

Academic Derms Take the Career Path Less Traveled

BY MARY ELLEN SCHNEIDER
Senior Writer

NEW ORLEANS — Careers in academia can offer dermatologists financial security and a rich personal life just like jobs in private practice, academic dermatologists said at the annual meeting of the American Academy of Dermatology.

Dermatologists working at universities will still be able pay off their medical school debt, said Barbara A. Gilchrest, M.D., professor and chair of the department of dermatology at Boston University.

"You absolutely can do this and have a very good time in the process," Dr. Gilchrest told a group of residents at the meeting.

Over the years, academic careers have gotten a bad reputation, said Lynn Cornelius, M.D., associate professor of medicine and chief of the division of dermatology at Washington University, St. Louis.

There are a number of misconceptions about working in the university setting.

For starters, there are more career tracks available, she said. In the past, almost all academic dermatologists were clinician investigators who did it all—maintaining both a lab and teaching. Today, clinician investigators or scientists spend the majority of their time performing research, Dr. Cornelius said.

Dermatologists in the academic world can also become clinician educators who spend most of their time involved in teaching activities, she said.

And the difference in earning potential between private practice and academia may not be as large as some people think, Dr. Cornelius said.

Although salaries vary by region, most private practice dermatologists can earn a starting salary of about \$200,000 per year, with the potential to earn more than \$400,000 per year in the long term, she pointed out.

Although salaries in academia don't match up, the average academic salaries in dermatology are comparable with starting salaries in private practice, Dr. Cornelius said.

It may, however, take a year or more to get to those levels, she said, and the salary may vary depending on the level of patient care that the physician provides.

There are a lot of opportunities right now in academic dermatology, said John Olerud, M.D., president of the Association of Professors of Dermatology and professor of medicine and head of the division of dermatology at the University of Washington in Seattle.

In fact, most of the dermatology programs around the country have positions available, he said.

Calvin O. McCall, M.D., who is director of the dermatology residency program at Emory University in Atlanta, said that residents often hear about the downside of academics from the faculty in their programs, but they don't hear that some of the same problems exist in private practice.

Dr. McCall, who worked in private practice for 7 years before making the switch to the academic world, said that he didn't have the chance to talk with colleagues about interesting cases or have many opportunities for teaching.

"What hit me over and over again was that I was practicing dermatology in a near vacuum," he said. ■

Detector of Adverse Drug Events Has Mixed Results

BY MIRIAM E. TUCKER
Senior Writer

A new national active surveillance system designed to detect adverse drug events is very good at picking up true cases, but not particularly sensitive—especially when it comes to detecting hypoglycemia due to diabetes medications and bleeding associated with anticoagulants, the Centers for Disease Control and Prevention recently reported.

In 2003, the CDC collaborated with the Consumer Product Safety Commission and the Food and Drug Administration in developing the National Electronic Injury Surveillance System—Cooperative Adverse Drug Event Surveillance (NEISS-CADES) project. Because adverse drug events (ADEs) are often more difficult to identify than other injuries, the CDC conducted an independent chart review in a sample of six NEISS-CADES hospitals, representing a range of sizes and of

ADE reporting rates (0.2%-1.7% of emergency department visits).

Of 4,561 ED visit charts reviewed, a total of 68 ADE cases were identified. The patients had a median age of 57 years and 53% were female. Of the 29 ADE cases that had been reported to NEISS-CADES prior to the chart review, 25 were among the 68 cases detected by the reviewers. The remaining four cases were false-positives in which an injury attributed to a drug in the chief complaint section of the chart was not confirmed elsewhere in the chart, the CDC explained (MMWR 2005;54:380-3).

The estimated sensitivity of the NEISS-CADES for ascertaining ADEs was 0.33, while the estimated positive predictive value of a reported ADE to the system was 0.92. The relatively low sensitivity of the system was attributed to the difficulty in detecting hypoglycemia associated with diabetes agents, and of bleeding associated with anticoagulants such as warfarin and heparin. ■

POLICY & PRACTICE

New AAD Leadership

Members of the American Academy of Dermatology have elected new leaders. Stephen P. Stone, M.D., professor of clinical medicine at Southern Illinois University in Springfield, was chosen president-elect of the academy. He will assume the presidency of AAD in March 2006 and will hold the same position with the American Academy of Dermatology Association. Dr. Stone said he plans to address the fair valuation of services, the ongoing malpractice crisis, and efforts by other organizations to restrict office-based surgery. AAD members also elected William P. Coleman, III, M.D., as vice president-elect. Dr. Coleman is a clinical professor of dermatology at Tulane University in New Orleans and works in private practice in cosmetic dermatologic surgery in Metairie, La. He will also take over as vice president in March 2006.

