

# Currents

May-June 2017

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American Society for  
Dermatologic Surgery

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# Strengthening relationships

**A**s members of ASDS/ASDSA, we must work together to make advances in dermatologic surgery and achieve the Society's strategic goals. Active participation and consistent involvement in the Society's programs will reinforce the relationships you have with colleagues, build your professional brand, allow you to give back to the community and ensure our success as an organization.

**Volunteerism** While we have 235 members on committees and many involved in public service programs, we can do better and work together to accomplish more. Volunteer for work groups or committees, implement a public service program or seek a position on the Board ([asds.net/volunteer](http://asds.net/volunteer)).

Tenured members will find fulfillment in the Future Leaders Network ([asds.net/FLN](http://asds.net/FLN)) where you can inspire the next generation of physicians. Our three preceptorship programs are additional ways to share your experiences and offer guidance. The Visiting Professor Program ([asds.net/Visiting-Professor](http://asds.net/Visiting-Professor)) and International Traveling Mentorship Program ([asds.net/ITMP](http://asds.net/ITMP)) provide the opportunity for members to visit host institutions to teach, share clinical expertise and personal insights.

Give your time and support by becoming involved in our various member-created public service programs, which promote skin cancer prevention and awareness (pages 6-9). In addition to promoting sun safety, participation in these efforts showcase your expertise to your community. Building trust and nurturing your professional brand can lead to new patient relationships.

**Be the change** Directly influence the advancement of dermatologic surgery by supporting the efforts of ASDSA. Advocating for your specialty and prompting change is a rewarding experience that will leave a lasting impression on the industry. Help us create a unified, strong voice for policymakers by familiarizing yourself with current issues and participating in state and federal efforts. I encourage you to work with your legislators/regulators to express your stance on key issues and provide insight that will aid them in making sound legislation.

Our Virtual Fly-ins have grown in popularity and present an opportunity to meet with members of Congress while they're at home (in-district). This initiative helps our Society create relationships that advance issues most important to our specialty. Get involved by contacting [advocacy@asds.net](mailto:advocacy@asds.net).

**Speak your mind** *Quest* is an excellent tool for members at any stage of their career. Our dynamic online community allows you to post a new discussion, answer colleagues' questions or chime in on popular forum topics. Active engagement in online conversation helps you stay informed and creates peer collaboration.

Join a Shared Interest Group (SIG) to connect with like-minded members. You can enroll in multiple groups, which range from procedural concentrations to more broad practice management. SIGs allow you to develop a support network and offer a secure place to receive feedback and ask questions about techniques, the latest research and much more. Sign up at [asds.net/SIG](http://asds.net/SIG). Flip to page 10 for the latest discussion topics and most popular posts.



Thomas E. Rohrer, MD  
ASDS/ASDSA President

**Building strategic alliances** One of the Society's strategic goals is to cultivate alliances with other organizations and collaborate on common interests.

ASDS has expanded its collaborative efforts with the Association of Dermatology Administrators and Managers (ADAM), which includes an increased offering at the upcoming 2017 ASDS Annual Meeting and a new dedicated practice management column in our member publication (see page 13). ADAM members will share best practices for successful practice management. Topics will range from human resources, medical billing, practice marketing and more. This targeted content is applicable whether starting your career or enjoying a thriving practice.

ASDSA develops and nurtures strategic alliances with many national and state organizations. One key relationship with the FDA allows us to participate in their Network of Experts program to enhance their staff's understanding of key dermatological surgery issues. Additionally, ASDSA is a member of the Alliance for Specialty Medicine (ASM), and its involvement provides the Association with enhanced federal legislative and regulatory information and a chance to collaborate with other key specialty societies.

Our Society supplies us with a host of programs and opportunities to strengthen relationships. Whether it's through public service, a work group, mentoring or legislative involvement, find what drives your passion and engage in advancing our specialty. ■



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### Currents: Award-winning ASDS member magazine



2017: Gold Award  
for Magazine  
Publication



2016: Award of  
Excellence for  
Print Magazine



2016: Silver Award  
for Magazine  
Publication Series



2015: Platinum  
Award for Association  
Magazine

### Connect with ASDS!



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### Currents

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# Allergan receives FDA approval for JUVÉDERM VOLLURE™ XC

Pharmaceutical giant Allergan recently announced it received approval from the U.S. Food and Drug Administration (FDA) to market JUVÉDERM VOLLURE™ XC for the correction of moderate to severe facial wrinkles and folds in adults over the age of 21. Allergan's objective is to meet the variety of patient needs with next-generation HA fillers.

JUVÉDERM VOLLURE XC was first approved in Europe as JUVÉDERM VOLIFT® in 2013. In the pivotal U.S. clinical trial, 59% of subjects were very satisfied with the improvement they saw in moderate to severe nasolabial folds for up to 18 months.

The JUVÉDERM family of products is marketed and sold in more than 80 countries, and JUVÉDERM VOLLURE™ XC will be available to physicians starting in April 2017. ■

## Member spotlight

### ASDS/ASDSA Past President George J. Hruza, MD, MBA, elected American Academy of Dermatology President-elect

George J. Hruza, MD, MBA, has been chosen as President-elect of the American Academy of Dermatology/Association (AAD/AADA). Dr. Hruza served as ASDS President in 2014-2015, and he will be installed as AAD's President-elect in February 2018. His one-year term in the office of president will begin in March 2019.

"This unprecedented era of change in the health care landscape provides us with an incredible opportunity to advocate on behalf of our specialty and work toward positive outcomes that will benefit our practices and our patients," Dr. Hruza says. "I look forward to leading these efforts and serving as a passionate voice for dermatology during my time as Academy President."

During his presidency at ASDS/ASDSA, Dr. Hruza served a liaison to the Alliance for Specialty Medicine and was instrumental in joining ASDSA with the federal coalition that unites physician specialists. He believes dermatology groups working together for common purposes will benefit patients and have the greatest, most positive impact on the specialty. Dr. Hruza also continued previous success in branding and public relations with special interest in correcting false claims in the media and ensuring dermatologic surgery mentions were accurate.

Dr. Hruza earned his medical degree from New York University, where he completed his dermatology residency. He also completed an internal medicine internship at New York Presbyterian Weill Cornell Medical Center, a laser surgery fellowship at Harvard University in Boston and a Mohs surgery Fellowship at the University of Wisconsin-Madison. He has a Master of Business Administration from Washington University in St. Louis and is an adjunct professor of dermatology at St. Louis University. He has written four laser dermatology textbooks and published more than 150 articles. ■



AAD/AADA President-elect  
George J. Hruza, MD, MBA



## Showcase your expertise!

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# Promote skin ca with ASDS public service

One in five Americans will develop some type of skin cancer in their lifetime. With early detection and treatment, most skin cancers are completely curable. The Society's membership has the amazing opportunity to spread the word on sun safety. ASDS offers a variety of public service programs designed to make it easy for members to offer their support. Many of these programs are the fruits of the Future Leaders Network ([asds.net/FLN](http://asds.net/FLN)) with skin cancer prevention and early detection being a worthy cause. From free skin cancer screenings to encouraging sun safe sports, there are numerous ways to participate.





# Cancer awareness programs

## Choose Skin Health

ASDS is in its seventh year of partnering with Neutrogena for the Choose Skin Health program to encourage healthy, sun-safe behaviors, provide patient education and promote early detection through free skin cancer screenings. More than 21,000 screenings have been held by ASDS members since the program's inception in 2010. The program also raises public awareness of ASDS dermatologic surgeons as the authorities on skin cancer detection and treatment.



