

FAD Newsletter February 2024

FAD Updates

1. A new exciting benefit of FAD membership! Our society has implemented a **new job board** to connect our FAD members to our resident members or other members who are looking for a position in dermatology. We have collected information from the residents on what type of job they are searching for and in what cities in Florida and we hope we can make a great match with one of our FAD members. If you are looking to hire or looking to change jobs- please reach out to Alyson for this info.
2. We hope to see you at our **annual FAD meeting** June 28-30, 2024 at The Breakers in Palm Beach. Our amazing lineup of speakers include Dr. Seemal Desai, Dr. Sandra Lee, Dr. Gilly Munavalli, Dr. Adam Rubin and Dr. Maryanne Senna along with many incredible in-state speakers. The focus will be practical, high yield talks that can be used in every day practice.
3. The first quarterly **FAD Newsletter** was sent last year and we hope everyone found it helpful. Moving forward we will continue clinical pearls but also add practice management pearls, along with answering common legal questions and legislative updates. If you have any specific questions, feel free to email us and we will try to include it in the next newsletter.

Clinical and Practice Management Pearls

1. **Hidradenitis Suppurativa and Kenalog Injections** (Dr. Hadar Lev-Tov, University of Miami)

Intralesional triamcinolone is an effective rescue treatment for a hidradenitis suppurativa flare, but what is the right dose? A recent systematic review found that the following is most effective: injection of **7.5mg of Kenalog per nodule and 20mg of Kenalog per tunnel**. <https://karger.com/drm/article/238/6/1084/823400/Intralesional-Treatments-in-Hidradenitis>

2. **Atopic Dermatitis and Food Allergies** (Dr. Monique Kumar, Advent Health, Orlando)

There is growing evidence that food allergies might actually be caused by AD. The impaired skin barrier allows aerosolized food particles to abnormally enter the skin and trigger an immunology response which then becomes an allergy. By age 3, food sensitivity levels to cow's milk, egg whites and peanuts were 48% greater in kids with facial AD than kids without facial involvement in their AD.

3. **Oral Contraceptive Pills and Acne** (Dr. Sima Jain, Private Practice, Orlando)

Which birth control pill is best for patients with acne? Combination oral contraceptive pills (OCPs) have both estrogen (ethinyl estradiol) and a progestin but there are many different types of progestins, some are more androgenic than others. It's important to pick an OCP with the least amount of androgenic activity if treating for acne. The low androgenic progestins that can be helpful in treating acne include **norethindrone** (Loestrin, Estrostep) **norgestimate** (Tri-Sprintec, Ortho-Tricyclen) and **drospirenone** (Yaz, Nikki, Yasmin). The 3 FDA-Approved OCPs include Ortho-Tricyclen, Estrostep (with norethindrone) and Yaz.

4. **Gabapentin and Scalp Pruritus** (Dr. Maryann Senna, Beth Israel Lahey Health, Boston, Massachusetts)

Oral low dose gabapentin, 100-300mg at bedtime, can be incredibly effective and well tolerated in treating scalp itch in patients with scarring alopecia.

5. **Alopecia Areata and Pulsed Dexamethasone** (Dr. Monique Kumar, Advent Health, Orlando)

What is the appropriate dose of pulsed dexamethasone, typically given two consecutive days per week for 2-3 months, in pediatric patients with alopecia areata? The dose is 0.1 milligram per kilogram so an easy way to calculate the appropriate dose is a 20kg child would receive 2mg each day of the weekend, a 30kg child would receive 3mg each day and a 40kg child would receive 4mg each day of the weekend. 20kg → 2mg, 30kg → 3mg, 40kg → 4mg

6. **Delaying Graft Harvest/Placement** (Dr. Karthik Krishnamurthy, Orange Park Hospital, Palm Coast)

When in a surgical bind during a primary of flap closure, and a defect becomes impossible to close, and the only option is remaining is likely a graft. Sometimes you have a burrow triangle to fill the void (which is why I always save mine in saline until the closure is complete). If the defect is too large for the harvested triangle, or the triangle is undesirable due to actinic field damage, sometimes your schedule averts you from pursuing an external graft. Data supports the greater success of delayed grafts over same-day graft. If you find yourself in this conundrum, you are doing right by your patient by delaying the graft harvest/placement and giving yourself grace.

