADA Position Statement on Gag Rules and Financial Disincentives.

**ACTION:** Approved
Position Statement on Access to Specialty Care and Direct Access to Dermatologic Care
Dr. Sullivan presented the revisions to the Position Statement on Access to Specialty Care and Direct Access to Dermatologic Care. She stated that this position statement has not been reviewed or revised since 1997.

A motion was made and duly seconded to approve the revised position statement on Access to Specialty Care and Direct Access to Dermatologic Care as presented.

ACTION: Approved

A motion was made and duly seconded to approve the rest of the Council on Government Affairs and Health Policy for information only.

ACTION: Approved

CONSENT AGENDA

Dr. Mark Kaufmann provided a verbal report for information only.

Council on Practice Management Update
Dr. Hickman presented the report of the new Council on Practice Management. She summarized the mission, organizational/committee structure, and the activities of the Practice Management Center.

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

A motion was made and duly seconded that the AAD Association Board of Directors take the same actions as were taken by the Academy Board of Directors for the Officer and Young Physicians Board Observer report, approve the Council on Government Affairs and Health Policy, CPT and RUC and the Council on Practice Management reports as presented, and approve any other actions taken by the Academy Board relevant to AADA.

ACTION: Approved

ADJOURNMENT
There being no further business, Dr. Lim adjourned the AADA Board of Directors Meeting at 3:52 PM (CDT).

Respectfully Submitted,

Barbara M. Mathes, MD, FAAD
Secretary-Treasurer