Solving the puzzle of practice marketing
Targeting online options and merging marketing methods

Procedure Survey
Help gain recognition for the specialty

Advocacy Profile
Marc D. Brown, MD, works for sunscreen rule changes

Dermatology Research
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IMPORTANT DATES — Check asds.net for the latest information!

January
28 2012 Procedure Survey deadline
31 Deadline to receive $75 discount off membership dues

February
11 Deadline for nominations for open Board of Directors positions
15 2013 ASDS Annual Meeting abstract submission site opens
18 Cutting Edge Research Grant online submission site opens
28 ASDS/ASDSA Board of Directors meeting at AAD

March
1 2013 International Preceptorship Program applications due
1 Future Leaders Network applications available
23-24 The Art and Science of Soft-tissue Fillers and Neuromodulators course in San Francisco
31 Deadline for Future Leaders Network applications

April
20-21 Mastery of Lasers for Optimal Patient Outcomes course in New York
I was delighted to see the Google Alert pop into my email inbox announcing an MSN Money news story quoting results from the 2011 ASDS Survey on Dermatologic Procedures. “Changed your mind about that tattoo?” was the headline.

There we were, branding us as a group of experts, in the story: “The American Society for Dermatologic Surgery, meanwhile, reports its doctors performed nearly 100,000 tattoo removal procedures in 2011, up from 86,000 in 2010.”

Within a day, the news story had 172 MSN shares, 56 Facebook likes, 47 tweets and 13 comments (most encouraging people not to get tattoos in the first place). And that doesn’t count all the people who just read the story and didn’t take action through their social media accounts.

In a nutshell, that story summarizes why we conduct our Procedures Survey and why it’s important for everyone to participate.

We conduct our survey to get the attention of media and consumers for the treatments in which we are experts. We need to compete for media attention with the plastic surgeons (who annually gather and broadly publish their statistics) so ASDS members become known as the go-to specialty for not only skin cancer but cosmetic treatments, especially in the areas of soft-tissue fillers, neuromodulators, laser/light procedures, body sculpting, spider and varicose veins and, yes, tattoo removals.

This third year of the survey is especially important because we’re developing that media darling: trend data. It’s always news if something measurable is up or down. Is the economy seeing a rebound if more women are spending money to get wrinkle-relaxing injections? The media can easily make those connections once we get three years of data. Is the employment market tougher and more people are getting hair transplants, tattoos removed or cosmetic procedures to help them look younger so they can land a job? We’ll have the numbers!

The formal objectives of the survey are to:
- Measure and compare the activity of the dermatologic surgery community.
- Compile statistics on procedure volumes and patient demographics.
- Assess trends in dermatologic procedures.

The procedures survey is a simple form, asking for the number of procedures you performed in 2012. ( Anyone who has these numbers electronically can estimate by using a typical week in the office and extrapolating it for the year.) By now, you should have received the survey request in an email. This year, our goal is to release our data and infographics to the media and public as early in the calendar year as possible.

High response rates will allow us to speak with confidence about these procedures and will enhance our abilities in a number of different ways, including:
- Showing the media that ASDS members are the best qualified practitioners and the experts in performing these procedures.
- Helping us in our advocacy efforts, as state and national legislators request statistics from the ASDS on the numbers and the types of procedures our members perform.
- Assisting the ASDS Board of Directors as we plan for the future so that we can best serve our membership.

It is equally important that Mohs surgeons and other members who focus more on skin cancer participate in the survey as well as these numbers reinforce the fact that our members are the experts in skin cancer detection and treatment. Since the majority of our members perform these procedures, it allows us to go to the media as the leading expert voice in skin cancer.

Your answers and the answers of your colleagues are the only way that the ASDS can create an accurate portrait of our specialty. By providing the statistical information showing the quantity and type of procedures our members perform, we can prove beyond a doubt that our members are the experts in them. Therefore, we need to hear from everyone – from cosmetic specialists to Mohs surgeons – in order to collect the most accurate data possible.

Download a survey form at asds.net/survey and return by fax to 847-956-0999.
The Dermasurgery Advancement Fund.

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The ASDS Board of Directors is pleased to recognize the 2012 contributors to The Dermasurgery Advancement Fund.
Solving the puzzle of

Targeting online options and merging marketing methods Part 2 of 2

By Wendy Lewis

Just having a website and dabbling with a blog is not enough to keep your practice visible and relevant to patients. In the current market, these are merely two cogs in the wheel of a marketing plan that can elevate your dermatology practice to the next level. By definition, an integrated marketing strategy should be designed to take advantage of a selection of communication tools, platforms and media to spread your key messages among targeted audiences.

Marketing to your established patients costs less and ultimately generates more revenue. These people know and trust you so they don’t need a hard sell to come in for a treatment. Learn how your patients want to hear from you, and make it easy for them to connect with your office. (Due to HIPAA regulations, make sure you have permission from patients before contacting them.)

Web marketing

“Not having an updated and optimized website today is not an option for a busy dermatologic surgery practice,” said Lisa Donofrio, MD. “People search for local businesses online. Our site reflects the personality of the practice and emphasizes a high level of service. We have designed our marketing strategy primarily around our patients because they are our best source of referrals. We send monthly e-newsletters to keep them informed about clinical trials, new procedures and seasonal advice, and make it easy for them to send it to a friend. Our goal is to market our practice in a way that highlights quality over quantity to attract a loyal patient base.”

Web marketing starts with keyword-rich page content that helps search engines find you. For example, using descriptive words along with your practice name will create your identity online and allow visitors to find you based on their interests. On your website, try to incorporate keywords into your page headlines, sub-headlines and opening paragraphs. Another tip is to include your street address, ZIP code and phone number on every page of your site. You also can create a free listing for your practice on Google, Yahoo! and Bing so that it shows up on a map when potential patients do a search for local dermatologists.

Expertise is critical when managing your website, which is the core of your marketing program – it’s difficult to find time for you or your staff to update it frequently. Try to set a reasonable budget for what you want to achieve in terms of site visitors, new patients and increased revenue and then engage a firm that has good references along with experience working in the medical field.

Mobile devices

Mobile devices are becoming a fact of life across all demographics, and mobile marketing is taking center stage. If your website is not formatted for mobile platforms, you may be unwittingly turning visitors away.

Many dermatology practices also are using mobile platforms to confirm appointments, schedule treatments and market to their patients. Since users always carry their phones, messages are received almost immediately. The mobile medium also makes it easier to issue promotions and marketing incentive services to patients. For example, you could issue a promotion that can be redeemed by having the patient display the offer on their smartphone or tablet.

Vivian Bucay, MD, has found that mobile marketing has worked well for her practice. “I use a service to confirm appointments either by text or email, whatever the patient prefers. They sync to our patient database. The great thing is that when I choose to run a special, they send the message to everyone in our database. For example, we did one to celebrate 10 years of Botox and patients had to email or call us between 10 and 11 a.m. to make a deposit. We booked 68 patients just from that eblast/text. They even send happy birthday messages, and it amazes me how much patients appreciate receiving a happy birthday message.”
Patient reward programs
Successful marketing strategies start and end with making patients a top priority. Acquiring new patients helps you grow, but the mainstay of your practice’s longevity comes from loyal patients. Rewarding patients for their loyalty can be a worthwhile investment, especially since patients are bombarded with a daily assault of Groupon deals for cheap laser hair removal and discounted fillers. Rather than spending a fortune to attract new patients all the time, dermatologists are well-served by doing everything possible to keep existing patients coming back.