<https://www.liebertpub.com/doi/pdf/10.1001/jamafacial.2018.1204>

7. **Pigmented Purpuric Dermatitis (PPD) and Vitamin C with Rutin** (Dr. Sima Jain, Private Practice, Orlando)

For pigmented purpuric dermatosis (PPD), a combination of vitamin C 500mg bid and rutin 50mg bid has been shown to be helpful. The prior supplement (Hy-Bio) containing both in the correct amount in the last newsletter has been discontinued but another over the counter pill contains the same dose of both vitamin C and rutin and is found at Trader Joe's (both in store [~\$10 per bottle] and online through third parties [~\$15-25 per bottle]) called **Trader Joe's Synergistic C Vitamin C Complex**. The directions on the bottle advise to take daily but patients can take twice a day for PPD.



8. Employees Requesting a Raise (Dr. Karthik Krishnamurthy, HCA Orange Park)

It's always difficult when an employee asks for a raise when, for example, Buccee's is paying \$25/hr. None of us want to lose an employee for the dollar game after all the sacrifice of training, but we also cannot compete with all our overhead. When an employee asks for a raise, find a way to say yes without saying no. A good way to do that is to ask the person to learn a new office skill outside of their current box, and if they can master it, give them a raise. Make the raise couple with a new skill; a new asset for your practice. This adds value to your practice in the long run for cross-training, and helps retain motivated employees, those who truly value learning and welcome challenges. The important thing is, if you take this course, to make sure you actually give the training opportunities for this person to succeed in the task, and to make good on your promise when they achieve it.

9. Hiring Staff (Dr. Joely Kaufman, Private Practice, Miami)

When hiring, our practice has tried multiple sites to post available staff positions: Indeed, head hunters, Monster, LinkedIn- all very helpful, but can be expensive. We recently tried posting on our social media. It is not only free but we also got great leads to people who cared and were already connected to our practice.

10. CPT Coding for Psoriasis Treatment with Laser (Dr. Mark Kaufman)

The 2024 CPT Book descriptor for laser psoriasis codes has changed. Both the type of laser (excimer), and the diagnosis (psoriasis) are both specifically delineated in the code descriptor. For those who use the laser for vitiligo, it is likely all payers will be rejecting these codes, and you should be using CPT code **96999** "Unlisted special dermatological service or procedure."

Legal Corner with Chris Nuland

1. Current Telemedicine Law

Q: I have a former patient who calls me from another state in which I am not licensed; may I provide telemedicine services?

A: While incidental and occasional phone calls with existing patients who are traveling is seldom a cause for a disciplinary matter, the "black letter law" is that a physician may only practice medicine (even telemedicine) in a state in which he or she is licensed. Moreover, the determination of where a physician is practicing is determined by the location of the patient, not physician, at the time the service is provided. For that reason, the best course of action, even if you choose to provide incidental assistance, is to refer the patient to a local physician.

It should be noted that current legislation in Florida would allow Florida physicians to join an Interstate Compact, which would allow the Florida physician to provide telemedicine and other medical services in a "member state" by being able to obtain a license in that state with the click of a few buttons and the payment of a modest fee. That legislation is expected to pass and be signed by the Governor soon.

2. "Dual-Eligible" Patient under Both Medicare and Medicaid (Qualified Medicare Beneficiary [QMB])

Q: If I see a Medicare patient who is a qualified Medicare beneficiary with Medicaid as their secondary insurance (QMB), am I allowed to bill the patient for the 20% coinsurance that is not covered by Medicare?

