

CONFERENCE PROCEEDINGS

AAD Officer Panel at the 2023 Practical Symposium, Beaver Creek, Colorado

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INTRODUCTION

This is a panel of former and future AAD officers discussing strategies to minimize Medicare cuts for dermatology.

CONFERENCE PROCEEDINGS

Approximately one month ago, I sent these AAD past presidents, incoming presidents and officers a question to arrive at some legitimate solutions to problems facing our specialty.

In order to frame this, let me tell a short story. Several months ago, I finished law school and just before this conference, I took the California bar exam. In one of our bar prep sessions, something came up about lawyers and doctors and the Dean of the law school, who is also involved in many prominent legal societies both state and national, said that, "We lawyers say that in negotiations, there are always 2 groups: those who are at the table and those who are on the menu. Lawyers are at the table and doctors are on the menu." This was a direct quote. So this is what the lawyers say about us behind closed doors: that we are "wimps;" that we're sheep,

that we're the meal. We're not the consumers of the meal.

So, I sent these thought leaders the following question:

From your perspective as a senior leader in our field, what is the most serious and important challenge facing dermatology today and what do you foresee will be hurdles that we face in the future? Provide three tangible solutions that you propose that we could implement to face these challenges now and how you suggest that we implement such solutions?

Mark Lebwohl

Reimbursement.

Clay Cockerell

OK, reimbursement. So how do we get more of that because we are not getting what we're due? The legal profession has a term for situations like this where services are provided that are not reimbursed appropriately: unjust enrichment. We've been unjustly enriching payers now for many years. The infamous graph that Mark Kaufman and others have been showing us where hospital and nursing home

November 2023 Volume 7 Issue 6

reimbursement has been going up steadily over the last 20 plus years keeping up with or exceeding inflation, while physician reimbursement has been essentially flat and is now lagging behind inflation which is unacceptable. We're not getting what we are due. My laboratory gets treated like a commodity. They think what I do is like a blood test. It's not correct. It's not right. Why have we allowed this to get to this level?

Mark Lebowhl

Our Congresswoman Carol Maloney said something to me years ago. She said that they will keep cutting us until we unionize. I don't know if unionizing is practical or doable, but one thing that is doable is that physicians could drop Medicare en masse. Medicare has become untenable. Until patients have difficulty seeing their physicians, feel pain and put pressure on their Congresspersons to pay us appropriately, nothing is going to happen.

Mark Kaufmann

It's interesting, Mark, that you said that. When I was in Washington last year meeting with some Congresspeople, one of them from Florida leaned over to me and whispered in my ear. He's a physician. Neil Dunn, and his district is in the Panhandle of Florida. He's a urologist. He said that the bottom line is that none of his non-physician colleagues are going to do anything as long as physicians are taking Medicare and accepting Medicare reimbursements as they are presented to them. This is exactly what you say: it is going to take something drastic to get Congress to actually do something.

Clay Cockerell

Unfortunately, the only thing they respond to is pain. The decision makers do not feel any pain from us. None whatsoever.

Mark Kaufmann

They view that because most physicians are willing to accept Medicare, everything's working properly and that doctors are just whining. [Lawyers and legal teams, which essentially control payers, view this like a contractual offer which doctors accept and a contract is formed. If doctors don't like the offer, they have the option of making a counteroffer rather than accepting it. Thus, they view us as whining about the contract that we have agreed to.]

Mark Lebowhl

Dropping Medicare would theoretically be much easier than calling a strike. There's nothing illegal about it. Medicare patients would find themselves without physicians. This would only be effective if there was a significant number of physicians who chose to participate in such a boycott. There will obviously be physicians, likely younger physicians, who are "hungry" for patients and continue to accept it. But right now, for me and many others, Medicare is hardly worth it.