According to Edgar F. Fincher, MD, PhD, if patients are satisfied with the experience and the care they receive, they will return and often refer their friends. “Recognizing and rewarding patients who refer their friends is also a good way to keep them referring. Have a mechanism in place whereby new patients will let you know if they were referred by another patient and reward the referring patient with a free or discounted procedure on their birthday or on a special occasion to keep their referrals coming.”

The value of PR
Patients want to seek out the dermatologists they see on television and read about in magazines and newspapers. According to Amy F. Taub, MD, “Public relations campaigns are important for brand awareness. The brand is YOU and your practice. Even though you can’t always measure exactly what is coming back to you, patients mention to you that they saw you quoted in a magazine or on TV. This greatly heightens your credibility to your patient base and motivates someone who has heard about you to schedule an appointment. If you have TV or print coverage on a specific procedure, expect that to pay off handsomely.”

If you are not inclined to hire a professional PR agency to represent you, consider sending out well-written press releases on the newswire when you have something of interest to broadcast, such as a new technology or clinical study, or timely tips on a specific skin condition. For example, May is Skin Cancer Awareness Month, providing you with an opportunity for promotions and press releases that drive interest back to your practice.

As the competition for national television segments heats up, do not overlook the opportunities in your local market. A nice spot on your local news can be very compelling to patients who already know you and serves as a reinforcement that they are in the right dermatology practice. It also can bring in new patients who are intrigued by a new treatment or device.

Dr. Bucay has had great results with advertorial exposure in New Beauty. “They send us as many magazines as we need, and we donate them with product samples for events at the local country clubs or even for events in other cities. Other than the staff time to put little bags together, this has been a very effective marketing tool for us.”

An integrated marketing approach
Integrated marketing draws upon the power of traditional methods such as internal marketing, advertising and public relations, and merges these with new tools that include search engine optimization, pay-per-click ads and social media. (Read about social media marketing and leadership opportunities on pages 8-9.)

Integrating your marketing programs involves creating a cohesive central theme that defines your brand. For example, the look and feel of your blog should mimic your Facebook page and the landing page of your website. Most updated websites and blogs have links to every other platform the practice is engaged on, including social media and RSS feed buttons.

You don’t need to excel in every marketing channel. Participate in the platforms and venues that are a good fit for your practice. Each channel has its unique strengths and weaknesses, and it is important to understand the best way to use these vehicles, how your patients interact with each of them and the associated costs to determine the best way to maximize your return on investment. Putting systems in place to measure the effectiveness is an important aspect of the process.

Social media offer leadership opportunities

By David McCutcheon, LEWCO Consulting Inc.

Have you recently felt the pressure to sign up for Facebook, send your first tweet or check in on Foursquare?

More and more businesses are jumping aboard the social media train, but is it out of fear of being left behind, or have they first asked the right questions to create an effective strategy? There is definitely more of the former than the latter.

Connecting with patients

With millions of users engaging publicly through social networks such as Facebook, YouTube and Twitter, there is a huge opportunity for businesses to connect with their target audience like never before. However, this has proven to be a double-edged sword – the sheer number of users create a huge amount of “noise” that might be completely irrelevant to you and your practice. Sifting through this noise to find value can be time-consuming and frustrating to business professionals trying to figure out where to start and how to get the most out of social media.

Start this journey by understanding where the true value of social networks exists from thought leader Seth Godin. Scan this QR code with a smartphone to hear his views on social networks for businesses.

Your website still plays a critical role in the dynamics of social media and how clients and customers engage with your brand online. Your website will act as your practice’s “hub.” This is where you and your brand will build trust, credibility and even an emotional connection with your client. This can be accomplished many ways:

- Highlight accreditations or certifications you have earned or papers you have published.
- Feature patient testimonials in written or video format.
- Share stories of the greater impact your practice has had in the community through a blog.

In 2012, the Internet continued to powerfully change how people accessed information. This is where social media can play a huge role in connecting with new markets and target demographics.

Starting with why

Before you jump to sign up for your Facebook page or Pinterest account – take a step back, look at the bigger picture and ask some important questions.

For example, what are your goals and specific objectives for your social media strategy? What are the primary drivers currently motivating your interest to ‘be social?’ Do you have the technology and resources to create your social presence and consistently monitor the space? What might success look like and how will you measure this?

There are many ways in which social media can be integrated into your current practice to add value. Before jumping into all channels and investing in all of the shiny tools, let’s clarify the role you want social media to play.

In the dermatology field, patients are making high-value/high-cost decisions. This makes it much more important to build credibility and trust with your patients. Traditionally, this has been accomplished through referrals, marketing and advertising and of course the practitioner/patient relationship-building process that begins when the patient walks through the front door.

While these traditional methods of building trust and credibility are still very much at play, social media now offers another opportunity – demonstrating thought leadership. By simply publishing a “Practitioner’s Blog” on your website, you can create a place where you (or someone within your practice) can begin to build trust and credibility by highlighting your expertise, competencies and specialties in your field of practice. You could highlight emerging technology, new industry research or even simple educational pieces offering real and practical value to the reader. For example, try giving your readers skin care tips or information on patient safety.

While it is important that the voice of the blog comes from the experienced practitioner, you do not necessarily have to be the one uploading and posting the

Blogging tips

- Blogs posts should be 300 to 500 words with a “share” button.
- Compile interesting, timely and relevant content.
- Introduce new employees, procedures and events.
- Add a call to action such as “Call 888-555-1000 to schedule an appointment” or a “Request a Consultation” button.
- Include photos and videos.
- Allow several people in the practice to post in their own voice.
- Optimize posts by working keywords into the content.
- Aim to post about once a week to consistently bring returning visitors and new traffic to your site. Blog posts can be scheduled in advance.

Facebook ideas

- Unique stories about your practice, community and employees.
- Socially conscious initiatives to resonate with consumers.
- Giveaways, contests and special offers to attract more fans.
- Links from your Facebook page to specific pages of your website.
- Photos and graphics to get your posts noticed.
- Expanded topics on anything that is relevant to your audience: fashion, holidays, current events, health, etc.
content. This role can be delegated to an associate who can coordinate a publishing schedule with you to keep you on track.

Not a writer? Consider having one of your staff shoot a one- to two-minute video of you speaking about a topic that is valuable to your target audience. It takes about 10 minutes to open a YouTube channel, upload a video, optimize it for search and then link everything back to your website (where viewers can learn more about your practice, continuing the trust building process).

Humanizing your brand
If you have started learning about social media, you may have heard it being referenced as a one-to-one communication tool. This is a fundamental change in the way that businesses communicate with customers. While traditional marketing and advertising efforts focus on pushing mass messages to their perceived target market, social media has allowed us to seek out small, highly targeted markets and engage in relevant and direct conversations, which in turn pulls our ideal customers back to learn more about our brand.

We don’t have to tell you how important the relationship is between you and your patients. As you know, this comes from offering great service, genuinely caring about your patients’ needs and creating a safe and supportive environment. For the most part, this relationship-building process happens when the patient is within your practice. This is because emotion, sentiment and relationships are built between real people exchanging real interactions.

Effective social media strategy has authentic human engagement and connection at its foundation. Driving real and meaningful conversations between two people plants a relationship-building seed. Instead of interacting with your static website, your clients can have an emotional, human interaction with your brand before they ever set foot into your practice.

Assuming you’re ready to become more actively involved in social media, here are some practical tips to create a strategy and increase effective social media engagement:

Be authentic and personal
Remember that creating a brand and community with social media is not about marketing and advertising. Your practice’s goal is to continually build a highly targeted and engaged community that is there because it wants to be! You will achieve this by offering valuable content and humanizing your brand – be authentic and personal.