Members who volunteer receive a variety of materials including Neutrogena sunscreen samples, patient education brochures and marketing materials to advertise their free screenings. ASDS also provides a handbook with screening guidelines, tips for successful screenings and FAQs. Doctor names and screening information are listed in a public database on [asds.net](http://asds.net), allowing patients nationwide to locate a nearby member offering free screenings.

All participants receive recognition from ASDS, and those who submit the most screening forms can win an award. Sign up to volunteer at [asds.net/SkinCancerVolunteers](http://asds.net/SkinCancerVolunteers).

## Skin Cancer is Color Blind

Mentee: Arash Koochek, MD, MPH

Mentor: Jeremy Bordeaux, MD, MPH



A common misconception is that people of color aren't at risk for skin cancer. With the Skin Cancer is Color Blind program, ASDS is spreading the word that anyone can be affected and oftentimes the diagnosis in people of color is more advanced with a worse outcome.

This program teaches best practices for detecting and preventing skin cancer and encourages self-exams and annual screenings. By participating, ASDS members can further distinguish themselves as experts in all skin types and enhance the image of dermatologic surgeons while meeting the needs of their communities.

To get involved in the Skin Cancer is Color Blind program, visit [asds.net/Skin-Cancer-Is-Color-Blind](http://asds.net/Skin-Cancer-Is-Color-Blind).



Arash Koochek, MD, MPH, talks to a patient about the prevalence of skin cancer in people of color.



# Stylists Against Skin Cancer

Mentee: Ramona Behshad, MD

Mentor: Vince Bertucci, MD, FRCP

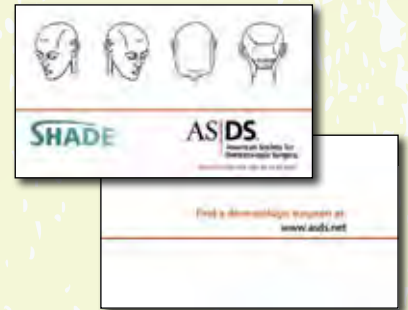
This ASDS member dermatologist-led educational campaign promotes the early detection and prevention of skin cancer found in the scalp. Hair professionals know every inch of their clients' head and can easily serve as a link between the community and dermatologists by identifying suspicious skin growths during the course of their work.

The acronym SHADE was created to provide stylists with an easy way to remember the signs that might indicate the presence of skin cancer:

**S**urface  
**H**eight  
**A**ge  
**D**ermatology  
**E**valuation



# SHADE



The Stylists Against Skin Cancer program encourages hair care professionals to alert their clients of any potential lesions by marking the area in question on an ASDS referral card, which directs patients to the ASDS member for further examination. The card enables a seamless discussion between all parties. Members can obtain a SHADE referral card to promote their practices at [asds.net/SHADE](http://asds.net/SHADE).

## SPF For All

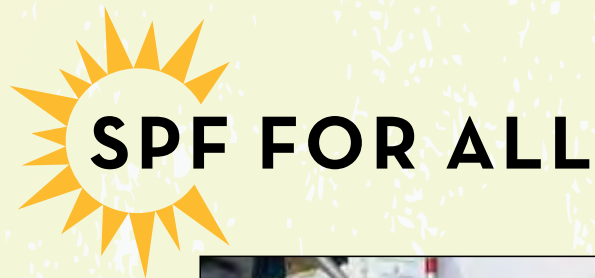
Mentee: Christie G. Regula, MD

Mentor: Sue Ellen Cox, MD

In an effort to make sunscreen readily available, the SPF For All program promotes the installation of public sunscreen dispensers.

The U.S. Surgeon General cited public sunscreen dispensers in a Call-to-Action on skin cancer prevention as an important way to support sun-safe behaviors while outdoors.

Major U.S. cities have had successful implementations, paving the way for smaller communities to benefit from easily accessible sunscreen. ASDS members can join this cause by installing personalized sunscreen dispensers in their own communities using the SPF For All instructional guide, available at [asds.net/SPF-For-All](http://asds.net/SPF-For-All). This guide contains all the necessary step-by-step directions to purchasing, installing, maintaining and promoting public sunscreen dispensers.



Christie G. Regula, MD, and Sue Ellen Cox, MD, test one of their public sunscreen dispensers.





# Sun Safe Soccer

Mentee: Ian A. Maher, MD

Mentors: Alastair Carruthers, FRCPC, and Timothy C. Flynn, MD

Skin cancer prevention is most successful when it begins at a young age, and soccer has one of the highest number of participants age four to 19 in the U.S. Sun Safe Soccer asks coaches and parents to create a culture of sun protection on the sidelines through the application (and re-application) of sunscreen and the use of tents to provide a shaded area.

ASDS members can motivate local teams to practice sun-safe habits with tips on skin cancer prevention during unavoidable sun exposure and by encouraging the Sun Safe Soccer steps, such as “sunscreen then shinguards.” Educating young soccer players will help ensure a healthy future, and getting the coaches and parents to lead by example will instill lifetime habits.

Brochures with tools for coaches and additional information can be found at [asds.net/Sun-Safe-Soccer](http://asds.net/Sun-Safe-Soccer).



# Sun Safe Surfing

Mentee: Jordan Slutsky, MD

Mentor: Andrew H. Weinstein, MD

This program offers great tips for both before and after a surfing session and teaches the vital techniques in preventing skin cancer while enjoying the water. ASDS members can advise their patients about the benefits of wearing sun-protective rash guards and wetsuits that block harmful ultraviolet light, which do not lose effectiveness in the water. The Sun Safe Surfing program also recommends lip balm and surf hats to complement proper sunscreen application.

Members based on the sunny coastlines can relate to their neighbors, presenting themselves as physicians that understand the desire to relax in the waves and advise on doing it safely. For more information, visit [asds.net/Sun-Safe-Surfing](http://asds.net/Sun-Safe-Surfing).



Jordan Slutsky, MD, practices Sun Safe Surfing in the tropical waves of Indonesia.

## Why should you get involved?

Participating in these public service programs offers a way to give back. By donating time and a few resources, members can educate their own communities about the prevalence of skin cancer and promote sun safe behaviors. Not only will participants have a direct impact on their communities, but they will increase their exposure to potential new patients. Strengthening a member's professional brand is important at any stage of a career, but maximizing these opportunities is especially beneficial to early-career members. Community involvement creates awareness of your services and expertise and can help grow a practice.

## Which program fits your interests?

ASDS public service programs offer easy ways to promote skin cancer awareness. Patient education is vital in the prevention and early detection of skin cancer. These targeted programs equip members with materials to bring sun safety to their communities. Choose the program that aligns with your own personal interest and visit the ASDS website to get involved today.

# Join the conversation...



Ask questions, share ideas and get solutions with Shared Interest Groups (SIGs) and discussions on *Quest*. Here are some of the most recent topics your colleagues are discussing. Log in today at [Quest-Network.org](http://Quest-Network.org) to learn more!