Neal Bhatia

We've seemingly been doomed to think that physicians cannot unionize as if there is some sort of secret antitrust regulation somewhere. I have never been able to find it and I've looked hard. Where is it written that physicians cannot unionize? I cannot find it anywhere in this world. [For the record, there is a physicians' union in Minnesota, Doctors Council SEIU, Local 10MD which is registered with the National Labor Relations Board.]

Clay Cockerell

In Israel doctors are on strike right now.

Darrell Rigel

Rudolf Baer was the chair at NYU many years ago when managed care first came in the early 1990s. He got up at the Greater Derm Society meeting in New York and said that nobody should take it as it would be ceding power to the insurers. However, a lot of people started taking it and that started the cycle of downward reimbursement as they started presenting these take it or leave it fee schedules to us.

I recall about 20 years ago having lunch with the head of United Healthcare in New York for reimbursements. Basically, what he said is they can just keep cutting reimbursements because until doctors drop it, they know there will be enough of them to treat patients and they can get away with it.

Their strategy is to reimburse the least amount possible to doctors but keep patients just satisfied enough so that they will keep paying their premiums. For them, the perfect world be to pay next to nothing and keep the insured paying premiums which keeps their returns as high as possible.

I think dropping out of Medicare is not a bad thing which is a relatively easy thing to do. The problem is that we all made a mistake 30 years ago by taking Medicare and signing managed care contracts and accepting their reimbursements. Your comment that doctors are sheep unfortunately is true.

One other thing: when we go to Washington, I think we've all experienced that a lot of times, Congresspersons don't think dermatologists are real doctors. Many of them believe that all we do is squirt fillers and

Botox. They don't understand that we save lives with melanoma detection and that we treat inflammatory skin diseases and other serious skin cancers. I think that's part of the message. We must get the message out to these people that we are real physicians treating serious diseases. It's easy to cut dermatology payments because they don't think we're serious medical doctors.

Brett Coldiron

Darrell is correct that one problem for dermatology is the trivialization of our specialty. There are dermatologists on social media who have become famous for showing drainages of cysts on social media sites. That's not something that I do or what anybody up here does but patients love it. I think that trivializes our specialty and contributes to the problem.

We must demonstrate that we are advocates for patients and that we save patients' lives. Another thing is that we need to stop the scope of practice creep. We have individuals now engaged in the independent practice of dermatology such as nurse practitioners and physicians' assistants who've done no formal residency in dermatology and in many cases, limited training in dermatology at all yet are representing themselves as equivalent to board certified dermatologists. Many make claims that they've taken boards and that their "work time" counts as dermatology residency. That misleads patients and trivializes what we do.

As far as getting out of Medicare, Medicare was the frog in the pot. We were sitting in this warm pot when Medicare first started. You got paid based on your current fees. Whatever you charged were deemed your current and appropriate fees. Initially, you used to get paid a lot. We were promised by CMS that they were never going to cut us.

Later on, however, they said, well, we're going to limit the total amount of money available in Medicare. We're going to cut it to this level. We accepted it. Thus, just like the frog, they gradually turned up the heat of the water in the pot. The frog in the pot doesn't jump out because the increase in the temperature is gradual but it cooks and kills the frog eventually, only slowly. That's where we are today, essentially having been gradually killed because the pain has been instilled slowly and gradually.

Clay Cockerell

So, your solution is echoing the idea of addressing Medicare reimbursement and you'd be in favor of dropping it.

Seemal Desai

I want to just comment on what's currently happening in Medicare also. I think some of you may have seen the alert from the Academy that went out about a week and a half ago that the new fiscal year fee schedule for 2024 which includes yet additional cuts to the fee schedule. I did want to mention that just last month we were in Washington and we met with the doctors' caucus. There is a growing number of elected officials, both on the Senate side and the Congress side, who are physicians.