Let the voice of your brand shine through your social media channels. Your voice is different and unique. Be authentic and let your expertise and personality show – people will be drawn to you and to your online community. This is where the conversation and relationship-building process with new patients begins!

Be present
Your audience doesn’t care if you are on Google+ or not. But they do care if you have created a Google+ account just to let it sit unmonitored, gathering dust. This speaks to the point about being selective with your social media channels.

If you are on Facebook and Twitter, make sure there is someone in your practice that is actively monitoring and posting on behalf of your business. Try posting once a day and setting up your notifications to receive an email whenever someone interacts with your online brand; when this happens, whoever is responsible for your social media strategy can address the interaction effectively and in a timely fashion.

Create policy & procedures
To create consistency and brand alignment with your social media strategy, identify one person in your office who can be your ‘social media ambassador’ and be responsible for monitoring and posting on your selected channels. Create a short and concise one-page document describing the objective of each, the tone and voice that should be used and some policies around what should not be posted.

Tip: Check in with your social media ambassador every other week or so see what is working, what’s not working and to hear their and suggestions. They will have their ‘finger on the pulse’ and will likely have very valuable input to drive your social media strategy forward and continue to grow this online community.

Define outcomes & measures
As you gain clarity around your social media strategy as well as the tools and channels you will use, it is important to establish clearly identified outcomes and measures of success. Defining the success of your social media strategy should go beyond simply counting visitors, ‘Facebook likes’ and ‘Twitter followers’ metrics and include:

- Unique visitors to your website via social media channels.
- Number of patients sharing positive experiences on your Facebook page.
- Number of questions you are being asked through social media channels where you can respond illustrating thought leadership.
- How many monthly visitors sign up for an e-newsletter. (It is very simple to create a sign-up form right on your website.)
- How many new patients have already experienced your social media presence.

Pick your space
Don’t worry about the hundreds of social media tools that are out there or what the practice down the road is doing. Based on the desired outcomes of your social media strategy, pick one to three social media tools (e.g., Twitter, Facebook and YouTube) and focus on creating valuable communities with consistent engagement.

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Tip: Check in with your social media ambassador every other week or so see what is working, what’s not working and to hear their and suggestions. They will have their ‘finger on the pulse’ and will likely have very valuable input to drive your social media strategy forward and continue to grow this online community.

Define outcomes & measures
As you gain clarity around your social media strategy as well as the tools and channels you will use, it is important to establish clearly identified outcomes and measures of success. Defining the success of your social media strategy should go beyond simply counting visitors, ‘Facebook likes’ and ‘Twitter followers’ metrics and include:

- Unique visitors to your website via social media channels.
- Number of patients sharing positive experiences on your Facebook page.
- Number of questions you are being asked through social media channels where you can respond illustrating thought leadership.
- How many monthly visitors sign up for an e-newsletter. (It is very simple to create a sign-up form right on your website.)
- How many new patients have already experienced your social media presence.

Be authentic & personal
Remember that creating a brand and community with social media is not about marketing and advertising. Your practice’s goal is to continually build a highly targeted and engaged community that is there because it wants to be! You will achieve this by offering valuable content and humanizing your brand – be authentic and personal.

Let the voice of your brand shine through your social media channels. Your voice is different and unique. Be authentic and let your expertise and personality show – people will be drawn to you and to your online community. This is where the conversation and relationship-building process with new patients begins!
The results of the 2012 ASDS/ASDSA Member Needs Survey reveal what is important to the membership, the top benefits, the top learning choices and where members think resources should be allocated.

Following the trend in earlier Member Needs Surveys, more than 90 percent of respondents strongly agree or agree that the ASDS understands, is responsive to and is effective in helping with member issues and priorities.

When asked to choose the most important benefits, members ranked education first, followed by advocacy, branding, procedure updates and the Dermatologic Surgery journal. The top three reasons for remaining a member include: keeps me informed; shows my professional commitment/obligation and contributes to “strength in numbers.”

When asked how they would allocate ASDS spending, the top two choices were continuing medical education and promoting the image and branding of dermatologic surgeons. When asked to list their top five clinical topics for further education, respondents indicated botulinum toxin treatments/dermal filler injections; tumor excision and wound repair; flaps/grafts; acne scar removal; and chemical peel/dermabrasion/fractional resurfacing.

The top three public relations and communications messages that respondents felt were most important include: communicating to the public the scope of training of dermatologic surgeons; communicating to the public that ASDS members are the experts when it comes to skin cancer prevention, detection and treatment; and communicating to other physicians the scope of training and role of the dermatologic surgeon.

Results of the Member Needs Survey are used for ASDS strategic planning.

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With the approval of the final advertising concepts following a vote by members at the ASDS Annual Meeting, work is under way on a marketing toolkit for members, developing a media advertising plan focusing on web-based digital strategies and creating new website landing pages to begin tracking the campaign’s effectiveness.

The objective of the overall campaign is to create a preference for ASDS members with key audiences: new patients (primarily women ages 40 to 65) and referring physicians.

The toolkit, which will be mailed this spring to members, will include copies of the branding ad concepts in poster, flier, postcard and print advertisement sizes; a social media primer and patient education materials. In addition, a flash drive will feature the print advertisements with a co-branding option, digital ads, examples of patient newsletters, eblasts and media alerts as well as website graphics, the ASDS Spokesperson Handbook and more.

“Through this branding campaign, we can counter patient perspective about dermatology’s scope of practice,” said Mitchel P. Goldman, MD, Chair of the Branding and PR Work Group. “We need to be proactive rather than reactive. We must do this for our members, the specialty today and for the future.”

The campaign will be monitored carefully to measure what methods are working (and which are not) to redirect efforts as needed. Milestones will be set at various points throughout the process to measure effectiveness and determine whether a strategy continues, is modified or abandoned moving forward.

As much as possible, materials will be designed to be customizable so members can use them locally in their markets.

In addition, work continues on a referring physicians kit that will drive home the message that trained ASDS professionals are the doctor of choice for skin cancer, worrisome skin lesions and other medically necessary procedures.

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ASDS launches website redesign

Have you had a chance to take a look at the ASDS website redesign? The redesign of asds.net features responsive design for mobile devices, simpler navigation, more graphics and streamlined content for both the public and members.

Responsive design: The website now automatically resizes itself for desktop/laptop screens to iPads and other tablets down to smartphone screens.

Simpler navigation: Information is divided into topics by audience, with the main Public Resources and Doctor Resources buttons located right at the top of the home page. Items of interest for corporate partners and the media are packaged in custom modules.

Streamlined content: The home page features information and content for the public and members.

In the Public Resources area, consumers are able to easily locate the latest information about medical and cosmetic procedures with enhanced search engine optimization and consumer-friendly tips and then locate a dermatologic surgeon in their area.

To engage web visitors, the ASDS wants to feature high-quality before-and-after photos so potential patients can see the results of the treatment or procedure, visually relate to other patients and see exactly what an ASDS member can do for them. Photos credits will be given to those that are selected and featured on the website. The doctor's name as well as the name of his/her practice and the location will appear as part of the caption information.