## Open Forum

- Vascular lasers: Excel V vs. PDL
- Using chlorhexidine on the face and scalp

## Advocacy (ASDSA volunteers only)

- How to communicate effectively in Congressional Offices

## Body Contouring

- Lumpiness after Cellfina

## Practice Management

- Electronic medical records

## Reconstruction and Skin Cancer

- Repair of thru and thru antihelix defect of the ear
- Inexpensive (and most effective) blue LED systems for activation
- Best techniques to avoid alar notching

## Resurfacing and Rejuvenation

- Biggest changes to Exilis Ultra from previous model
- Using tranexamic acid for melasma
- Halo vs Fraxel (restore/repair)

## Veins

- How long patients should wear graduated compression stockings
- Tips for foaming the new Asclera (polidocinol) solution

## Wrinkles, Folds and Volumizing

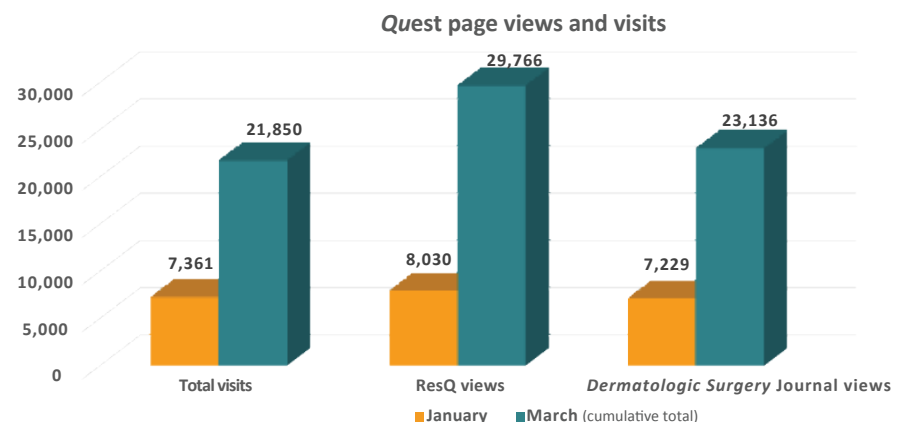
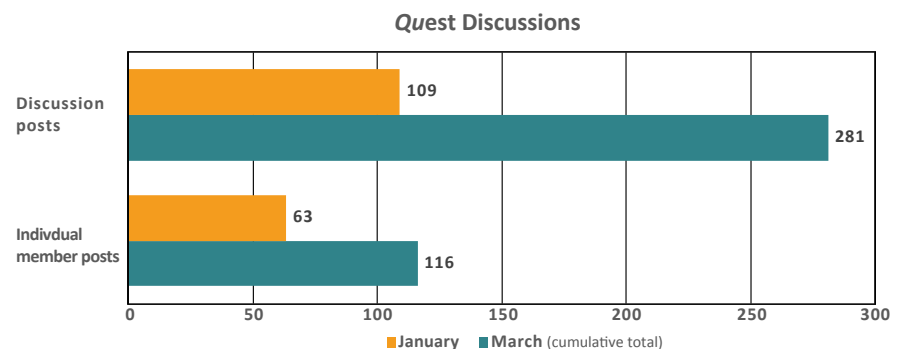
- Papules and nodules on neck two weeks post Kybella
- Lopodine counseling for eyelid ptosis
- Combination treatments with Belkyra (Kybella)
- Potential side effects for using “crow’s feet” filler
- Best filler and technique for treating significant volume loss in the temples
- Filling marionettes effectively

## Get started with *Quest* today

*Quest* is free to ASDS members and resident members. Visit [quest-network.org](http://quest-network.org) (Chrome or Firefox preferred browsers) or download it for iPads (search for “ASDS Quest” in App store).

- **User ID:** ASDS ID# + first letter of last name
- **Password:** ASDS ID# + first 2 letters of last name
- **Example:** User ID 12345a – Password 12345ab

## Key performance measures



# Benchmarking to success

By Tony Davis CPA, CMPE, Executive Director, Dermatology Specialists, Edina, Minn.

**Benchmarking drives better practice management** Now that the winter months are passing on by (well, for most of you, I do live in Minnesota!) those of us in the role of clinic management and administration take the time to reflect back on the year concluded. We attempt to make sense of the year-end financials and productivity reports sitting on our desks. These reports can cover a wide range of financial information. Some of them are the basic accounting reports that are generated internally or by our hired accounting advisors. Other reports are supplied by any number of our clinic personnel – business office, front desk, lab or nursing just to name a few.

In all this data, the key question that presents itself is how to convert a bunch of numbers into meaningful analysis. On their own, these figures can tell a small story, but when compared with other data (historical, industry or budgeted) this benchmarked financial information truly becomes a useful management tool.

This financial information can generally be broken down into two main categories – financial reports and productivity reports.

**Financial reports** – Most of us are familiar with a **Balance Sheet** and an **Income Statement** (also called a Profit and Loss Statement). These reports provide excellent insight into the health of the corporate entity on a particular date or for a specific period of time. They are useful in comparing the financial results of the clinic over a period of years and with budgeted projections. The Income Statement is often used to calculate overhead percentages on key costs such as

human resources (salaries and benefits), office space (rents), medical supplies, technology expenses, depreciation of medical and office equipment, and office costs such as telephone/copiers, utilities and general supplies.

Historically, there are beneficial industry statistics available that help a manager understand how their overhead percentages line up in comparison to other independent medical clinics. Organizations such as the Medical Group Management Association (MGMA) and American Medical Group Association (AMGA) have presented these studies. However, there has been a significant lack of dermatology-specific data up to this point and on an even more granular level, a lack of benchmarking data relevant to Mohs, cosmetics and pathology/laboratory departments. It has been the fervent focus of Association of Dermatology Administrators and Managers (ADAM) to create a dermatology only benchmarking study, and we are pleased to have completed this task for the years 2014 and 2015. We recently began our latest survey, which will encapsulate financial and salary data for the year 2016.

**Productivity reports** – There are many different ways to track and measure clinical productivity and, similar to accounting reports, it is important to establish base years of information so we can track performance and set benchmarks against our results. Productivity reports can cover many components of a dermatologist's practice. A few of my recommended reports include:

- **Net Charges** – calculated as gross charges minus contractual

adjustments.

- **Net Collections** – actual cash collected from medical procedures less patient refunds.
- **Work Relative Value Units (wRVU)** – calculated by using the work component of the CPT code charged by the dermatologist multiplied by the number of times that code is used (volume).
- **Evaluation and Management (E/M) codes** – tracking on a bell curve the number of times a dermatologist bills the CPT code in the New patient office visit – 99201, 99202, 99203 and 99204 – compared to Established patient visit – 99211, 99212, 99213 and 99214. This is a particularly useful report for identifying any outlier behavior amongst doctors.

As administrators and managers of dermatology practices, ADAM's united focus is to deliver the most relevant reports and analysis to the physicians using the best dermatology data available in this country. This reporting is used most effectively for the following purposes:

- **Planning** — Identify steps that must be taken to accomplish an organization's objectives.
- **Controlling** — Establish defined plans for each area of the organization.
- **Organizing and Directing** — Decide how to use organizational resources to effectively carry out established plans.
- **Decision-Making** — Make educated choices among available alternatives reinforced by data.

There is a saying, "what gets measured gets done." Accurate data collection, reporting and benchmarking techniques measure your teams' collective efforts. By measuring and managing the financial metrics of your dermatology practice, administrators will be exceptionally effective in supporting the ongoing success of your organization. ■

## PRACTICE MANAGEMENT



Association of Dermatology  
Administrators & Managers

**Tony Davis** is ADAM's President-Elect and Co-Chair of their Benchmarking Committee. The Association of Dermatology Administrators and Managers (ADAM) is the only national organization dedicated to dermatology administrative professionals. Learn more about membership and educational opportunities at [ada-m.org](http://ada-m.org).



# Email is not dead!

## Why you should immediately invest in a good email marketing strategy

By Jennifer Kilkenny, Managing Director at Total Social Solutions

**Y**our website is one of your most important digital assets. But there's another asset that is almost as valuable to your practice: Your email list.

### Why is email so important?

Despite the growing use of text messaging and direct messenger apps, reliance on email has never dwindled. In fact, 99.4 percent of Americans are checking their email at least once per day, with 33.8 percent saying they check email periodically throughout the day and 39 percent saying they check up to three times per day.\*

That's a lot of marketing opportunity. The most important reason to immediately invest in email marketing is that **these are people who are already presold** on your practice and the services you provide. Your email list will usually include current patients, former patients and non-patient self-subscribers.