One of the things we talked about is introducing bipartisan legislation that would limit CMS's ability to keep altering the fee schedule. In fact, the only way to really stop CMS from changing the fee schedule or to really make an impact on that is through congressional law. There's a bill that's currently being floated in the House and Senate. On the House side it's HR 2474 and the reason I would recommend everyone remember that number is you're going to get

emails about that specific bill that's currently been circulated. It is bipartisan. There will be a Senate companion bill that will stop the perpetual cuts for 2024 and put pressure on CMS to not do so. If passed, this would take place in 2025 and go forward. It is essential that we pay attention to those advocacy alert links that come from the AAD because it's very, very important that legislation like that continues.

Clay Cockerell

That is critical. However, this needs to be more like a demand at this point. We need to have a very aggressive strategy and insist that this is not negotiable. They cannot keep cutting reimbursement year after year. We need to emphasize that this approach is over. We're finished. No more cutting now. We want meaningful increase in reimbursement and some of the dollars that are being allocated to hospitals and nursing homes need to be shifted our way. The separation in the infamous graph between their reimbursement and ours needs to change now.

Mark Lebwohl

We need to point out that these increases are much better for our patients because if this continues, even if there is not a mass boycott of Medicare, many physicians will simply stop taking it because it is no longer cost-effective to do so.

I dropped Medicare a year and a half ago, far later than a number of colleagues did. The patients gravitated to me I was getting a ton of Medicare patients. I couldn't fit them in. Many if not most of them were quite sick with many problems and skin lesions on them. This was consuming a lot of my time and I was getting paid essentially nothing.

Thus, I dropped Medicare. My census dropped by a third but I started spending more time with each patient. Instead of being booked eight months in advance, I am now booked a week in advance. But, I'm still booked and my income almost doubled. I realize now that I should have done it much earlier.

The care I give my patients is much better because they have more time with me.

Roger Ceilley

The point brought up earlier about the awareness of what dermatologists are and what we do is very important in my opinion. About 25 years ago when I was president of the AAD, we have spearheaded a program called the Dermatology Public Awareness Program. This raised the level of awareness of what dermatologists do as being serious. However, I don't think that we've done a good job in the last number of years. I know the Academy has not been very active in this and I really believe that this is one of the things that we need to do.

Secondly, regarding getting more money. In Iowa, where I'm from, we have one of the lower reimbursements for Medicare in the country. Why is that? Doctors in Iowa are very conservative and in the past, we didn't charge a lot. When CMS locked in the Medicare rates, we were behind. I've talked with both of our senators about this. Do you know what their response was? They said, well, the only way we can get more is for Iowa to take it from some other state. Good luck with that.

Darrell Rigel

What Roger says is true and even on a bigger scale, each year we go through this same thing. Every year we get a message from the

Academy in the summer that the new rates have come out and we're getting cut again.

Clay Cockerell

It's brinksmanship. It always goes to December and, "Surprise! You're only getting a lower cut!" Organized medicine then "celebrates" that it is not as bad as it could have been. The tacit message is that we should expect to be cut. It's unconscionable and we need to refuse to take this any longer.

Darrell Rigel

That's exactly what happens. It's a game where they throw out some number like it's going to be a 10% cut. And the good news is that we're only going to get a 2% cut or whatever and this is celebrated as a "win." But the problem is our overheads continue to go up, all other costs are going up, but we are not getting paid appropriately for what we are doing.

When managed care first came in, the way people adapted to it was just to see more patients. You just raise your volume patient volume, increase procedures and the like. However, we're now beyond that point and the payers continue dropping reimbursement. I still take Medicare but I don't take many other insurances as I dropped them about 10 years ago. What Mark says is true. I cut down the amount of patients I see per hour. I have more time with them. Before, I was rushing and I really felt I wasn't delivering good care. I had to stop. I couldn't do it anymore. I'm fortunate that I could do it. Not every dermatologist can do it but if you can, I agree with what Mark said. It might be scary for some but it's not as bad as it sounds. You come home less tired. You're providing better care and you end up better economically in the long run.