Guide to submitting photos to the ASDS:

• The photos must be the property of the doctor submitting them.
• Photos must not be retouched.
• Send the largest file size available.
• Label the pictures “before” and “after,” adding its procedure/treatment (both the brand name and generic name if known) and the basic demographics (e.g., JuveDerm Ultra/mono-HA 20; 53-year-old female).
• Include the full name of the doctor, the name of his/her practice and the city and state where the practice is located.
• Keep the patient’s photo consent form on file in your office.
• Submit a Physician Attestation (available at asds.net/consent.aspx) with each photo by fax (847-956-0999) or email to jkremer@asds.net.
• Send the photo files by email to Jolene Kremer at jkremer@asds.net.
DermBase – a multi-site system for powerful dermatology research studies

John Strasswimmer, MD, PhD, is one of many ASDS members who understands that research is fundamental to the specialty. He and his collaborators realized five years ago that many studies are simply reflective of the intellectual and pragmatic abilities of the specialists in the field; they are just not good enough. In ongoing discussions with ASDS colleagues, a consensus arose – dermatologic surgeons needed a system to execute high-quality research quickly and efficiently. For that reason, Dr. Strasswimmer founded the DermBase dermatologic medical data system – an online system that facilitates collaborative clinical research conducted in both academic and private practice centers. “It was created to answer the most pressing research questions in dermatology and dermatologic surgery,” he said.

“Normally, when dermatologists do studies, they may be limited to a few subjects,” said Dr. Strasswimmer. “So when we look at rare skin cancers or rare outcomes such as complications, our problem was that often studies do not recruit enough subjects. This means they are not very ‘powerful’ – ‘power’ meaning the ability for a well-designed study to identify a statistical difference among study subjects if one exists. This usually points to a requirement for a tremendous number of people involved; i.e., the more subjects, the more powerful the study.” Dermatology research studies are often notoriously underpowered.

Five years in the works and supported by the Sulzberger Foundation of the American Academy of Dermatology, DermBase offers dermatologists a unique tool with which to build future research projects. Dr. Strasswimmer said it is essential to expand its use by others in the dermatologic surgery field, saying “this is the research tool for all of us, supported by our professional organization structure.”

The Web-based platform is fully functional and Dr. Strasswimmer notes that “the basic Web components to create additional multi-site studies are in place. They include study protocol design, easy sign-up for access to the system and to participate in a study, a back-end database to record DermBase input, a catalogue of ongoing and past studies, and tools to extract and download the data for review and post-processing.”

In the process of creating the DermBase system, Dr. Strasswimmer worked with his close collaborator, Murad Alam MD, MSCI. With their expanding network of academic-minded dermatologists and Mohs surgeons, they conducted two powerful studies to demonstrate the utility of DermBase. Dr. Alam is the Principal Investigator of both studies.

The first was “the largest prospective study of patients ever treated with Mohs micrographic surgery – nearly 20,000 in all,” Dr. Alam said. That’s a vast increase over the next largest study. Dr. Strasswimmer and Dr. Alam contacted doctors seeking their participation while others found out via word of mouth. In the end, “31 doctors took part, from all over the United States, north and south, from academic centers and a mix of high-volume and low-volume private practices.” This project was completed in less than 12 months.

The other is the largest prospective study of cosmetic fillers: nearly 7,000 patients in less than six months. Dr. Alam designed a study to look at the incidence of adverse effects of this part of cosmetic dermatology – specifically, the use of filler material used for both cosmetic and for non-cosmetic uses. This also used a similar magnitude of data points.

“While the study focused in on a cosmetic procedure, we developed additional methodology to safely and practically carry out cosmetic studies,” said Dr. Strasswimmer. “This proves that DermBase research platform works exceedingly well.”

Dr. Strasswimmer said DermBase follows his own surgical creed to plan ahead. “The real secret is that the collaborative online approach works out the kinks ahead of time. It’s all about good planning. That is how I approach surgery. That is how I approach research.”

DermBase, he said, “is a solution to what ails dermatology research. It is a collaborative, conscientious, logical approach to designing high-quality, massive research studies that are prospective, not retrospective. Any doctor from any location can participate.” So far, only doctors from the United States have taken part in research studies, “but there is potential for international participation.”

DermBase studies go through a process that includes proposal and review by a steering committee, study review by a group of participant organizations, data entry, post-processing of the data and publication of the results.

New studies build on design components used in prior research projects. However, each new study requires a set of new data entry forms that correspond to the study protocol.

The mission of DermBase, said Dr. Strasswimmer, is “to improve quality, efficiency and effectiveness of dermatology clinical research for both physicians and organization working for the benefit of patients.” This is one more tool for the specialty.

Collaborative efforts with the ASDS via the Research Work Group to broaden the understanding and use of DermBase to benefit the specialty are currently under way. For more information, contact Kim Santaniello at ksantaniello@asds.net.
Supervisor-trainee relationship: Vital yet sometimes challenging

by Karen Scully, MD

The relationship between medical students, interns or residents and their supervising physicians is a vital aspect of medical education. An atmosphere of mutual respect and trust within the medical team is important to foster two-way communication regarding patient care. However, there may be times when a trainee challenges the decision-making of a supervisor. In addition, there may be times when supervising physicians treat their trainees in an unprofessional and even abusive manner.

The American Medical Association Code of Medical Ethics states that “medical students, resident physicians and other staff should refuse to participate in patient care ordered by their supervisors in those rare cases in which they believe the orders reflect serious errors in clinical or ethical judgment, or physician impairment, that could result in a threat of imminent harm to the patient or to others.”1 The medical student or resident may withdraw from the care suggested as long as this doesn’t result in immediate harm to the patient.

The complainant should express his/her concern to the supervising physician and, if necessary, to the appropriate person for mediating this type of dispute. This mediator may be the chief of staff of the involved service, the chief resident or a member of the institutional grievance committee.

This can be a very delicate situation. The intern or resident is obligated to treat patients with the best possible care and with the patients’ best interests at heart (beneficence) while avoiding harm (maleficence). At the same time, the trainee is in a subordinate position and is expected to follow the instructions of his/her supervising physician.2

The best course of action to take in such a situation is to talk to the supervising physician and ask him/her for an explanation in a respectful manner. The supervising physician has more experience, but the trainee may have a more in-depth knowledge of the patients by virtue of working more closely with them. Assuming that the decision is not life-threatening, a discussion between the supervisor and the trainee usually clarifies the reasoning behind the decision and the conflict can be resolved. By the same token, supervising physicians should be approachable and eager to discuss clinical decisions with their interns and residents since it is in the best interests of patients.

The other potential negative aspect of the supervisor/trainee relationship is mistreatment of medical students. A longitudinal study at the David Geffen School of Medicine had third-year medical students complete an anonymous survey between 1996 and 2008. The students reported how often they experienced physical, verbal or sexual harassment and ethnic or power mistreatment and who was responsible for it.3 The study showed that the behaviors of faculty and residents toward medical students are often unprofessional and abusive. More than half of the students reported some type of mistreatment.

Without going into the details of this study, the authors reported that taking steps to resolve the incidents – such as informal and formal reporting of these incidents, providing education for students, residents and faculty and promoting open discussion at all levels – failed to change the incidence of mistreatment. Mistreatment of medical students during their medical training has become an ingrained culture. Although the results of this study are discouraging, the authors felt that student mistreatment can be reduced if it is attacked on a national level with common policies and greater transparency.

References
3. Fried JM, Vermillion M, Parker NH and Uitdehaage S. Eradicating Medical Student Mistreatment: A Longitudinal Study of One Institution’s Efforts. Academic Medicine: 87, No 9; September 2012

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Advocacy begins when an individual recognizes something wrong and seeks out to fix it, and Marc D. Brown, MD, is no stranger to it. As a practicing dermatologic surgeon, Professor of Dermatology & Oncology at the University of Rochester School of Medicine and President of the American College of Mohs Surgery, he has been involved in advocacy and activity surrounding many issues related to the practice of dermatology and dermatologic surgery.