### Current patients: Patient retention and referrals

You already know that patient acquisition costs five times as much as patient retention. Happy patients will also refer their friends and family to you for free. In addition to excellent patient care and a support staff dedicated to customer service, email marketing helps you achieve both of these goals.

**Patient retention** is achieved through monthly or bi-monthly email messages

that provide a balance between:

1. **Education:** Blog articles, new product announcements and quick skin care tips.
2. **Recent news:** Board-certification renewals, new providers and change of hours.
3. **Exclusive offers:** Monthly specials and event invitations.

Coupled with well-written content, high-quality graphics and clear calls-to-action, you will see increased patient retention. **You will also begin to see up-sell conversion**, as patients begin to explore other treatments and products within your practice.

**Referrals** are achieved once you've established a good relationship with your current patients. By adding the following calls-to-action to your email messages, you give your patients an easy way to refer their friends and family and share their experiences with potential prospects:

- **Request for reviews:** Links to popular review sites like Yelp and Google, plus industry sites like RealSelf and Vitals.
- **Forward to a friend:** A simple link that does all of the work for the recipient; all they need to do is enter email addresses.
- **Share on social media:** A series of links that open a draft in the social network of their choice, with a link to your newsletter.

These can be used repeatedly to encourage your current patients to continue referring their friends and family to your practice, **helping your practice grow organically over time.**

**Quick tip:** To increase your referrals, try implementing a "Bring a Friend" special to encourage patients to bring a non-patient in for a free consultation or a patient education seminar. Offer a referral or new patient discount.

### Former patients: Win them back

How many patients have you seen once and never saw again? With email marketing, you have an opportunity to **win them back**. Stay "top of mind" with messages to remind them why they came to you, or persuade them back with a special offer that is easy to act upon. Even if they aren't interested in returning, they may find your content interesting and forward to a friend, helping you secure a new patient.

**Quick tip:** Send a "we miss you" email to only former patients with an exclusive offer expiring soon.

### Non-patient self-subscribers

Website design can increase patient acquisition with a well-placed "subscribe" call-to-action. You might also have a list of people who indicated interest in your services, but have never actually scheduled an appointment. Email marketing to non-patient self-subscribers can help convert these leads into patients.

**Non-patient self-subscribers are warm leads.** In addition to calling or emailing them back personally in order to schedule an immediate appointment,



### DIGITAL MARKETING

**Jennifer Kilkenny** is Managing Director at Total Solutions. Total Social Solutions is an internet marketing agency dedicated to aesthetic medical practices. *TotalSocialSolutions.com*, *info@totalsocialsolutions.com*

adding them to your email list is vital. They've already expressed an interest in your practice and services. By sending them regular emails, you can win their business without any additional effort.

**Quick Tip:** Offer an introductory special to your warm leads, such as a free consultation, savings on their first cosmetic treatment or a complimentary non-prescription skin care product.

### What about new patient acquisition?

Much like your non-patient self-subscribers, you can use subscription forms on your website and on social media to encourage people to subscribe to your newsletter, rather than going straight for the appointment. This is perfect for those people who aren't ready to have a procedure, but are

thinking about it and need more time to get to know you better.

### Some ways you can grow your list include:

**Your website:** Include a simple subscription form on your site to collect names and email addresses that feeds directly into your subscriber list with no manual work required of you or your team.

**Social media:** Convert your social media fans into email subscribers by linking to your subscription forms.

**Internet advertising:** Use paid ads to reach new people in your area who are interested in your products and services.

### What to do next:

Discuss solutions with your team.  
Subscribe to your competitors' email

newsletters and reach out to colleagues to find out what's working for them. Put together a strategy and email calendar that align with your blog and social media calendars. Get referrals for email marketing professionals, graphic designers, content writers and conversion experts who can help you get started quickly and efficiently. Remember to look at your open rates, click-through rates and conversion rates to uncover the content your subscribers are responding to. Email is certainly not dead and can be a vital component of your marketing plan. ■

*\*Email marketing statistics based on 2015 data acquired by Business Insider, <http://www.businessinsider.com/how-often-do-people-check-their-email-2015-8>*

## Kenneth W. Fields, MD, Resident Education Enrichment Scholarship Program

**Deadline: July 31, 2017**

In memory of ASDS member Kenneth W. Fields, MD, ASDS is pleased offer this generous program designed to enrich and support the educational development of two ASDS resident members. It provides the opportunity to attend:

- 2018 ASDS Premier Annual Resident Cosmetic Symposium
- 2017 ASDS Annual Meeting
- ASDS Resident Preceptorship (two-day visit)

■ ASDS residents in their second year of training are eligible to participate. For more information, please visit [asds.net/FieldsScholarship](http://asds.net/FieldsScholarship).

■ To support this program or make a donation in the name of Kenneth W. Fields, MD, please contact Helen Prostko at 847-956-9140 or [hprostko@asds.net](mailto:hprostko@asds.net).

### Dedicated Physician, Role Model, Friend to All

A gifted doctor and surgeon, Dr. Fields was an incredible role model. He embodied what every doctor should be – professional and yet a friend. He truly enjoyed his patients and brought a joy for life to everything he did.

Kenneth W. Fields, MD  
1958 – 2016

# How to choose an investment advisor

## Part one: Avoid overrating past performance

By David B. Mandell, JD, MBA and Andrew Taylor, CFP®

Choosing an investment advisor is a critically important decision for most dermatologists in trying to achieve their long term financial goals. While our book *Wealth Protection Planning for Dermatologists* goes into more depth on market cycles and investor behavior, we will tackle a related topic here — factors to consider when evaluating a potential (or your existing) financial advisor. In part one, we'll concentrate on what leading factor to discount and in part two, we'll discuss which is best to truly focus on.

### Past performance factor: Overrated by most retail investors

A common mistake that retail investors, including dermatologists, make when evaluating or selecting their investment advisor is to overrate the importance of an advisor's recent returns. Let's look at three reasons why this approach is flawed:

#### 1. The time frame may be too short.

When looking at an investment *track record*, many clients will ask for gross returns (already a mistake – see below) on a one-, three- and five-year basis. This is simply not enough data to make any concrete conclusions about skill versus randomness or even luck. In fact, 10 years may not be enough. If you would like an in-depth examination of this issue, learn more about why



such measurements must be looked at over decades and why most investment performance claims may be based in luck, we recommend the best-selling book *Fooled by Randomness* by Nassim Taleb.

**2. Comparisons of results likely not applies to apples.** Even the common question, “how did your portfolio perform (last year)?” can lead to misleading answers in cases where portfolios are designed for individual clients. For example, many of our firm’s clients have customized portfolios — based on their risk tolerance, age, time horizon, tax bracket, objectives and a variety of other factors. Because of these varying factors, it is entirely possible that Client A could see returns of three percent and Client B could have a portfolio gain of 20 percent over the same period. Both investors could be equally satisfied (or dissatisfied) and neither of these results may give

you any helpful advice about your particular situation (as Client C). Only in situations where two investors have very similar goals, circumstances and objectives is any comparison worthwhile.

**3. Past performance is not indicative of future results.** Anyone who has ever watched an investment firm’s commercial on television, listened to an advertisement on the radio or read one in a newspaper or magazine is familiar with the phrase “past performance is no guarantee of future results.” While this can be easily discarded as legalese by consumers, it is crucial for investors to understand. The chart below illustrates one aspect of this principle:

Performance chasing can be detrimental to an investment portfolio. Those who get excited about the latest high-performing fund or asset class will undoubtedly be disappointed the next year, when a new high-flyer takes its place. Chasing performance in this way is dangerous to your long term financial health. This alone makes a strategy of chasing asset class-focused funds and managers based on their past results dubious at best.