A: In almost all cases, the answer is "no." Providers may not charge a copayment or coinsurance amount for a QMB and Medicaid will only pay a copayment or coinsurance if the Medicare rate is less than the Medicaid rate, which almost never happens in Florida. If you are not a Medicaid provider, you may not bill Medicaid for the deductible and may not bill the patient.

Q: If I do not take Medicaid and I am not able to balance bill due to the patient's QMB status, am I legally allowed to refuse to schedule new dual-eligible Medicare patients?

A: Because the patient-physician relationship must be agreed to by both sides, a physician always has the right not to accept a patient, unless the refusal is based upon race, sex, or other "protected class."

3. Compliance and Subpoenas

Q: Must I comply with an attorney subpoena for medical records and how much can I charge for them?

A: Assuming that the subpoena is in proper form and does not ask for super-confidential information (e.g., psychiatric, STD or pregnancy-related information- unless authorized by the patient or Court), you must comply with the subpoena or risk a criminal contempt citation. You may charge for the records being subpoenaed, but only to the extent allowed by Rule 64B8-10.003, Florida Administrative Code (\$1.00 per page for each of the first 25 printed pages, and 25 cents per page thereafter).

Legislative Update with Jon Johnson

With only a few weeks until 'Sine Die', the 2024 Legislative Session is expected to end with significant wins for the Florida Academy of Dermatology...and for organized medicine in general.

1. **Coverage for Skin Cancer Screenings** – SB 56/HB 241. This is a top legislative priority for the FAD. The legislation provides insurance coverage for skin cancer screenings for thousands of Floridians insured under the state group health insurance plan and HMO. The legislation requires that all such contracted plans cover and pay for annual skin cancer screenings performed by a Florida licensed dermatologist or an APRN/PA working under the supervision of the Dermatologist. The bill prohibits the imposition of any cost-sharing requirement for the annual skin cancer screening, including a deductible, copayment, coinsurance, or any other type of cost-sharing. If the legislation becomes law, it will take effect on January 1, 2025. <https://www.flsenate.gov/Session/Bill/2024/56>
2. **"Live Healthy"** SB 7016 & SB 7018. This is the #1 legislative priority for Senate President Kathleen Passidomo. These two bills along with several other bills currently advancing through the legislative process comprise the Senate's "Live Healthy" package, designed to grow Florida's health care workforce, increase access, and incentivize innovation to ensure that Floridians have more options and opportunities to live healthy in Florida. This includes expanding sites for clinical training in rural areas and streamlining emergency departments

through partnerships with Community Health Centers and other primary care settings so that non-life-threatening care can be provided more efficiently and cost effectively. <https://www.flsenate.gov/Session/Bill/2024/1112>

3. **Health Care Practitioner Titles and Designations (“Ologist” Bill)** - SB 1112/HB 1295. The goal of the legislation is to protect the use of certain medical terms and titles to ultimately provide transparency for patients on the competency level and education of the medical professional providing care. The use of certain medical terms and designations would be prohibited under this legislation and if used improperly would constitute the practice of medicine without a license. The House and Senate bills are not currently identical; the House bill allows an optometrist to be called an “optometric physician” or a “doctor of optometry”. The Senate bill does not include this provision. Negotiations among top legislative leaders are underway to determine how this issue will be resolved to secure the final passage of the legislation. <https://www.flsenate.gov/Session/Bill/2024/1112>
4. **Independent Practitioner** – SB 810/HB 257. If passed, this legislation would have greatly expanded the scope of practice for certain medical assistants to practice at the same level as a licensed physician in performing certain highly skilled medical procedures, ultimately jeopardizing patient safety. This legislation was not considered in any committee and has failed to advance due to the effective lobbying efforts by organized medicine representatives and is considered a huge “win” this Session. <https://www.flsenate.gov/Session/Bill/2024/810>