Dr. Brown was reading his hometown newspaper on June 7 when he came across a story that was trying to make sense of how the New York State Education Department regulates sunscreen use in schools. At the time, the state required a doctor's note and a parental permission slip to allow students to carry sunscreen in their backpacks or keep in their lockers. As a dermatologist, this rule made no sense to him and caused him to become involved in this issue. Having been involved in advocacy issues previously, his plan of action was pretty simple. “I wrote an opinion editorial for the Rochester Democrat and Chronicle, and I sent a letter to the Commissioner of Education. I explained how these rules make no sense – especially requiring a doctor’s note.” In his letter, he also attested to counseling all of his patients to use sunscreen on a daily basis. “Had I known this is how the state regulated sunscreen in schools, I would have done something about this a long time ago.”

The issue profile was raised to the national level not two weeks after the story broke in the Rochester newspaper. A few days later, two girls were severely sunburned in Washington after being outside all day during the school’s Field Day. Washington also requires students to have a doctor’s note to carry sunscreen. Dr. Brown’s op-ed was in the paper not long after this.

“In response to advocacy efforts from activists like Dr. Brown, and with continued press generated by the sunburn story from Washington, the N.Y. State Education Department enacted an emergency regulatory rule change. The new rule only requires parental permission for students to have sunscreen at school, and took effect before classes resumed in the fall of 2012.”

While advocacy might seem time-consuming, it really is not. “In the six or so weeks it took to change this law, I spent maybe 10 hours working on it. Most of it was writing letters and making phone calls to people I thought would be able to do something about it,” he said.

Getting involved in this issue was a no-brainer. “I’m a skin cancer doc,” he said, “and I have seen so many issues that affect patients.” Throughout his career, he became involved in issues and advocacy with the New York State Society of Dermatology and Dermatologic Surgery, where he served on the board and various work groups. “[Advocacy] wasn’t something I had planned to do when I started out; it just happened. There just aren’t a lot of docs involved in general.”

“State societies are always looking for more doctor advocacy help. We need to be more involved at the state and local level.” Dr. Brown is absolutely right on this issue – the state level truly affects the practice of medicine – from scope of practice to licensing and regulation.

To become involved, consider joining the ASDSA State Advocacy Network of Dermatologic Surgeons (SANDS). If interested, contact John Geahan, Public Policy Specialist, at jgeahan@asds.net.

ASDSA announces advocacy smartphone app

It seems like there is an app today for almost everything. ASDSA is proud to announce that it too has an app, aptly named “ASDSA.” It’s a great tool for smartphone users who may have a few minutes free between patients, while at lunch or any other break in the day when you instinctively grab your phone.

The app allows you to immediately connect with your elected officials and click on pre-written advocacy messages to make taking action quick and easy. It also features an interactive map that lets users see different legislative issues ASDSA is tracking by state, and gives access to the specific bills under consideration state-by-state.

The ASDSA app can be downloaded simply by visiting the “Get Our Mobile App” page found on the top header of the ASDSA website (asds.asds.net) on your mobile phone.
The American Medical Association House of Delegates discussed the changing nature of the health care environment as the country begins its implementation of the Affordable Care Act and other topics related to public policy at its Interim Meeting in November. Relevant topics for dermatology included debate over regulating compounding pharmacies, physician-led health care teams, reimbursement, scope of practice and the corporate practice of medicine.

In response to the recent meningitis outbreak due to contaminated drugs manufactured in a compounding pharmacy, the House of Delegates adopted a resolution asking the AMA to “monitor ongoing federal and state evaluations and investigations of the practices of compounding pharmacies” and “encourage the development of regulations that ensure safe compounding practices that meet patient and physician needs.” This new AMA policy is consistent with the position taken by the ASDSA and a press release issued by our organization in early November (available at asdsa.asds.net).

One of the hot topics discussed was how health care professionals work collaboratively. Estimates suggest the number of additional insured patients will go up by 30 million in 2014 while at the same time the country faces a shortage of physicians and nurses. While the Federal Trade Commission and others have placed pressure on regulatory agencies to allow non-physicians to practice to the “full extent of their training and licensure,” the House of Delegates adopted principles for team-based care. These emphasize the importance of having any interprofessional health care team be physician-led, that the AMA study innovative payment mechanisms that appropriately compensate the physician and/or team for team-based health care and that the AMA advocate that the structure, governance and compensation of the team be aligned to optimize the performance of the team leader and team members.

A complete listing of these new policies and principles for interprofessional health care teams can be found at ama-assn.org/resources/doc/hod/ama-policies-principles-for-health-care-teams.pdf.

The House of Delegates adopted a resolution calling on the AMA to oppose cuts by the Centers for Medicare and Medicaid (CMS) that are in excess of those recommended by the Relative Value Update Committee (RUC).

While the ASDSA supports the RUC as an independent body and does not wish to see this body interfered with or politicized by the House of Delegates, this issue is particularly relevant to dermatology due to recent drastic CMS cuts to the technical component of surgical pathology codes, which are higher than those recommended by the RUC.

Another body that must remain free of both perceived and actual interference from the House of Delegates is the Current Procedure Terminology (CPT) Editorial Panel. The House of Delegates voted to “refer for report back” a resolution that calls on the CPT Editorial Panel to retitle its “Surgery” section to “Surgery and Procedures” with the intent of preventing abuse by non-physicians who might attempt to use CPT descriptors as leverage for inappropriate scope of practice expansions.

Neither the RUC nor the CPT resolution came from any of the dermatology organizations and the ASDSA supports the independence of both of these bodies, on which the ASDSA has representation at the Advisory Panel level to address issues related to the specialty.

The ASDSA supported a resolution introduced by the Organized Medical Staff Section and adopted by the House of Delegates to study the “evolving ‘corporate practice of medicine’ with respect to its effect on the patient-physician relationship, financial conflicts of interest, patient-centered care and...
other relevant issues, and report back to the House of Delegates at the 2013 Interim Meeting.”

This is consistent with the ASDSA’s leadership in the states in combating the corporate practice of medicine, most recently with the legislative victory in California as it relates to large corporate-owned medical spa and laser hair removal chains that allow physicians to essentially “rent” their medical licenses to the business without providing any meaningful oversight or supervision. The ASDSA is heartened to see the AMA examine this issue more closely to ensure that patient safety is prioritized over financial gain.

As it does every five years, the ASDSA faced a review of its eligibility to retain a seat within the House of Delegates. In order to be eligible, organizations must fulfill a number of criteria, including having either 1,000 AMA members or having a minimum of 100 AMA members within the ranks of their membership that pay full dues, reside within the U.S. and are eligible to vote and hold office. With 29 percent of our membership also belonging to the AMA, the ASDSA fulfilled these and other requirements and will not be subject to review again until 2017.

The 2012 AMA Interim Meeting marked the last meeting for Isaac M. Neuhaus, MD, as one of the ASDSA’s Young Physician Section (YPS) representatives.

The YPS meets twice per year in conjunction with the AMA House of Delegates meetings and has its own assembly that debates issues of concern to young physicians, introduces resolutions and has representation within the House of Delegates. In order to be eligible to serve on YPS, members must either be under 40 years of age or be within the first eight years of professional practice after residency and fellowship training.

Having reached the end of his eligibility, Dr. Neuhaus – who has held this position since 2005 – will now step down from this position.

In commenting about his departure, ASDSA Delegate Jessica J. Krant, MD, said, “I’ve known Isaac since he was an elementary school kid in a uniform riding the bus with me to school in South Florida, and it has been such a joy to get a chance to work with him this closely through our AMA team. I am sad to see him take this hopefully temporary break since he’s been such a smart, on-the-ball contributor to the team, but I know he will just move on to do more amazing things for our profession in the future as a leader in the specialty.”