Ken Tomecki

One of the first comments that was made was about unionization of positions and Neil mentioned why not. In many respects, it's already present in two systems in the country. The VA is sort of a unionized situation of all physicians, and that includes dermatologists. Military physicians are also not exactly a union but in many respects functions as one.

Another semi-unionized situation is seen at many of the larger medical centers such as the Mayo Clinic and where I practice at the Cleveland Clinic. We're on a salary in many respects. Cutting expenses, cutting reimbursement. That's the area that's getting hit a lot, but unionization already occurs to a degree. I'm stretching it a bit as none of the doctors at these institutions have joined forces to make demands on their employers. [As noted above, there is a union in Minnesota that has 3500 physician members.]

Ted Rosen

I have a little different thought. It's echoing some of the things have been said but it's a little different I feel bad for my Medicare patients, many of whom have grown old with me, and honestly, I'm not going to drop them ever. I'm sorry. I don't think that's tremendously ethical. But there is a reality. The reality is the costs of running an office are going up every single year and we're getting paid less and less. So, there must be a way that I don't have to drop my Medicare patients.

Who controls the purse strings? The legislators. There is this doctor's caucus. A few years ago I was asked to run for Congress in my district because I'm relatively well known. All my neighbors are my patients

pretty much. I said I'm too busy. But now that I'm eyeing retirement from practicing medicine, I'm willing to do it.

I think we want a solution, an actionable thing. I think the Academy is fine because we have a Washington office. It's fine that we do everything that we do, try, and do to influence legislation, but that's from the outside and it's looked at as self-serving. We need to be on the inside.

And I think the Academy should look Congressional District by Congressional District, identify every dermatologist that's in those congressional districts and find those who are willing to run. We need to be at the table. That's the only way to truly be at the table.

The table is where those decisions are being made and to be elected is how you can have a voice. No, we're not going to win every single congressional election. That's unrealistic thinking, but we can win some because despite it all, most lay people still look at us in a positive light.

As smart doctors, we're respected. I've served on 3 juries now and every time they all said you're going to be the captain, the chairman of the jury. Why this is so in my mind is because I'm a doctor.

We still command respect. It's not like it was years ago, but we still command respect. We're believable and I think we need the Academy to find good candidates, potential candidates encourage them, support them, and get them to run for Congress.

Mark Kaufmann

I want to inject a bit of reality testing. I'm not disagreeing with anything that has been said and, in fact, I agree with everything that's

been said. But for those who aren't going to drop Medicare for whatever reason and they're not going to drop insurances, here is some advice that I think can be helpful. One is that we as a specialty don't really do this much.

We don't look at the entire fee schedule. We have these 25 CPT codes that we use 90% of the time and that's all we think about. And we have tunnel vision, but there are there are loopholes that we can take advantage of that can help mitigate the problem. Who here's had a colonoscopy? I would wager anything that your GI person makes more money from the facility fee than they do from their professional fee. And that's how they make a living. And you know what your ophthalmologist and your oncologists, they make their living on J codes, not on CPT.

We have similar opportunities in dermatology. There's a biologic code that can be used when you prescribe biologics that you can bill for to make revenue in nontraditional ways that we are not taking advantage of.

There are some other opportunities as well such as billing for skin substitutes. There's a drug for treating molluscum in-office that was just approved which is going to be available as buy and bill. While this doesn't address the root problem, these are things that we can do now as temporary measures. We need to think about the entire fee schedule and not just live in the fee schedule that we've been using.

Neal Bhatia

One thing I'd like to point out is that most members ask what the Academy is doing for them regarding this. They ask about what my dues are going to be and what am I getting for those dues? However, in reality, there's

very little the Academy can do. To change reimbursement, to change fee schedules and everything else, that all comes from the RUC, from CPT. These are organizations that are AMA driven or are part of CMS. We can lobby as much as we can but truthfully, it's all up to us as individual physicians and not our societies if we're going to change this.

Clay Cockerell

I agree. We have to take a more militant type of action. The Academy's not going to do anything. We're the Academy.