**Conclusion:** Physicians, including dermatologists, have much to gain (and lose) by working with the right (or wrong) financial advisors. In part two of this article, we will lay out a few factors that are important to consider when evaluating a new or existing investment firm. ■



### FINANCIAL FOCUS

David B. Mandell, JD, MBA, is an attorney and author of *For Doctors Only: A Guide to Working Less and Building More* and *Wealth Protection Planning for Dermatologists*. To receive a free copy, use promo code ASDS at [ojmbookstore.com](http://ojmbookstore.com). He is a principal of the wealth management firm OJM Group, where Andrew Taylor, CFP® is a wealth advisor. They can be reached at [mandell@ojmgroup.com](mailto:mandell@ojmgroup.com).



# Who can legally perform CoolSculpting?

By Jerome R. Potozkin, MD

My journey to find out who can legally perform CoolSculpting in my office can best be described by the Beatles song, “The Long and Winding Road.” It took over one year to get an accurate answer. It was not the answer I expected, nor was it the one I wanted to hear. You, too, might be very surprised to learn what I did as it contradicts widespread practice in California and applies to other devices you might be unknowingly delegating to someone who cannot legally operate the device.

As 2015 came to a close, we decided to add CoolSculpting to our practice. We spent a year evaluating an ultrasound device and were disappointed. I was deciding whether to jump into non-invasive body contouring or to abandon it. We jumped in with two feet purchasing two devices so that we could offer “dual-sculpting.” We started out treating our staff, and we were surprised at how good the results were. Having purchased many devices, it was rare for results to exceed our expectations. Anyone who has purchased multiple devices through the years has likely had a “dud” purchase where the results didn’t match up to what was promised. That was not the case with CoolSculpting, and most patients were extremely happy with their results. I was very glad we added CoolSculpting to our practice.

When we first started out, we delegated the procedure to licensed professionals such as MDs, PAs or RNs. Regulations in California state clearly that these professionals are the only ones who can legally operate a laser or light-based device. I knew that cryolipolysis was not utilizing laser or light, but I figured better safe than sorry.

CoolSculpting became very popular in my practice. I have a shining star employee who is a Licensed Vocational Nurse (LVN) to whom I wanted to be able to delegate this. I could not get a clear answer from the Medical Board of California as to if this was in the scope of practice for an LVN. My malpractice carrier advised that in the absence of clear language from the medical board

that I should not delegate this to an LVN. I asked trusted colleagues who by and large said they had medical assistants and estheticians using the machine. I even knew of a plastic surgeon’s office who had the receptionist operating the machine. I consulted a respected plastic surgeon in my area who said it was “standard practice” to have medical assistants operating the device. Was I being overly cautious?

I was all set to have my LVN take this on. However, I heard a small voice recalling an old Latin phrase “*ignorantia legis neminem excusat*.” This phrase translated to “ignorance of law excuses no one.” I did not want to put myself or my employee at risk. As a member of the California Medical Association, I reached out to their legal team to get a definitive answer. If they couldn’t find a reason to disallow the delegation to my superstar employee, then I was ready to roll. Two weeks later, the CMA informed me that according to their inquiry with the medical board, an LVN cannot legally perform CoolSculpting in California.

The response actually extends beyond CoolSculpting to many other devices. As technology advances, there may not be specific language to a device. However, the Medical Board of California is clear in stating that “any device or procedure that changes the structure or results in the destruction of living tissue beyond the epidermal layer of the skin is considered the practice of medicine. Such procedures cannot be performed by a LVN or a cosmetician, esthetician or medical assistant.” That was clear enough for me. This language extends to many Class II medical devices. In my office, this extends to micro-focused ultrasound or any device which has effect on living tissue beneath the epidermis.

You might be thinking it should be the role of the device manufacturer to inform you who can legally perform a procedure, but device manufacturers sell in all 50 states and internationally. Each state determines scope of practice. The



Jerome R. Potozkin, MD

manufacturers are not equipped to know the

nuances of all the laws and regulations in all 50 states. Some unscrupulous sales people might even want you to be ignorant of the laws and regulations where you would have a lower paid employee performing a procedure. I had a salesperson of a device manufacturer (non-laser, non-body contouring) incorrectly tell me that because it was not a laser that a medical assistant or esthetician could operate it. I knew better than to listen to this inaccurate and illegal advice. The burden is upon us, not the device manufacturer, to make sure we are complying with California state law.

What does this mean for you? You need to make your own decisions. We can’t rely on device manufacturers as a legal source with respect to scope of practice. Ignoring the law puts your employees at risk of getting prosecuted for the unlicensed practice of medicine and yourself at risk for aiding and abetting the unlicensed practice of medicine. Most of the colleagues I spoke to in California were unaware of the scope of practice issue and have since changed their practices to comply. If you practice in California, I hope you do as well, as it isn’t worth the risk. If you practice elsewhere, I would recommend that you get an official opinion from your state medical board with respect to scope of practice. ■

## Need more information?

If you are interested in finding out more about how your state regulates this practice, please contact Jake Johnson at [jjohnson@asds.net](mailto:jjohnson@asds.net).

# New State Virtual Fly-in builds relationships; advances dermatologic surgery

Building on the success of the Federal Virtual Fly-in, where members meet with their Congressional representatives and/or their staff in their district offices rather than Capitol Hill, ASDSA has kicked off its first State Virtual Fly-in program. Like the Federal Virtual Fly-in, the state program offers ASDSA members the chance to meet directly with their state legislators and/or staff in the convenience of the district office rather than having to make the trek to the state's capital.

The State Virtual Fly-in was piloted in both Georgia and Pennsylvania, as both states are working on advancing variations of ASDSA's SUNucate model legislation, which ensures that children are able to possess and use sunscreen at school and youth camps. Working in tandem with state dermatology groups and their lobbyists, ASDSA developed talking points, assisted with scheduling meetings and worked to ensure members were fully prepared for the legislative meetings.

Geoff Lim, MD, a member of the State Affairs Work Group and resident participant in Pennsylvania stated, "With the support and resources provided by ASDSA, I feel empowered as a young dermatologist to impact the future landscape of our field. Whether participating in work groups or visiting with legislators to implement policy

changes allowing sunscreen access in schools and other issues important to the specialty, there is something for everyone to get involved in at ASDSA."

These state legislative meetings usually last no longer than a half hour and have primarily been with a legislator rather than a staff member. The unique opportunity to hold meetings locally with state legislators is especially important to create and maintain meaningful relationships ensuring that dermatologic surgery has a voice at the table. Legislators often rely on the expertise of physicians when it comes to health care policy. "Representatives depend on input from their constituents when contemplating new legislation," says Alex Gross, MD, also a State Affairs Work Group member and fly-in participant in Georgia. "Since physicians have the greatest amount of knowledge and experience dealing with issues in the medical sector, it is important for us to voice our opinions. Doctors who regularly engage in the legislative process have an opportunity to develop relationships with their state house members and thereby have the greatest impact."

Due to the realities of the ever-changing health care policy landscape, it is of upmost importance that physicians are involved in the policymaking process. "There is no better time to



## Thank you

to the following ASDSA Members for participating in the State Virtual Fly-in:

Todd Cartee, MD

Alex Gross, MD

Chin Ho, MD

Erum Ilyas, MD

Geoff Lim, MD

Suzan Obagi, MD

Allison Paine, MD

Justin Vujevich, MD

advocate for the field of dermatologic surgery than right now," says Dr. Lim. "The efforts today shape the future of tomorrow, and those who advocate appreciate that these efforts are quicker than the time to complete a prior authorization."