ASDSA Representatives to the House of Delegates included Delegate Jessica J. Krant, MD; Alternate Delegate Chad L. Prather, MD; Young Physician Section Representatives Isaac M. Neuhaus, MD, and Anthony M. Rossi, MD, and Resident and Fellows Section Representative Nita Kohli, MD, MPH.

The ASDSA is a part of the larger Dermatology Section Council, which also consists of the American Academy of Dermatology, the American College of Mohs Surgery, the Society for Investigative Dermatology and dermatologist delegates representing their states, military branches and other special sections.

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It’s no secret that identity theft is a growing concern among practices and patients alike. Every day, there are new reports of the devastating effects identity theft has on its victims. Recognizing this threat, the government passed a federal law in 2003 called the Fair and Accurate Credit Transactions Act. This law addressed many issues pertaining to breaches of personal information – from prevention and credit history restoration to credit report access.

Nevertheless, identity theft remains a major problem. In response, the major credit card brands – Visa, MasterCard, American Express and Discover – came together to put in place a set of standards designed to ensure a secure environment for consumers’ credit card information. These standards require all businesses to be in compliance.

If your practice takes credit cards, you’re probably asking yourself, “How do I know if I’m Payment Card Industry (PCI) compliant?”

Step 1: Determine your merchant level. Your merchant level is determined by the number of credit card transactions your practice processes. There are four levels, but almost all medical practices are defined as “Merchant Level 4” (businesses that process up to 20,000 Web transactions per year as well as all other businesses processing up to 1 million transactions per year).

Step 2: Identify your validation type and which Self-Assessment Questionnaire (SAQ) your practice needs to complete. Your validation type is determined by the method you use to accept credit card payments. To find your validation type and obtain a copy of the corresponding questionnaire, visit pcisecuritystandards.com.

Step 3: Complete the SAQ. Follow the instructions on the questionnaire and complete it. Many credit card processors offer an online tutorial, so it may be to your advantage to check with your processor before completing this step.

Step 4: Determine if your practice is required to pass a vulnerability scan.

Step 5: Complete an Attestation of Compliance. Once you’ve completed the appropriate questionnaire, if your processor requires it you may need to complete and submit an Attestation of Compliance, which is located within the questionnaire.

Still have questions? Feel free to contact TransFirst, the ASDS member benefit partner for payment processing, at 800-613-0148.
Mentorship

Long hours and superstorm provide learning opportunities for International Preceptee

The ASDS International Preceptorship Program continues to advance the specialty of dermatologic surgery by giving international dermatologic surgeons hands-on learning experience with new techniques, procedures and more that may not be available in their home country. One Preceptee is selected per year to visit a host in the United States or Canada. There, they are able to watch clinical and surgical procedures and shadow administrative staff. They leave with new knowledge that will enhance the care of their patients back home.

Sudip Parajuli, MD, was selected as the 2012 International Preceptee. He currently works at the Tribhuvan University Teaching Hospital in Kathmandu, Nepal. “My sincere thanks goes to the ASDS for selecting me as a Preceptee and Prof. Lawrence M. Field for his generous financial support for this program,” he said.

He selected David Hermogense Ciocon, MD – a clinical instructor in Dermatology and Mohs Micrographic Surgery at Mount Sinai School of Medicine in New York, N.Y. and Albert Einstein College of Medicine in Bronx, N.Y. – to be his Preceptor during the course of the program. After making the 22-hour journey from Nepal to New York, Dr. Sudip (he uses his first name with the honorific) was exhausted – but after a day of rest and relaxation, he was ready to dive right in and start working with Dr. Ciocon.

“The working days were really hectic,” Dr. Sudip said, “starting in the early morning around 7:30 a.m. and ending by 7 p.m. and sometimes 9:30 p.m. I wasn’t used to such long working hours even during my residency days, but the cases were so interesting that I never felt tired.” Dr. Sudip assisted Dr. Ciocon with skin cancer removals, Mohs surgery, laser procedures, hair removal, blepharoplasty, neuromodulator and filler injections and ultrasound lifts. This was Dr. Sudip’s first time working with injectables and ultrasound, and he was excited to be learning so many new things.

Unfortunately, the last few days of his stay were cut short as Superstorm Sandy tore through New York, leaving many homes and businesses, including Dr. Ciocon’s offices, flooded and without power. Dr. Sudip looked at the storm as another new learning experience. “It only made my stay more memorable,” he said, “and the worst situations in our lives are the ones that teach us to lead and to push our lives in new and better directions.”

Overall, Dr. Sudip said he felt the program was a great success. “As we learn new techniques, we can practice them in our country, which improves the standard of care. Additionally, the program fosters interaction between dermatologic surgeons and encourages them to exchange ideas, share experiences and bond, which ultimately helps advance dermatologic surgery in the long run,” he said. “I have nothing but heartfelt gratitude to Dr. Ciocon and his team for teaching and guiding me throughout this program.”

Industry news

Merz Inc. acquires ONMEL oral treatment for toenail fungal infections

Merz Inc. recently acquired ONMEL (itraconazole), an azole antifungal indicated for the oral treatment of onychomycosis of the toenail caused by Trichophyton rubrum or T. Mentagrophyses in non-immunocompromised patients. According to Merz Inc., ONMEL is the only FDA-approved oral treatment dosed in a once-a-day 200mg tablet of itraconazole. ONMEL uses Meltrex (melt extrusion) Technology.

Valeant acquires Medicis

The U.S. Federal Trade Commission terminated the waiting period surrounding the proposed acquisition of Medicis Pharmaceutical Corporation by Valeant Pharmaceuticals International Inc. The transaction was then approved by Medicis stockholders at a special meeting on Dec. 7.

Cynosure Inc. receives FDA clearance for PicoSure laser

Cynosure Inc. announced that it has received FDA clearance to market the PicoSure laser workstation for the removal of tattoos and pigmented lesions. The company expects to sell the laser initially through its U.S. direct sales force to aesthetic dermatologist and plastic surgeons beginning in early 2013.

Merz injunction lifted

Merz Aesthetics, Inc. and Merz Pharmaceuticals, LLC, have announced that the court-ordered injunction has been lifted as of Jan. 9 and patients and physicians now have access to a broader range of treatment options in aesthetic medicine, dermatology and neurology.

Merz is now permitted to sell and promote its entire portfolio of FDA-approved products, including Xeomin, Belotero Balance and Radiesse in the U.S. with no restrictions imposed by the court order.

Sudip Parajuli, MD
Preceptee: Carlos Paz, MD
Chicago, Ill.

Preceptor: Thomas E. Rohrer, MD
Chestnut Hill, Mass.

Thanks to the ASDS Preceptorship Program, I had the opportunity to visit with Thomas E. Rohrer, MD, at his clinic SkinCare Physicians in Boston for a week. The primary objective of my visit was to learn about skin cancer surgery, and I learned much more. My rotation was truly a phenomenal learning experience.

Dr. Rohrer is an iconic figure in the field of dermatologic surgery, and it is easy to see why. Beyond his impressive list of publications and prominent involvement with numerous organizations, Dr. Rohrer’s surgical technique and results are quite simply amazing. When performing surgery, he meticulously achieves hemostasis and carefully places each suture to ensure proper apposition of skin edges. Surgery after surgery, I watched in amazement as he removed skin cancers and repaired various defects with grafts and flaps.

One surgery that particularly stood out to me was the use of a banner-type flap to repair a nasal defect; I had just read about the case in his book. During the repair, I was able to ask questions and get clarification on steps that I was uncertain about. I also had the good fortune of seeing the same repair on a different patient in the follow-up visit. It looked great!