Darrell Rigel

I agree with that. I'd like to comment on the RUC process. I think it's one of the most corrupt processes of all time. I've been there a couple of times and I was embarrassed as to how the process operates. These are physicians who have been pitted against each other fighting over a limited amount of money. I have to take money away from you so I can get more from my specialty. It's disgusting. It's like it's like a prison camp where you've got the prisoners fighting over the food with the jailers throwing in a fixed amount of food. They don't care how it gets divided up. It's unbelievable that CMS gets away with it. It's like a bunch of sharks fighting with each other.

Clay Cockerell

That's exactly what it is. But the thing is, who imposed that on us? Why have we as physicians allowed this to continue?

Darrell Rigel

Like Neal said, this came from the AMA. I think it is terrible.

I also want to say to Ted that I hope you do run. We do have one congressman who is a dermatologist, Congressman John Joyce. He has been very supportive. He's a Republican so he's finally in the majority in the House but he is only one small voice. He's trying to work for things like what we've been talking about. This is his third term. He went in sort of like a citizen politician not a full-time politician. I think he's starting to get a little depressed about what can and what can't be done about this. So now we have at least have one dermatologist in Congress. Ted, I hope you become the second.

Seemal Desai

Darrell, to your point, I just want to echo Ted's comment. Every time I go to Washington and see one new physician get inaugurated each year into either Congress or Senate, the doctor's caucus continues to grow. It's very, very important that we have more physicians in these elected offices because that really is going to be one of the most effective ways to effect change and move the needle.

There's also an organization called AMPAC, which is the American Medical Association's Political Action Committee. They have something called campaign school that trains doctors to run a political campaign and get elected. They have a success rate of about 80% of getting physicians elected who have attended the campaign school. Many of our organizations will pay for you to attend campaign school. I attended during COVID when it was virtual. It's a weeklong intensive program and it was incredible. You learn how to start a political campaign. If any of you in the audience know someone who's interested or if you're interested, there are resources out there that can help you do this.

Clay Cockerell

Those are good points but it's obviously going to take a while for us to get enough derms in Congress to really move the needle. However, I can tell you that a strong, politically active group can get the attention of the press and get their message out to the public effectively.

I was active in HIV related medicine back in the 90s and I watched Act Up, which was a very small group of people take aggressive action that was successful. I think there were probably 1000 people in the entire group. They were on the news seemingly every night. They got fast track approval of AZT and other drugs FDA approved. They were very, very politically savvy and they knew how to get in front of the press. They would do stuff like hold protests and "die-ins" in front of state capitals. Their message was that people were dying and that the FDA and the government was doing nothing about it.

That's the kind of energy that you've got to have to bring to an issue to get it into the public eye. We've got to emphasize that we're small businesspeople no different than the guy whose got the shoe store down the street or the guy that's got that's got 40 employees in a restaurant. We've got the same issues. We're small businessmen and women running businesses that benefit society. It's not acceptable that we are faced with inflation and reimbursement cuts at the same time. We need to emphasize that this is an urgent issue that will harm patients and delay diagnosis and is life and death in many of the same ways that AIDS was to the ACT UP people in the 90's.

Mark Lebowhl

I agree. If we're going to take some action, it needs to be done en masse. Dropping Medicare 1 by 1 won't solve this.

Clay Cockerell

Yes. This must be major movement that is urgent and energetic.

Antoanella Calame

I would like to slightly, and very respectfully disagree with Doctor Tomeki. I grew up in Communism where our rights were severely restricted. Unionizing is a way to get us all together and give us leverage. However, doctors at the VA and in the military is not analogous to what we need which is a strong physicians' union. Those groups really don't have any leverage.

The reason the payers and CMS can do this to us is because we have no leverage at all. They are great at dividing us and keeping us weak similar to the way my country Romania kept its people weak.

They have divided us so well. Let me give you an example.