At the time of this publication, both states are still in the process of advancing their SUNucate-related legislative measures. Efforts by ASDSA and participating members have raised awareness, secured votes and gained co-sponsors in support of this important issue. If your state dermatological society is interested in participating in future State Virtual Fly-in programs or introducing ASDSA model legislation, contact [advocacy@asds.net](mailto:advocacy@asds.net) for more information. ■



Drs. Chin Ho (far left), Geoff Lim (far right), and medical student Neil Houston (second to the left) meet with Pennsylvania State Senator Jay Costa's Chief of Staff, Jamie Glasser, Esq.

## POLICY UPDATES

# Board approves position statements on indoor tanning and sun-safe behavior

Continuing the ongoing effort to maintain current, data-driven policy, ASDSA's Board of Directors approved updates to the position statements on Indoor Tanning and Sun-safe Behavior in School-aged Children. These changes are in response to how the issues have developed over time and our SUNucate model legislation efforts.

The indoor tanning statement continues to support the recommended ban on indoor tanning for minors, but was strengthened with new information. This policy now includes new data linking the use of tanning beds to melanoma, the annual cost estimate of treating all skin cancers in the United States and information which

confirms that indoor tanning is not an effective way to stimulate vitamin D synthesis. The statement was also updated to reflect that California, Delaware, Hawaii, Illinois, Kansas, Louisiana, Nevada, New Hampshire, North Carolina, Texas, Vermont and Washington, D.C. have all banned the use of tanning devices by minors.

Sunscreen Use in Schools will now be known as the Sun-safe Behavior in School-aged Children position, reflecting ASDSA's belief that kids should have access to sunscreen and sun-protective clothing in both school and youth camps. The position was also updated to include studies from Australia on the effectiveness of sun-protective clothing,



including hats, and the importance of sun-protection policies in developing sun-safe behaviors in children.

To access all of ASDSA's position statements, visit [asdsa.asds.net/position-statements](http://asdsa.asds.net/position-statements). ■



## 2017 Cutting Edge Research Grant Program

**CALL FOR APPLICATIONS**  
**Deadline: July 3, 2017**

### *Uniting education and innovation in dermatologic surgery*

Fund research relevant to dermatologic procedures and techniques, cosmetic medicine and surgery, cutaneous oncology and new technologies. Up to \$100,000 will be awarded in amounts up to \$20,000 per recipient.

Special request for research related to:

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2017 ASDS ANNUAL MEETING



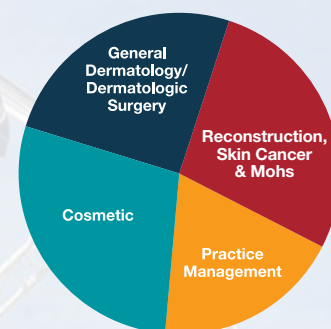
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Registration opens in June. Visit [asds.net/AnnualMeeting](http://asds.net/AnnualMeeting) for information.

# PROGRAM-AT-A-GLANCE • 2017 ASDS ANNUAL MEETING • CHICAGO

**WEDNESDAY,  
OCT. 4**

Cosmetic Dermatologic Surgery	General Dermatology and General Dermatologic Surgery	Reconstruction, Skin Cancer & Mohs	Practice Management / Regulatory & ADAM Track	Networking, Social, Other
8 a.m.				
9:30 a.m. – noon				
NOON – 1 p.m.				
1 – 5 p.m.				
5 – 6 p.m.				
6 – 9 p.m.				

REGISTRATION OPEN

**THURSDAY,  
OCT. 5**

Cosmetic Dermatologic Surgery	General Dermatology and General Dermatologic Surgery	Reconstruction, Skin Cancer & Mohs	Practice Management / Regulatory & ADAM Track	Networking, Social, Other
7 a.m.				
8 – 9:15 a.m.				
8:15 – 9:30 a.m.				
9:30 – 10:15 a.m.				
10:15 – 10:45 a.m.				
10:45 – Noon				
Noon – 1:45 p.m.				
1:45 – 3:15 p.m.				
3:15 – 4:15 p.m.				
4:15 – 5:15 p.m.				
5:15 p.m.				
5:30 – 7 p.m.				
7 – 9 p.m.				

REGISTRATION OPEN

EXHIBITS OPEN



# PROGRAM-AT-A-GLANCE • 2017 ASDS ANNUAL MEETING • CHICAGO

FRIDAY, OCT. 6	Cosmetic Dermatologic Surgery	General Dermatology and General Dermatologic Surgery	Reconstruction, Skin Cancer & Mohs	Practice Management / Regulatory & ADAM Track	Networking, Social, Other
7 a.m.					
8 – 9:15 a.m.	GENERAL SESSION: <b>The Leading-edge in Cosmetic Dermatology: Fundamentals</b> (17BC) ..... MORNING MASTERS: <b>The Art of the Cosmetic Consult in Every Type of Practice</b> (AB206)	MORNING MASTERS: <b>Making Surgical Complications Less Complicated</b> (AB201)	MORNING MASTERS: <b>Refinements in Nasal Reconstruction</b> (AB203) ..... MORNING MASTERS: <b>Better Slides: Improving Your Mohs Histology</b> (AB207)	MORNING MASTERS: <b>Eye Candy: How to Create Videos that Resonate</b> (AB204) ..... TARGETED TALK: <b>Human Resource Management in a Successful Dermatology Practice</b> (AB205)	Resident and Young Dermatologic Surgeon Hospitality Suite ..... Shared Interest Group (SIG201) ..... Shared Interest Group (SIG202)
9:15 – 10:45 a.m.	<b>MEMBER BUSINESS MEETING BREAKFAST (ASDS/ASDSA members only)</b> (replaces the Annual Business Meeting Luncheon) <i>Breakfast available at 9 a.m.</i>			GENERAL SESSION: <b>Building Loyalty: Integrating Loyalty Programs into your Cosmetic Dermatology Practice</b> (MC211)	
10 – 10:45 a.m.	<b>Networking Break in Exhibit Hall (EBH201)</b>				
10:45 a.m. – Noon	HANDS-ON MINI-WORKSHOP: 10:45 a.m. – 12:15 p.m. <b>Sclerotherapy and Vein Techniques</b> (WS215)	GENERAL SESSION: <b>Leadership in Innovation Lecture</b> (KY200)		GENERAL SESSION: <b>Opening Your Virtual Doors: Optimizing Your Digital Media Footprint</b> (PM217)	
Noon – 1:45 p.m.	<b>Networking Lunch in Exhibit Hall</b>				
Noon – 1:45 p.m.		Research Luncheon Session and Cutting Edge Research Abstracts: Who are the Experts? A Critical Analysis of the Scientific Literature (17RSCHL)		Practice Management Roundtables (17PMRT)	Journal Editorial Board Luncheon
1:45 – 3 p.m.	TARGETED TALK: <b>Liposuction: The Gold Standard in Fat Removal</b> (MC227) ..... MORNING MASTERS: <b>Xs and Os: From Botched to Beauty – A Plastic Surgery, Dermatology and Cosmetic Dentistry Take</b> (CS219)	TARGETED TALK: <b>Scar Wars</b> (MC233)	GENERAL SESSION: <b>Practical Pearls from Mohs Surgeons: How to Make your Practice More Efficient</b> (RX221) ..... TARGETED TALK: <b>High Risk Tumors Part 2: Surgical Considerations</b> (MC229) ..... HANDS-ON MINI-WORKSHOP: 1:45 - 3:30 p.m. <b>Advance Suturing Techniques</b> (WS225)	TARGETED TALK: <b>Dermatologic Surgery Reimbursement &amp; Coding Update</b> (MC231)	Shared Interest Group (SIG203)
3 – 4 p.m.	<b>Networking Beverage Break in Exhibit Hall • Patient Photo Best Practices in Exhibit Hall (EBH203)</b>				
4 – 5:15 p.m.	GENERAL SESSION: <b>Eleventh Annual Iron Surgeon Competition</b> (GD240)		GENERAL SESSION: <b>Eleventh Annual Iron Surgeon Competition</b> (GD240)	GENERAL SESSION: <b>You Can't Do It All: A New Tool to Manage Accounts Receivable</b> (PM245)	
5:15 p.m.	<b>Transition Break</b>				
5:30 – 7 p.m.	<b>Future Leaders' Network Reception 5:30 - 6:30 p.m.</b> <b>Networking Reception and Silent Auction in Exhibit Hall</b>				
7 – 8 p.m.	<b>Residents Networking Reception (17RD)</b> <b>Young Dermatologic Surgeons Networking Reception (17YDSD)</b>				