While I was happy just observing, Dr. Rohrer challenged and engaged me by asking questions and explaining how and why he did things the way he did. Despite his stature in the field of dermatologic surgery, I quickly realized the Dr. Rohrer is very down-to-earth and always willing to teach. He’s a wonderful teacher. This is evident not only in how his staff feels about him but also in how his fellows talk about their training.

My visit to Dr. Rohrer’s clinic was an exceptional educational experience. I watched a phenomenal physician take pride in his work, attend to all his patients and take the time to teach. I hope to be a notable dermatologic surgeon who loves his work and contributes to the field, much like Dr. Rohrer.

Preceptee: Eiman Nasseri, MD
Quebec

Preceptor: Isaac Neuhaus, MD
San Francisco, Calif.

Through an ASDS Preceptorship Scholarship, I came to the UCSF Dermatologic Surgery and Laser Center at Mount Zion.

The appeal of the procedural dermatology fellowship at UCSF lies in the quality and variety offered by its training. Focusing on both micrographic surgery and cosmetics, the teaching is lead by four dermatologic surgeons in state-of-the-art university affiliated outpatient clinics, which serve as referral centers for a large portion of northern California.

The receptionist introduced me to Jing, one of two current fellows in the program, and we began seeing patients and filling out preoperative documentation before Isaac Neuhaus, MD, my preceptor for the week, arrived. The day’s work passed quickly as Dr. Neuhaus and Jing are both very skilled. By the end of it, I was impressed with what I have witnessed; namely an entire clinic staffed by collegial and efficient employees, nine Mohs surgeries performed in a calm and orderly manner and a fellow just a few months into her training given a great degree of independence, working with confidence and ease.

Throughout the course of the week, I had the opportunity to meet with each of the remaining dermatologic surgeons at UCSF. Dr. Roy Grekin is funny, humble and a pleasure to be around. He treats patients and staff with respect and his energy is contagious. Dr. Siegrid Yu’s calm demeanor and grace immediately put others at ease. The concern, patience and meticulousness she shows with her work are inspiring. Dr. Sarah Arron is a fountain of knowledge and teaches enthusiastically throughout the day. Her clinic allowed me to appreciate how one can effectively combine research with a dynamic career in both medical and surgical dermatology. Here I had my first encounter with a patient receiving GDC-0449 for metastatic basal cell carcinoma. I learned of the role UCSF is playing in the evaluation of this drug and thus, the advancement of our specialty.

On my final day, I was lucky enough to participate in a tumor board, where a multidisciplinary approach to treating patients with squamous cell and merkel cell carcinoma was discussed among physicians, fellows, residents and medical students.
Throughout the week, Dr. Neuhaus showed me how to pace myself in practice to treat more patients throughout the day, how to perform laser and other cosmetic procedures and how to harmoniously integrate academics, surgery and cosmetics into my career. The university setting, our participation in cutting-edge research, a broad and interesting patient caseload and efficient, friendly staff made my experience at UCSF truly memorable and rewarding and I sincerely thank the ASDS Preceptorship Scholarship for making it possible. This week, I was been reminded of the ability we all have to become pioneers in our specialty, practicing on the front line of innovation and inspiring others to do the same.

Preceptee: Lance Wood, MD
Hershey, Pa.

Preceptor: J. Ramsey Mellette, MD
Denver, Colo.

Thanks to a generous grant from the ASDS, Allergen Inc. and Medicis, I was privileged to have the opportunity to spend a week with a fantastic mentor in dermatologic surgery, J. Ramsey Mellette, MD, at the University of Colorado.

I had learned from other mentors and colleagues about his extensive experience and skills in the area of reconstructive surgery. I was grateful for the chance to learn from him and see him in action. As one of the primary purposes I wanted to participate in this preceptorship was to learn and observe advanced methods of reconstruction following Mohs micrographic surgery, I felt fortunate that the very first day I was there, I was able to participate with Dr. Mellette and his team in performing two paramedian forehead flaps to reconstruct large nasal defects.

Throughout the week, I was able to learn first-hand as he treated other large and difficult-to-resect skin cancers (even including a pilomatrix carcinoma). I appreciated Dr. Mellette's willingness to teach, and I learned a significant amount of anatomy and histopathology in addition to advanced reconstructive techniques.

One highlight of the week was a lecture given by Dr. Mellette to myself, a fellow and a medical student regarding a multitude of different methods utilized to repair challenging surgical defects. I am truly grateful to have learned from a wonderful mentor in my chosen field. I look forward to having a continued professional relationship with Dr. Mellette in the future as I progress and grow throughout my career.

Preceptee: Terrence Keaney, MD
Miami, Fla.

Preceptor: Tina Alster, MD
Washington, D.C.

I would like to thank the ASDS for allowing me to spend the week with Tina Alster, MD, as part of the ASDS Preceptorship Program. She is one of the leading and innovative laser surgeons and has run a successful laser surgery center for more than 20 years. I chose to work with Dr. Alster to improve my clinical and technical acumen of laser surgery and expose myself to a myriad of practices, procedures and devices that I otherwise would not have had access to during my residency training.

Due to the short duration of this preceptorship, I was concerned whether there would be enough time to observe various procedures as well as time for teaching and mentorship. My week with Dr. Alster exceeded all expectations as I had ample opportunities to observe numerous laser procedures and a variety of cosmetic procedures, including the use of neurotoxins, soft-tissue fillers and body contouring devices.

Dr. Alster's practice also offers a unique setting for learning. She offers her patients an incredible range of cosmetic procedures and devices. I was so fortunate to observe many laser resurfacing procedures, treatment of vascular lesions, sclerotherapy, tattoo removal, scar revision, radiofrequency contouring, cryolipolysis and ultrasound contouring. I was also afforded the opportunity to work with her colleagues, Elizabeth Tanzi, MD, and Jennifer MacGregor, MD. They are excellent laser surgeons and willing teachers who each have their own style and approach to patient care.

Not only was my preceptorship experience rewarding clinically, but it was also an enlightening professional and academic experience as well. I had the opportunity to discuss and review with Dr. Alster relevant clinical studies (many that she has authored) that influence and support her approach to patient care. I also had the unique opportunity to attend the L'Oreal's Women in Science Awards luncheon with Dr. Alster. Held on Capitol Hill, this was a fascinating event honoring female scientists, and it provided an opportunity to meet members of Congress who support science education and women in science.

Showcase your Expertise!
Signifying your dedication to the highest standards of patient care and excellence in dermatologic surgery, display ASDS membership plaques in every exam room to increase patient confidence. The 12 x 9 plaques are available in four beautiful finishes to match any office decor. $135 ASDS members only. To order, visit asds.net/shop or call 847-956-0900.
**Pay ASDS dues online**

ASDS members have until Jan. 31 to save $75 on their 2013 membership dues. Renew memberships to the ASDS to promote the image of dermatologic surgery to the public while staying on the cutting edge with the newest technology and research. To pay with a credit card online, log in at asds.net and visit My ASDS to view and pay the invoice and continue to take advantage of all that the ASDS has to offer in 2013.

**ASDS logo gets approval for registered trademark**

The ASDS logo has been officially approved by the national trademark office and now features an ® designation to replace the ™ as part of the logo design. ASDS members are encouraged to use the new version of the logo on their websites and in all communications. A variety of logo sizes and file types are available for download at asds.net/logo.