In academics, if I see a patient literally across the street in the university hospital system, I make 5 to 10 times more money for doing the exact same work as I do in my independent dermpath lab. Why is that? Because the hospitals have been so effective at lobbying for higher reimbursement than we have been. What would be their reason to join a union of physicians? As long as they are enjoying these disparately high reimbursements, they would have no incentive to do so. They are great at giving enough to some and little to the majority.

Clay Cockerell

Well, Mark Kaufmann has showed that infamous graph that the hospital and nursing home and other reimbursements are all going up while our reimbursements are stagnant.

When there was no inflation, it was tolerable but now it isn't.

If we are going to change this, we must get leverage in one way or the other. Just last week, we stayed at a hotel in LA and while we were in the lobby, we heard this loud, weird sound that we thought was some kind of West Coast modern music. These were the screenwriters' strikers outside blowing horns, making noise, picketing and screaming. That's what regular people do when they're upset about something but not if you're "appropriate" and "reasonable" like we're supposed to be.

Roger Ceilley

The universities get all these facility fees that that Mark's is talking about. They get reimbursed for the liquid nitrogen they use, not just a fee for destroying a skin lesion. They get reimbursed for everything we don't like a surgical tray.

Clay Cockerell

Hospital labs getting significantly greater reimbursement for a skin biopsy versus what we get in an outpatient setting is totally correct. We are both doing the exact same thing, issuing a diagnostic report. Many of their pathologists are not specialists so they provide poorer quality for a higher amount. It is not fair or equitable.

Mark Nestor

One other option that some may consider is concierge medicine takes it off the table completely.

Even though boycotting Medicare seems like an option, I seriously don't think that's going to happen. However, we do have one more ACE in the hole. There aren't enough

dermatologists and dermatopathologists to provide the care needed to and if we leveraged that, that could help.

Clay Cockerell

While concierge medicine might be an option for some, what we're talking about here is something for the entire specialty, where we say this whole paradigm has got to change, right?

One place we could start is at the RUC like Darrell mentioned. We could take a stand as an organization and refuse to participate in the RUC process as a medical organization anymore.

As we said before, it's basically like communism. They put all the doctors in the room, and they say here's the amount of money and you guys fight over it. We should say no. No, that's not all the amount of money we're going to accept, and we refuse to be at each other's throats because you are telling us to do it.

We need to change the paradigm. We're no longer taking orders from people who don't care about patients. There are not enough doctors in the country, right? And, this cannot be limited to just dermatology in this. We need to reach out to other specialties and as one voice, state that we refuse to take this garbage that's being crammed down our throats.

Mark Nestor

There is a risk to this, however. What's going to happen with Medicare? It's already happening with physicians who are dropping it. CMS then says, "Fine, we'll just get the PA's and the nurse practitioners to see the patients. Goodbye, guys. We don't need you." We are training the PA's and the NPs to take us over. I've been saying this for 10 to

15 years. So, this is a potentially a big issue for us.

But I think the key issue here is that number one, we need to get Washington to hear this issue. As dermatologists, we have brains. We have the energy, but we don't have the power. We don't have enough people.

Clay Cockerell

I agree. Not as a specialty, but as an entire organization, all physicians, we could wield immense power.

Mark Nestor

That may be true but we are not anywhere near the hospitals' power right now. They keep getting more increases because they have all this money to pay lobbyists and change the minds of the politicians.

Clay Cockerell

We've got to be just as active as they are, so no excuses here. This is not an excuse session. It's a solution session, right? We've heard some solutions and some ideas. Clearly, we're talking about a paradigm shift that is required here.

Brett Coldiron

The issue of unionization is not simple, and if you look at the rules, it's very difficult for independent practitioners. It would be very problematic unless all physicians joined one giant group practice and you were truly a group practice paid by 1 payer. It's an interesting idea but I don't think it's practical. What we really need is all medicine, not just dermatology. All of medicine has to demand that more money is put in the pool. We can't have budget neutrality.

