

**Mark D. Kaufmann, MD**  
**President-elect Candidate**

**Dr. Terry Cronin, AAD Election Correspondent**

- 1) You're running for an important office, but voters like to know about the human side of their candidates. What's your favorite movie? What was the last good book you read? TV series you watched?

**Response:** My favorite movie is an easy one. Groundhog Day. A very funny- yet meaningful- movie about connection and redemption. The last great book I read was The Infinite Game- by Simon Sinek. A very insightful look into seeing life with an infinite mindset. It has many relevant concepts to our specialty as well. As for TV series, I don't get to watch much, but I'd have to go with Blue Bloods. It includes beautiful footage of New York City, and merges police drama with family drama.

- 2) Win or lose, what will you do the day after election season is over?

**Response:** As it turns out, the Passover holiday starts 2 days after the election results are announced. I look forward to being together with my family for the holiday.

- 3) Do you see burnout as a big problem in dermatology? And, on a related note, what do you do to relax?

**Response:** Burnout is a huge problem, and one that seems to disproportionately affect dermatologists. I believe the lowest common denominator of burnout is when we are NOT practicing at the top of our license (i.e. performing non-clinical duties like prior authorizations, etc.). Ultimately, the only way to avoid burnout is to find a job where you do what you're trained to do and go home. We must find a way to have others deal with the rest of the work associated with practicing dermatology.

As far as my relaxation, I walk to and from work everyday (across Central Park), and swim to allow my mind to wander off.

**Dr. Caroline Robinson, AAD Election Co-correspondent:**

1. One of the AAD's strategic goals is excellence in care through advocacy by continuing to influence decision-makers on the importance and value of dermatologic care and the important role of dermatologists in providing that high-quality care. With the rise of mid-level providers and other healthcare professionals in the dermatologic space, what are your plans to continue to support the board-certified dermatologist as the leader of the dermatologic care team?

**Response:** As I wrote in my answer to the ballot question, one of the most complicated and concerning issues that we face as a specialty is that of scope of practice. Many dermatologists utilize the skills of nurse practitioners and physician assistants with appropriate supervision, as the AAD endorses, in a team-based approach. That said, many mid-level providers are not appropriately supervised, and pose a danger to our patients—some within "Dermatology mills" run by members of our specialty, and some working without any significant connection to a board certified dermatologist at all.

We must approach this issue with multiple strategies. First, the AADA must continue to advocate- on a federal level- and support each state society with fighting all proposed legislation that attempts to give NPs and PAs independent practice (like the law just passed in Florida). At the same time, we must continue to educate the public about the differences in our level of education and training. The end result must be that our patients should look for the FAAD after the name of their Physician Dermatologist to be certain that they are getting the highest quality dermatologic care that they can. This, of course, means that we have to continue to adhere to the mission of the AAD: Advancing

Excellence in Dermatology, and we should continue to embrace those in our specialty who lead by example in the team-based approach. In addition, DataDerm should prove to be very helpful in providing data to support our excellence.

**Dr. Rina Allawh, #DermTwitter:**

1. With the overwhelming and growing influence of social media and non-physician run telemedicine applications and websites, what will your approach be as President of the American Academy of Dermatology to increase consumer understanding of the utmost importance of dermatologic care provided by a board-certified dermatologist?

**Response:** I also addressed this in my ballot answer, so allow me to paste it here.

The mission of the American Board of Dermatology (not the AAD) is: "To serve the public and profession by setting high standards for dermatologists to earn and maintain Board certification." In my opinion, if serving the public is their primary charge, then the ABD should be spending significant resources on educating the public on the importance of being cared for by a board-certified dermatologist for one's skin condition. As AAD/A President, one of my first meetings would be with the leadership of the ABD. If unable to convince that leadership of their responsibility in educating the public, then I would propose a joint effort between ABD and AAD in promoting the primacy of board certified dermatologists. If unable to get the ABD on board in this effort, I would then direct the Academy to start a public awareness campaign that would emphasize, to potential and existing patients, that if they are seeking the highest quality dermatologic care for their skin disease, that they should look for the FAAD following their physician's name. After all, one becomes a fellow of the AAD only after initial board certification. In addition, a designation of "FAAD" does not change depending on a member's maintenance of certification status. As far as the AAD is concerned, one only needs initial certification to remain a fellow of the Academy. In concert with this, I would continue to aggressively send out public messages that point out the differences in training between board certified dermatologists, and other clinicians. The public, our patients, deserve to know the truth. If elected President, I will make sure the truth gets out there.

**Dr. Travis Blalock/Dr. Dhvani Mehta, Young Physicians Committee:**

1. What are the two most important issues that uniquely face young physicians at this time and how would you address them?

**Response:** The two most important issues facing our young physicians are:

1. The continued misuse and threatened independent practice of mid-level providers.  
I would address them through the efforts detailed above.
2. The uncertainty of the reimbursement landscape over the next 5 years.  
This is also a very complicated issue. While I spend most of my time fighting (on the RUC) to help preserve our fee for service world, I also chair a workgroup (Innovations and Payment Delivery), where we discuss where we will fit in the world of Value-Based Healthcare. What I have learned is that dermatologists are some of the most cost-efficient physicians in the nation, and that- given the right leadership- we would do well in that new world. We shouldn't be so afraid of this looming transition, as some of our issues would actually improve - such as the issue with mid-level providers. They don't do as well in a value-based world.

**Dr. Nkanyezi Ferguson, Diversity Committee**

Despite the increasing diversity within the United States, the disparities in healthcare are significant. What steps should the American Academy of Dermatology take to ensure that we are training a diverse and culturally competent dermatology workforce to meet the needs of this changing demographic and reduce health disparities within our specialty?

**Response:** Hispanic and African American populations account for around 15% each in our country. Yet each group's representation in dermatology is less than 5%. Dermatology is the second least ethnically and racially diverse specialty- only second to orthopedic surgery.

We have no excuse. I had the honor to serve on the Board of Directors when Henry Lim (one of my mentors) made addressing diversity one of the leading goals of his Presidency. Mentors are critical to solving our diversity issue, and I also had the pleasure to serve- side by side- with some of those while on the BOD. The Academy now has a Diversity Champion Workshop which should also allow for further mentorship opportunities, and I'm also hopeful that the National Board of Medical Examiners (NBME) decision to change Step 1 of the boards to pass/fail, will also have a positive effect at the entry level for residents. The Academy has to continue to pursue these efforts and expand upon them. As your President, I will continue these efforts, and hope that other initiatives can be put into play.