Campaign for Psoriasis Funding

The National Psoriasis Foundation has launched a letter-writing campaign to lobby Congress for increased federal funding for psoriasis research. The Foundation added an online advocacy tool to its Web site—www.psoriasis.org—that allows people to identify and contact their senators and representative. The new feature was activated on April 6 and by the end of that month about 6,100 letters had been generated using the online tool and sent to 514 of the 535 members of Congress, NPF reported. In 2004, Congress appropriated \$28 billion for medical research through the National Institutes of Health, but only about \$5 million was spent on psoriasis, according to the foundation. "More funding is required for research that will identify the genes involved in psoriasis development and to determine the mechanism for the disease," Gail M. Zimmerman, foundation president and CEO, said in a statement.

Plastic Surgery Growth

More than 9.2 million cosmetic plastic surgery procedures were performed in the United States, an increase of 5% between 2003 and 2004, according to the American Society of Plastic Surgeons (ASPS). Minimally invasive procedures rose 7% in that period. Top minimally invasive procedures were Botox injections (3 million), chemical peels (1.1 million), microdermabrasion (859,000), laser hair removal (574,000), and sclerotherapy (545,000). Conversely, surgical procedures dropped 2%, according to ASPS. "These statistics show a strong, continued, and healthy increase in cosmetic surgery that mirrors the 4.4% economic growth of the United States," ASPS President Scott Spear, M.D., said in a statement. "However, there is no evidence in the statistics to support [the hypothesis] that TV programs have led to a dramatic surge in the amount of cosmetic surgery procedures." ■

E-Prescribing Standards

Medicare should adopt a program-wide system of uniform national electronic prescribing standards for its new prescription drug benefit, according to the Pharmaceutical Care Management Association (PCMA). A uniform national standard is key to maximizing the participation of private plans in the Part D benefit and in helping to reduce regional variations in health care delivery and outcomes, PCMA said in comments to the Centers for Medicare and Medicaid Services on its proposed rule for Medicare e-prescribing standards. "PCMA believes that Medicare e-prescribing holds the potential to transform the health care delivery system," PCMA President Mark Merritt said in a statement. "Regrettably, a 50-state patchwork approach would increase costs, decrease efficiency, and severely undermine the promise of e-prescribing." The organization also urged officials at the Centers for Medicare and Medicaid Services to preempt duplicative and conflicting state laws that could increase costs.

Uninsured Projections

The plight of the uninsured isn't likely to be resolved anytime soon. More than one in four American workers under the age of 65 will be uninsured in 2013—nearly 56 million people—driven by the increasing inability to afford health insurance, reports a Health Affairs Web-exclusive article. Because growth in per capita health spending is expected to outpace median personal income by 2.4% every year, coverage will continue to decline as more Americans find it unaffordable. "It is unlikely that we will be able to solve the problem of the uninsured without some form of universal health insurance requiring contributions from some combination of employers, employees, and taxpayers," the study indicated. The researchers based the estimates on federal projections of health spending, personal income, and other population characteristics.

Unreadable Privacy Forms

Privacy forms used by major health care institutions are often lengthy and difficult to read, according to a study published in the *Journal of the American Medical Association* (2005;293:1593-4). The Health Insurance Portability and Accountability Act requires that health care institutions inform patients in detail about the use of information obtained during medical care, through a notice of privacy form "written in plain English." The median length of the forms was six pages. The forms were often set with inappropriately small type and written in complex language that was unlikely to be understood by a "considerable proportion" of the populations served by these institutions, the report said. Privacy practice notices from 185 institutions listed in the 2004 U.S. News & World Report "best hospitals" issue were collected for the study.

—Mary Ellen Schneider