In the face of 8 or 10% inflation, more money needs to be thrown into the pit for the doctors to fight over now. The doctors have been fighting over what's fair and at least for now, we all live in that reality. If they would just throw more money in there, that would at least ease things for now.

Mark Kaufmann

And the government does that when they want to so they don't have to abide by "budget neutrality." For example, with telehealth, there's talk in Congress of injecting money into the system to cover telehealth visits. And that's the only way they can do it because if they make telehealth in parity with office visits it would be included in budget neutrality.

However, we're going to be getting paid nothing for any of this increase revenue injected into the system because these telehealth companies are going to be billing for services that they're doing digitally. But this is an example that if the government wants to, if there's enough of an interest and pressure from powerful people like those in Silicon Valley going to them and telling them we need more money for telehealth, then they will do it.

Budget neutrality is really what everyone is skirting around here. The fact that every time more money or a new procedure comes up, it must be taken from every other procedure in the fee schedule. This is just insanity.

Clay Cockerell

Unacceptable. We need to fight that battle.

Jaculeen Dano

You started with the concept that we as physicians are on the menu. I would add that

our patients are on the menu as well. They're getting a lot less care and paying way more for drugs and treatments. We must look at how we get to the table. If we wait to get critical mass or physicians in Congress, that will take a long time. We need to emphasize that by taking ourselves off the menu, we are providing better care for patients and we're impacting prescription prices.

Clay Cockerell

I agree completely. We need to have patients advocating for us also.

Seemal Desai

That's an important message. In Washington, they don't want to hear from doctors, but they want to hear from patients. Constituents which patients are. They'll listen to a patient-constituent. They won't listen to me.

Clay Cockerell

So, we probably need a public relations program directed at patients to educate them about this problem. We are not the source of healthcare inflation. It's high drug prices and hospital costs. We need to make patients realize that they are at risk and we need them to advocate for their rights also.

Jaculeen Dano

I think there must be a big campaign. I've started screenshotting some of the costs of medications and I'm starting to blog about it and what's happening. As long as we don't step up, we're going to remain on the menu.

Clay Cockerell

Right.

Michael Sardano, Sensus Health Care

Those are great point on the negative effects this has on patients. Several years ago, I and our team went to CMS with you, Doctor Cockerell, and we met with Dimitrius Kazakis himself. We brought two patients. He was shocked and mortified that we had them with us. They didn't necessarily want to see them. They don't want to face the concept of putting patients first in their big 10,000-person building. If you go into that building, and I've been there 20 times, there are no physicians in that building, only analytical types with degrees from Georgetown. Many are just out of school. They have absolutely no experience in healthcare and only analyze costs from an accounting perspective.

Clay Cockerell

That's exactly right.

Ken Tomecki

There's another aspect to this discussion. When Clay started the discussion, the comments were about reimbursement, patient care, going into politics, et cetera. But all of us have sat at the table at the Academy and I think there's another question that could be very easily asked, and maybe it's the elephant in the room. And that is what can the Academy do for us? If you look at the Academy, it's an organization of thousands of members, high dues, high registration, a big star.

And we've all seen the inner workings. It works well to some degree, and it doesn't work so well in other degrees and maybe we should all together as former leaders and current leaders and ask what more can it do for all of us? How is it using our money to produce the results we need?

How is it advocating for us in Washington and with reimbursement areas that are not centered in Washington? What is it doing in the political arena? There are many unanswered questions, and the Academy can be our focal point. We need to be at the table, so we don't get eaten.

But the Academy can be doing more, and if you really ask what the Academy does, it does a lot. We all know that, but there's so much more it could be doing.

Clay Cockerell

Sounds like you're going to make a demand on the Academy to produce better results. We need to talk to current leadership. Thanks to everyone for a spirited discussion and for your participation. We will keep you posted about how we use this information going forward.

Conflict of Interest Disclosures: None

Funding: None

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