*Programming and timing subject to change.*

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- Welcome Reception
- Practice Management Roundtables
- Patient Photo Best Practices
- Networking Reception and Silent Auction
- Sample Saturday
- Golden Scalpel Knowledge Bowl





# PROGRAM-AT-A-GLANCE • 2017 ASDS ANNUAL MEETING • CHICAGO

**SATURDAY,  
OCT. 7**

	Cosmetic Dermatologic Surgery	General Dermatology and General Dermatologic Surgery	Reconstruction, Skin Cancer & Mohs	Practice Management / Regulatory & ADAM Track	Networking, Social, Other
7 a.m.	REGISTRATION OPEN EXHIBITS OPEN				
8 – 9:15 a.m.		GENERAL SESSION: <b>Comprehensive Non-invasive Body Contouring for Each Anatomical Area</b> (CS313) MORNING MASTERS: <b>Relax with Paralax: Core Curriculum in Neuromodulators</b> (AB302) MORNING MASTERS: <b>Menaissance: Unique Aspects of Treatment of the Male</b> (AB305) MORNING MASTERS: <b>Women's Health</b> (AB307)	MORNING MASTERS: <b>Comprehensive Management of Ethnic Skin</b> (AB304) MORNING MASTERS: <b>Women's Health</b> (AB307)	MORNING MASTERS: <b>Scholarly Skin Pursuits: Literature Review of Skin Cancer and Reconstructions</b> (AB301) MORNING MASTERS: <b>Skipping Along the Tension Lines: Transposition Flaps</b> (AB303)	WDS Breakfast 7-8:15 a.m. Resident Hospitality Suite Young Dermatologic Surgeon Breakfast Shared Interest Group (SIG301) Shared Interest Group (SIG302)
9:15 – 10 a.m.		Networking Break in Exhibit Hall			
10 – 11:45 a.m.		ANNUAL LAWRENCE M. FIELD, MD, HONORARY LECTURE (KY300) Keynote Speaker: Doris Hexsel, MD		GENERAL SESSION: <b>Oral Abstract Presentations</b> (OA306)	
10:45 a.m. – Noon		GENERAL SESSION: <b>Complete Facial Rejuvenation</b> (CS317) TARGETED TALK: <b>On Pins and Needles: Micro-needling</b> (MC323) TARGETED TALK: <b>Breaking Bad: Cosmetic Disasters from the Masters</b> (MC327)	GENERAL SESSION: <b>Facial Finesse Part 1: Shades of Grey's Anatomy</b> (CS319)	TARGETED TALK: <b>Finessing the Reconstructive Outcome</b> (MC325) TARGETED TALK: <b>Reconstruction of the Eyelid and Periocular Area</b> (MC329)	GENERAL SESSION: <b>The Business of Skin Care</b> (PM321) TARGETED TALK: <b>Mastering Social Media Platforms</b> (MC331)
Noon – 1:45 p.m.		Networking Lunch in Exhibit Hall			
12:30 – 1:30 p.m.		Golden Scalpel Knowledge Bowl			
1:45 – 3:15 p.m.		GENERAL SESSION: <b>Core Curriculum in Peels</b> (CS335) TARGETED TALK: <b>Surgical Synchronicity Part 1: Sharpei No Way - Advance Techniques in Blepharoplasty and Surgical Brow for the Dermatologic Surgeon</b> (MC343)	GENERAL SESSION: <b>Facial Finesse Part 2: Analyze This Patient</b> (CS337)	GENERAL SESSION: <b>Tough Stages: Techniques for Mohs in Difficult Areas</b> (RX339) TARGETED TALK: <b>Hot Spot: Management of Melanoma and Pigmented Lesions</b> (MC341) TARGETED TALK: <b>How Would You Close This - Panel Discussion with MOC-SA Credit</b> (MC347)	TARGETED TALK: <b>Last Call: PR, Media and Reputation Management</b> (MC3345) TARGETED TALK: <b>Safe Sailing: Navigating Your Way into Dermatologic Surgery Practice</b> (MC349)
3:15 – 3:30 p.m.		Transition Break			
3:30 – 5 p.m.		GENERAL SESSION: <b>Facial Finesse Part 3: Advanced Surgical Videos</b> (CS353) TARGETED TALK: <b>Avoiding Bumps in the Road: Cellulite Treatments that Work</b> (MC357) HANDS-ON MINI-WORKSHOP: <b>Soft-tissue Filler and Neuromodulator Techniques</b> (17WS350) TARGETED TALK: <b>Surgical Synchronicity Part 2: Techniques in Face and Neck Lifts</b> (MC365)	TARGETED TALK: <b>The ITMP: International Dermatologic Surgery Scientific Contributions</b> (MC363)	GENERAL SESSION: <b>Reconstructive Conundrums Masters Panel</b> (RX351) TARGETED TALK: <b>High Risk Tumors Part 3: Considerations for Adjuvant Therapies</b> (MC361)	GENERAL SESSION: <b>Case-based Solutions for Practice Management</b> (PM355)
5:15 – 6:15 p.m.		SkinPAC Reception (invitation only)			
7 – 11 p.m.		Twelfth Annual Gala Reception and Dinner (17GALA - Advance registration and fee required)			

**SUNDAY,  
OCT. 8**

8 – 9:30 a.m.	GENERAL SESSION: <b>Cosmetic Tweets</b> (CS403)	GENERAL SESSION: <b>Stellar Surgical Anatomy Videos</b> (GD401)	HANDS-ON WORKSHOP: 8:30 - 11:30 a.m. <b>Tumor Excision/Wound Repair and Injectable Techniques</b> (RESIDENTS ONLY - WS410)		
9:30 – 11 a.m.	FRONT-ROW SEAT: <b>Interactive Injectable Demonstrations with the Masters</b> (PD400) ..... GENERAL SESSION: <b>Hair Raising Tactics: Advanced Hair Restoration Techniques</b> (CS415)			GENERAL SESSION: <b>Social Media Videos for Dummies</b> (PM405)	
11:00 a.m.					
11:30 a.m.	2017 ASDS Annual Meeting Adjourns — See you in Phoenix, October 11-14, 2018!				

# Society news

## Resident Rep deadline approaching

Members have until May 29 to nominate a resident for a two-year term as the Resident Representative to the ASDS and ASDSA Boards of Directors.

Eligible nominees must be entering their final year of residency in 2017 and have expressed interest in dermatologic surgery. The Resident Representative provides input and guidance to the Society and Association in their efforts to expand outreach and services to dermatology residents.

Visit [asds.net/ResidentRep](http://asds.net/ResidentRep) to download a nomination form. Questions? Email Tamika Walton at [twalton@asds.net](mailto:twalton@asds.net) or call 847-956-9132.

## Award for Outstanding Service nominees desired by June 2

Members have until June 2 to submit a nomination for the ASDS Award for Outstanding Service. This award recognizes young, emerging leaders who have demonstrated their commitment to the Society's growth and success.

