Some Sunscreens to Bear AAD Recognition Seal

BY ALICIA AULT
Associate Editor, Practice Trends

WASHINGTON — The American Academy of Dermatology will soon start giving its official imprimatur to sunscreen products that it deems worthy, outgoing AAD President Stephen Stone said at the academy's annual meeting.

Two sunscreens, both made by Johnson & Johnson's consumer products division, will bear the AAD logo, with the words "Seal of Recognition" underneath, Dr. Stone said in his plenary address.

According to a company spokeswoman, the products are Aveeno Continuous Protection Sunblock Lotion, SPF 55, and Aveeno Baby Continuous Protection Sunblock Lotion, SPF 55.

Johnson & Johnson and other manufacturers that meet the AAD's selection criteria also will be allowed to use one of two statements. The first is "The American Academy of Dermatology recognizes this product for its sun-protection benefit."

The second statement is somewhat longer: "The American Academy of Dermatology (AAD) recognizes that proper and regular use of sunscreens with Sun Protection Factor (SPF) 15 or higher and broad-spectrum (UVA/UVB) protection, along with wearing sun-protective clothing and seeking shade, will help protect against sunburn and may reduce long-term damage to the skin caused by sun exposure."

To receive both the seal and the statement of support, sunscreen makers will pay the AAD a $10,000 application fee and a $10,000 annual fee. The sunscreens must offer broad-spectrum (UVA/UVB) protection and a sun protection factor of 15 or higher. They also have to provide evidence of water and sweat resistance and phototoxicity/stability.

The AAD Web site will include a list of products that have received the seal of recognition. Sunscreen makers can link their product's Web page to the AAD page that gives all the details on the program.

Dr. Stone said the program "will help consumers make educated choices when purchasing sunscreen products and help maintain the public perception of dermatologists as the leading experts in skin cancer prevention."

The seal of recognition program came into being after surveys showed that 86% of AAD members believe it would help consumers make better choices, said an AAD spokeswoman.

It was approved by the AAD board at its summer meeting in July.

Any funds left over after administration of the program will be applied to the academy's Skin Cancer Reduction: Intervention Plan for Tomorrow (SCRIPT) program, said Dr. Stone. That program aims to markedly reduce skin cancer incidence and mortality over the next 10-30 years. ■

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larger when there is either a death or a grave outcome, resulting in a serious disability. From 1985 to 2001, 6.4% of claims reported death. Twenty-eight percent of those cases resulted in a payment, which averaged $311,000. Grave outcomes—primarily associated with melanoma and malignant neoplasms—accounted for 2.6% of paid claims, with an average payout of $359,000.

Payouts for emotional trauma are also common, and while not as costly at an average $50,000, it is usually more cost effective to just settle a claim rather than incur legal costs that may rise above that figure, said Dr. Read.

Acne and psoriasis were the two most common conditions associated with emotional claims. There were no PIAA data on the basis for the claims, but patients probably alleged that they were denied treatment or not treated properly, that their condition worsened, or that the dermatologist promised they would improve and they did not, she said.

Dr. Read and Dr. Hill asked the attendees to complete a short 10-question survey on their own experience with malpractice, which will be compiled. The survey aims to fill some gaps—asking, for instance, about claims related to cosmetic dermatology.

The survey also was recently completed by 23 of 60 members of the Washington D.C. Dermatological Society. Of the 23, 6 had claims filed against them in the past. Three had one claim, two had two claims, and one had three claims.

Two suits were dismissed, three were settled, and four resulted in a jury verdict for the physician and none went against the physician. The physician with three claims only provided outcomes for two, Dr. Hill noted.

When it comes to preventing lawsuits, physicians have traditionally been advised to fill out detailed charts and to practice good medicine as a potential defense, but this is no longer enough, said Dr. Read.

"You have to risk manage in a selective way," she said, adding that charting—including documenting advice and counsel to patients—is important, as is listening to the patient.

Be wary of patients who are angry. "Take it seriously. Don't blow them off," she said. When a patient complains about another physician, "don't ever agree with them." It's possible to be drawn into a suit that way. Don't give in to patients' unrealistic expectations. "You want to be very careful about what you promise them," said Dr. Read.

If there seems to be a personality clash, or if the patient is persistently angry, it may be best to refer him or her elsewhere. "I sometimes say to a patient, 'I may not be the right doctor for you,' " she said.

Finally, Dr. Read suggested that there is a new front in dermatologic malpractice that should be monitored: the use of physician extenders such as nurse practitioners and physician assistants.