**Submit abstracts for 2013 Annual Meeting beginning Feb. 15**

The ASDS will begin accepting abstracts Feb. 15 for the ASDS Annual Meeting being held Oct. 3-6 in Chicago. Abstracts can be submitted for oral or poster presentation in the following categories:

- Neuromodulators and fillers
- Cosmeceuticals
- General cosmetic dermatologic surgery
- General reconstructive dermatologic surgery
- Lasers and light-based technology
- Liposuction and body sculpting
- Tumor oncology and research, Mohs surgery/skin cancer

Abstracts may be submitted online at asdsabstracts.com. The primary author and presenter must be a board-certified dermatologist in a full-time private or academic practice or a resident in an approved dermatology training program. Abstract submissions are limited to three per author. For more information, visit asds.net/annualmeeting or email ksantaniello@asds.net.

**Nominations due by Feb. 11 for four board positions**

The ASDS Nominating Committee is accepting nominations through Monday, Feb. 11, to be considered for the potential slate of candidates for open positions on the ASDS/ASDSA Board of Directors.

Open positions include Vice President and three positions on the Board of Directors.

Nominees should be active members of the ASDS and have a strong desire to serve the organization. Previous committee experience is preferred. All nominees for elective office must be Fellows of the ASDS in good standing and must disclose all relationships with industry.

ASDS Bylaws state that the Vice President serves for one year, is automatically elevated to President-elect the following year and then to President. Nominees for Vice President must have served at least three years on the Board of Directors. Members of the Board of Directors each serve a three-year term.

Nominations should be submitted to Robert A. Weiss, MD, Nominating Committee Chair, ASDS, via fax to 847-956-0999 or email to twalten@asds.net by Monday, Feb. 11. Please do not send nominations and/or letters of support directly to any members of the Nominating Committee.

**Learn techniques, advances to optimize laser results**

Gain practical hands-on experience while evaluating new techniques and emerging technologies during the Mastery of Lasers for Optimal Patient Outcomes, April 20-21 in New York, N.Y. This comprehensive course, led by co-directors Mathew M. Avram, MD, JD, and Keyvan Nouri, MD, reviews current techniques and treatments for lesions, tattoo removal, hair removal, skin cancer, fractional ablative and non-ablative resurfacing, fat and cellulite, skin tightening options and more. Limited class size maximizes interaction as pearls and tips are shared. Register now at asds.net/courses or by calling 847-956-0900.

**CERG features new online-only application process**

The ASDS Cutting Edge Research Grant (CERG) program has a new online-only application process for 2013.

Applicants may apply Feb. 18 through July 8 for individual grant awards of up to $20,000. Up to $100,000 total in grants will be awarded.

The goal of the program is to stimulate a broad scope of research relevant to dermatologic surgeons and the specialty at large. All ASDS members are encouraged to submit proposals in the areas of depth of training, scope of practice, safety record and efficacy as well as for research with specific relevance in cosmetic medicine and surgery, core surgical procedures and techniques, cutaneous oncology and new technologies.

Visit asds.net/cerg to stay up-to-date on additional Board or other need-directed research topics and for instructions on submitting an application online.

**New annual lectureship named for Lawrence Field, MD**

Lawrence M. Field, MD, received an unexpected honor during the ASDS Annual Meeting in Atlanta in October. At the start of Saturday’s morning plenary, 2012 ASDS President Susan H. Weinkle, MD, announced the establishment of the Lawrence M. Field, MD, Annual Lectureship.

The lecture, named in recognition of Dr. Field’s lifelong contributions to international dermatologic surgery education, will be presented at the ASDS Annual Meeting each year beginning in 2013. A crystal bowl inscribed with the lecture title and an etching of the globe was presented to Dr. Field to commemorate the occasion. Dr. Field established the ASDS International Traveling Mentorship Program and has dedicated over five decades to dermatologic surgery teaching and mentoring across every continent.
Your Life Your Skin to film at AAD meeting in March

A filming crew from the Your Life Your Skin Network will be available on March 2 during the AAD Annual Meeting to film personalized video messages.

As part of an exclusive offer for ASDS members, the team will film three spots for use on the YLYS Network, Patient Education Center or individual websites for $600. This includes scripts, video editor, filming and post-production. A $100 early sign-up discount is available by contacting Ari Jamali at arjamas@ylsnetwork.com.

ASDS lecture series shows commitment to education

The first five lectures in the Dermatologic Fundamental Series are now available for viewing online at asds.net/fundamentals. This series of lectures provides learners with the fundamental basic science and principles related to a variety of common dermatologic procedures.

Through the Futures Leaders Network program, the Dermatologic Fundamental Series was developed by mentee Kavita Mariwalla, MD, and mentor Naomi Lawrence, MD. Together, they created the first five lectures: “Surgical Instruments and Sterilization,” “Suture Properties and Wound Closure Materials,” “Electrosurgery,” “Wound Healing and Dressings” (with Alisa Femia, MD) and “Suturing.” Each lecture is formatted for easy viewing and includes quizzes to help evaluate proficiency.

The Dermatologic Fundamental Series will be expanding in 2013 with the addition of five more lectures. Lectures will be created by mentee Lisa Chips, MD, and mentor Suneel Chilukuri, MD, as part of the 2012-13 Future Leaders Network program. The lectures will focus on “Local Anesthetics,” “Elliptical Excision,” “Neurotoxins,” “Laser and Light-Based Devices” and “Sclerotherapy.”

Members may also check out the Better Surgical Education Video Series, a Future Leaders Network project created by mentee Kyle Coleman, MD, and mentor Chad L. Prather, MD, with the help of ASDS expert members. This series serves as a new tool for the advancement of education in dermatologic surgery. Lectures include: “Facial Aging – Anatomy & Physiology,” “Skin Aging – Hyaluronic Acid Fillers,” “Advancement Flaps,” “Interpolations Flaps” and “Transposition Flaps.”

Volunteer for Choose Skin Health to help your community

In 2013, the ASDS is again partnering with Neutrogena to offer Choose Skin Health, a year-round skin cancer screening and public education program. ASDS members can help your community by volunteering for Choose Skin Health. The majority of all procedures were performed in Texas, North Carolina and Maryland.

Skin cancer screening availability information is listed on the ASDS website where people can search to locate a nearby doctor or event. The ASDS sends out screening kit with screening forms, Neutrogena sunscreen samples, skin cancer education brochures and posters to advertise screenings. Each year, the ASDS recognizes those who perform the most free screenings in their region at the ASDS Annual Meeting and with a plaque from Neutrogena.

For more information and to sign up, visit asds.net/SkinCancerVolunteers.

Take a few moments to complete procedure survey

By now, ASDS members should have received an email or fax invitation to participate in the 2012 ASDS Survey on Dermatologic Procedures. Please complete the survey either online or by fax as soon as possible since the goal is to release data as early in the year as possible.

By providing the data that show members annually do hundreds of thousands – and sometimes millions – of the procedures listed in the survey, we can build public perception that ASDS members are the experts in these areas including skin cancer treatments, laser/light procedures, neuromodulators and soft-tissue fillers, body sculpting, chemical peels, vein treatments, hair transplants and more.

Not only will survey results, trends and infographics be distributed to the media, they will be available to members for use on websites, in presentations or for local outreach efforts.

To download a PDF of the survey, visit asds.net/survey. Return by Jan. 28 via fax to 847-956-0999.

Take a few moments to complete procedure survey
ASDS members have access to comprehensive Revenue Cycle Management (RCM) services delivered by Aesyntix Billing Solutions.

Look beyond medical billing and discover how Revenue Cycle Management (RCM) improves cash flow:

- Collect more
- Boost profitability
- Get paid faster
- Gain peace of mind

Where many companies focus only on “billing”, Aesyntix covers it all from patient appointment call reminders to an extensive A/R follow-up process that has proven to increase patient collections.

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