ASDS members of less than 10 years and in good standing are eligible. Candidates must be active members who have volunteered their time and effort to ASDS/ASDSA for a minimum of three consecutive years in multiple capacities, such as:

- Committee, work group or task force membership.
- Participation in ASDS skin cancer screening programs.
- Development of new programs or services for ASDS or ASDSA.
- Participation in educational programs as faculty.
- Service as a representative to the Board or AMA.
- Participation in the Future Leaders Network.

To learn more and download a nomination form, visit [asds.net/Outstanding-Service](http://asds.net/Outstanding-Service).

Questions? Email Tamika Walton at [twalton@asds.net](mailto:twalton@asds.net) or call 847-956-9132.

## Election time is near!

ASDS encourages members to vote in this year's election. May 25 marks the start of the voting period for several Board positions: The office of Vice President, three open seats on the ASDS/ASDSA Boards of Directors and one position on the ASDS Nominating Committee.

Online voting is available and allows faster, more accurate election results. Voting members will receive an email about the election with instructions, a link to the voting website and a unique individual ballot code.

Those without a valid email address will receive a paper ballot.

ASDS members are encouraged to read the materials regarding every candidate before casting their ballot. Position statements, photographs, biographical information and disclosures of any relationship with industry/organizations will be accessible on the ASDS and election websites and in an election booklet.

All ballots must be completed and/or received no later than July 14. Questions? Email Steve Hlavik at [shlavik@asds.net](mailto:shlavik@asds.net) or call 847-956-9124.



## IMPORTANT DATES

For more information, visit [asds.net](http://asds.net)

### MAY

<b>15</b>	Applications due for: ASDS Annual Meeting Abstracts Young Investigators Writing Competition Review Article Incentive Program Cosmetic Dermatologic Surgery Fellowship Accreditation Program
<b>25</b>	Voting opens for ASDS/ASDSA Board Elections
<b>29</b>	Nominations due for 2017-19 Resident Representative

### JUNE

Watch for ASDS Annual Meeting registration to open in June!

<b>1</b>	Applications due for International Dermatologic Surgery Recognition Program
<b>2</b>	Nominations due for: Award for Outstanding Service Samuel J. Stegman, MD, Award for Distinguished Service
<b>3</b>	Masters Circuit: Laser, Skin and Vein in Baltimore, Maryland

### JULY

<b>3</b>	Applications due for Cutting Edge Research Grant Program
<b>14</b>	Board Election ballots due

### AUGUST

<b>1</b>	Nominations for ASDSA Patient Safety Awards due State Dermatologic Societies' Applications for ASDSA Ignite Grants due
<b>15</b>	Applications due for The Fredric S. Brandt, MD, Innovations in Aesthetics Fellowship Fund

## WORK GROUP SPOTLIGHT

### Cosmetic Dermatologic Surgery Fellowship Accreditation Work Group



The Cosmetic Dermatologic Surgery Fellowship Accreditation Work Group (AWG) was established in 2013 to structure and administer an accreditation program that supports fair policies and promote standards of quality for education and training in cosmetic dermatologic surgery procedures. It is the AWG's responsibility to ensure the quality of physicians' education through exemplary certification.

To comply with the required training and experience, all Fellowship Training Programs must meet specified guidelines, which are evaluated during a site review and cyclical visits performed personally by AWG members. The group is also directly involved with annual program evaluations at all 19 accredited programs and review feedback from Fellows at least semi-annually to evaluate the quality and level of education attained and to advance future Fellow training experience.

Thank you to all current and former AWG members for your dedication to Fellow education. To learn more about volunteering on a committee or work group, visit [asds.net/WorkGroupVolunteer](http://asds.net/WorkGroupVolunteer).

## New ASDS Members

### Fellows

Scott D. Bennion, MD,  
Casper, WY

Jay Steven Herbst, MD,  
Port Charlotte, FL

### Osteopathic Affiliates

Jason Arthur Barr, DO,  
Scottsdale, AZ

### Corresponding Fellows

Josephine Hernandez, MD,  
San Jose, Costa Rica

Natalia Wahyudi, MD,  
Lampung, Indonesia

Po-Han Patrick Huang, MD,  
Kaohsiung, Taiwan

### Life Fellows

Bryan Christopher Schultz, MD,  
Oak Park, IL

John Kazmierowski, MD,  
Vancouver, WA

Phillip A. Hooker, MD, PhD,  
West Point, MS

Ann E. Lott, MD, Lincoln, NE  
Richard P. Kaplan, MD,

Los Angeles, CA

Richard Gibbs, MD, Memphis, TN  
Stephen W. Shewmake, MD,

Poway, CA

Karen E. Scully, MD, Matthews, NC

Philip M. Catalano, MD, Bradenton, FL

## Call for Stegman Award nominees

ASDS is accepting nominations through June 2 for the prestigious Samuel J. Stegman, MD, Award for Distinguished Service.

Nominees must have made substantial contributions to further the goals of ASDS through leadership, education, organizational service and research.

ASDS members in good standing may nominate a colleague whose contributions exemplify those of Dr. Stegman and the award's past recipients. All nominations must articulate the reasons why the candidate is deserving and must be seconded, in writing, by another ASDS member.

Visit [asds.net/StegmanAward](http://asds.net/StegmanAward) to learn more and download a nomination form.

Questions? Email Tamika Walton at [twalton@asds.net](mailto:twalton@asds.net) or call 847-956-9132.

### Stegman winners through the years

The Samuel J. Stegman, MD, Award for Distinguished Service – established in 1996 – was named for a true pioneer in dermatologic surgery whose career was linked with innovative leadership and tireless advocacy for the specialty.

Dr. Stegman's distinguished skills as a clinician, teacher, mentor, researcher and lecturer played a critical role in the evolution of dermatologic surgery and helped foster ASDS growth during his 1986-87 presidency.

Previous Stegman Award recipients who exemplify the traits of the award's namesake include:

2016 – Jean D. Carruthers, MD  
2015 – Stephen H. Mandy, MD  
2014 – Gary D. Monheit, MD  
2013 – Roy G. Geronemus, MD  
2012 – Rhoda S. Narins, MD  
2011 – Roy C. Grekin, MD  
2010 – Alastair Carruthers, FRCP  
2009 – Harold J. Brody, MD  
2008 – William P. Coleman III, MD  
2007 – John A. Zitelli, MD  
2006 – June K. Robinson, MD

2005 – Richard G. Bennett, MD  
2004 – Neil A. Swanson, MD  
2003 – Roger I. Ceilley, MD  
2002 – Ronald G. Wheeland, MD  
2001 – Stuart J. Salasche, MD  
2000 – Elizabeth I. McBurney, MD  
1999 – C. William Hanke, MD  
1998 – Lawrence M. Field, MD  
1997 – George L. Popkin, MD  
1996 – Perry Robins, MD, and  
John M. Yarborough, MD



# Masters Circuit: Laser, Skin and Vein

**June 3, 2017**  
**Baltimore, MD**

Learn innovative techniques during a full day of live patient demonstrations. Small groups will rotate through patient treatment rooms for chair-side viewing of:

- Fractional laser resurfacing
- Injectables
- Microneedling and RF-needling
- Non-invasive body sculpting
- Non-invasive skin tightening
- Vein and vascular laser



**Directors:**  
**Robert A. Weiss, MD**  
**Margaret A. Weiss, MD**

This is a unique opportunity to learn experts' techniques at an internationally-recognized practice with one of the largest collections of laser and energy-based devices in the world. The small group format allows for real-time Q&A during procedures and plenty of peer interaction. Register today as space is limited to 40 participants!

**Register today at [asds.net/MastersCircuit](http://asds.net/MastersCircuit) or call 847-956-0900.**