"We need to realize that these people do put us at risk," she said. ■

POLICY & PRACTICE

Specific Measures for PVRP

Beginning this year, dermatologists will have an opportunity to directly participate in the Physicians Voluntary Reporting Program with the Centers for Medicare and Medicaid Services. Three dermatology-specific measures are included for 2007, Dr. Stephen Stone, president of the American Academy of Dermatology, said at the academy's annual meeting. Dermatologists who wish to participate in the program will be asked to submit data to the CMS on three melanoma-related components: patient medical history, complete physical examination, and counseling on skin self-examination. Both G codes and CPT II codes will be available for these measures, said Dr. Stone. The G codes are temporary and will be used until all data can be submitted electronically.

State Victories in 2006

At the AAD meeting, Dr. Stone also enumerated several legislative and regulatory victories for dermatologists at the state government level. In Wisconsin, dermatologists worked with plastic surgeons to defeat a proposal that would allow aestheticians to expand their scope of practice to include performance of chemical peels under remote supervision. The final rule restricted the providers to performing chemical exfoliation only, not medical grade peels, said Dr. Stone. This year, the AAD is fending off encroachment by nondermatologists in a number of states including Georgia, Mississippi, Missouri, New York, Oklahoma, Texas, Virginia, and Wisconsin, he said. In New Jersey, dermatologists, plastic surgeons, ophthalmologists, and other physicians worked together to repeal a 6% gross receipts tax on cosmetic procedures that went into effect in 2004. The repeal bill passed both houses of the New Jersey legislature and is awaiting the governor's signature, Dr. Stone said. There was one defeat. Pathologists in Missouri successfully secured passage of a law that allowed them to directly bill patients. Dr. Stone urged AAD members to get involved in government affairs at all levels. "The more representation we have, the more influence we will have," he said.

Derms Don't Get No Respect

In what seems to be a yearly effort, the AAD is launching an ad campaign to boost dermatologists' profile as specialists. "The public is confused about who really has the expertise [to provide skin care] and they are getting misleading messages," Dr. Stone said at the AAD meeting. "Unless the public understands the distinction between a dermatologist and nondermatologist, this problem will continue to grow," he added. Therefore, the academy will run a national print advertising campaign "that conveys the essence of the specialty" in the March issue of six national magazines, including Prevention, Real Simple, Redbook, and O: The Oprah Magazine. The ads ask: "There are thousands of reasons to see a dermatologist, what's yours?" and end by telling consumers, "Trust the expert care of a board-certified dermatologist." Dr. Stone said the ad "communicates our message in an assertive but nonthreatening way."

FDA's $2 Billion Budget

The Bush administration is requesting $2.1 billion for the Food and Drug Administration in fiscal 2008, a 5% increase from the previous year's request. The agency still has not received its final appropriation for fiscal 2007, so the exact amount it will receive for that year is not known yet. The budget includes $444 million in user fees from industry, including a new program to charge generic drug makers fees to review their products. The agency estimates that generic companies will contribute $16 million in fiscal 2008. In a statement, Generic Pharmaceutical Association CEO Kathleen Jaeger said the decision to seek user fees "will not bring generic medicines to consumers faster as long as brand companies are still permitted to use tactics that delay market entry." The budget also includes $11 million for improving drug safety (this does not include user fee funds that will also go to that effort) and $7 million to boost medical device safety and to speed up device review. The agency also is requesting $13 million to move about 1,300 employees of the Center for Devices and Radiological Health to offices at the FDA's new White Oak, Md., campus. The FDA has been gradually moving its operations to the new facilities. The Washington-based consumer-, patient- and industry-supported Coalition for a Stronger FDA said the budget did not go far enough. It is seeking at least $175 million more, including greater increases for food, drug, and medical device safety.

Medicare Generic Drug Use Rises

The CMS says that generic drugs accounted for 60% of the prescriptions dispensed to people who receive benefits through either Part D or Medicare Advantage plans for the first three-quarters of 2006. Generic drug use among Part D enrollees is 13% higher than for Americans who receive benefits through private payers, said the CMS. The agency said that in 2006, generics accounted for 53% of prescriptions dispensed to privately insured Americans. Greater use of generics will translate into lower costs for the Part D program and possibly expanded coverage for beneficiaries, according to the CMS. "We will continue to promote generics where they are available as an important strategy to keep the new drug benefit affordable over the long term," CMS Acting Administrator Leslie Norwalk said in a statement.

—Alicia Ault