



# CollegeAdvantage

A Publication of the American College of Allergy, Asthma & Immunology

VOLUME 3, NUMBER 1 • WINTER 2017



## Finding Balance

*How is the College focusing on your well-being in 2017?*

### TABLE OF CONTENTS:

|  |   |  |    |                                    |    |
|--|---|--|----|------------------------------------|----|
| Changing our approach to change                | 2 | Attend Annual Scientific Meeting from anywhere | 6  | Strategies for social media        | 11 |
| Four things to know before offering telehealth | 3 | Burnout: From the reason to the remedy         | 8  | Do you know the score?             | 12 |
| Steps to get started with MACRA                | 4 | What to do?                                    | 10 | Celebrating 75 years of excellence | 13 |
| How does your practice measure up?             | 5 | Ready to get #social?                          | 11 | The future is yours...             | 13 |
|  |   |  |    | Your community is counting on you  | 14 |



American  
**College**  
of Allergy, Asthma  
& Immunology

# Changing our approach to change

**We have experienced unprecedented change in recent years. Some changes have been fantastic, others have caused misery and for others the jury is still out.**



Stephen A. Tilles, MD, FAAAAI  
President, American College of  
Allergy, Asthma and Immunology

For the most part we have risen to the occasion, put our heads down, rolled up our sleeves and adapted to change. After all, our capacity to work hard to solve problems is what enabled us to become successful medical students, residents and Board Certified subspecialists.

The emergence of the internet, increases in the speed and memory capacity of computers and the almighty “app” have helped shape major changes in the way we practice our craft. This includes the switch from paper to electronic medical records. Although this technology has been leveraged in the name of improving efficiency and quality of medical care, it has also led to an increase in our overhead and a reduction in the actual time available we spend face-to-face with our patients. Our medical training did not prepare us for this type of change.

Another recent change is third party payer cost shifting. This has led to an inordinate amount of our face time with patients now being spent on strategizing how to help minimize their out-of-pocket costs for medications. This has eroded the time and energy we spend listening, examining and counseling them about their illness and its management. To make matters worse, these “out-of-pocket cost” discussions are often futile, since in many cases the prices of the medications they need are uniformly high, even those whose patents expired more than a decade ago! Again, this type of change is not in our wheelhouse as physicians.

Whether change is good, bad, rational or completely idiotic, its cumulative effect takes a toll on us, and sometimes that toll has a very serious impact on our well-being. As those of you who attended the keynote session at the 2016 Annual Scientific Meeting in San Francisco learned from plenary speaker Mark O’Hollaren MD, FAAAAI, and keynote speaker Abraham Verghese MD, MACP, more than half of physicians across the country are “burned out” and physician suicide rates have skyrocketed. You also learned there is an apparent conspiracy of forces distracting us away from the direct “eye-to-eye” and “stethoscope-to-chest” contact with our patients that are so critical to both the healing process and our own career satisfaction.

Simply working harder is not the optimal way to adapt to change in this era of health care, and the College recognizes the need to support the well-being of its members in this context. Accordingly, we have taken several steps to address these problems. First, we formed the “Task Force for Promoting Allergy and Immunology Physician Well Being.” Chaired by Gailen Marshall, MD, FAAAAI, this task force will focus on what the College and its individual members can do to address physician burnout. We also have provided College members with free access to the Annual Meeting presentations by Drs. O’Hollaren and Verghese which can be found at [education.acaai.org/keynotes](http://education.acaai.org/keynotes) through Feb. 28. We have a feature article on burnout this issue on pages 8-10. Finally, I have asked the Advocacy Council to explore ways of influencing policy in order to restore and preserve our sacred doctor-patient relationship. Stay tuned!

Connect with us at [acaai.org](http://acaai.org) or through:



College Advantage is published by the  
American College of Allergy,  
Asthma and Immunology (ACAAI)  
85 W. Algonquin Road, Suite 550  
Arlington Heights, IL, 60005  
Phone: 847.427.1200; Fax 847.427.9656  
[info@acaai.org](mailto:info@acaai.org)

#### Board of Regents

President: Stephen A. Tilles, MD, FAAAAI  
President-Elect: Bradley E. Chipps, MD, FAAAAI  
Vice President: Todd A. Mahr, MD, FAAAAI  
Treasurer: Luz S. Fonacier, MD, FAAAAI  
Immediate Past President: Bryan L. Martin, DO, FAAAAI  
Past Immediate Past President: James L. Sublett, MD, FAAAAI  
Regents: Larry Borish, DO, FAAAAI; Jayesh G. Kanuga, MD, FAAAAI;  
Mitchell R. Lester, MD, FAAAAI; Michael E. Manning, MD, FAAAAI;  
Santiago E. Martinez, MD, FAAAAI; Noel Rodriguez, MD, FAAAAI;  
William S. Silvers, MD, FAAAAI; James M. Tracy, DO, FAAAAI; and  
Cherie Y. Zachary, MD, FAAAAI.

Speaker, House of Delegates: Maeve E. O’Connor, MD, FAAAAI;  
Fellow-in-Training Representatives: Amar Dixit, MD and  
Tammy Peng, MD  
Executive Medical Director: Michael S. Blaiss, MD, FAAAAI  
Editor-in-Chief, *Annals of Allergy, Asthma & Immunology*:  
Gailen D. Marshall, MD, PhD, FAAAAI  
Alliance President: Charlotte Meadows  
Executive Director: Richard J. Slawny

# Four things to know before offering telehealth

**Telehealth offers exciting new opportunities for patient care and has been shown to increase quality, access and affordability. Increasing numbers of patients are using and demanding telehealth services. In the fall issue of College Advantage, we took a look into how using telehealth services could impact you and your practice. But what else do you need to know? What about licensure, compensation and other legal issues?**

Thirty-one states and the District of Columbia have enacted telehealth parity laws that require commercial payers to reimburse for services provided via telehealth at the same rate as in-person services. According to the American College of Physicians, between 800,000 and 1 million virtual health consultations via phone or video occurred in 2014, and utilization is growing at a double-digit rate. Convenience is the big selling point, and allergists should be aware of the following practical and legal issues:

## 1 Licensure

Most state licensure laws require the physician to be licensed in the state where the patient is located. Many state medical boards also require prior establishment of patient in-person contact and care. Some require that access to patients' medical records be available to the telehealth provider.

## 2 Insurance coverage

Insurance coverage varies considerably from payer to payer and state to state. Medicare provides coverage for telehealth services but limits it to patients at clinical settings in a designated health professional shortage area. Telehealth visits for Medicare should be coded using the same CPT codes as apply to in-person visits with a GT modifier.

Many state Medicaid agencies provide more generous coverage for telehealth services, but policies vary from state to state. The American Telemedicine Association's State Toolkits, available on their website, are a good starting point for determining your state's coverage and reimbursement rules.

Most commercial payers have developed policies on telehealth, but again, they vary from payer to payer as well as from state to state. You will need to check with each payer individually.

## 3

### Ethics

The AMA recently issued ethical guidelines for telehealth services. The new guidelines note that while new technologies and models of care will continue to emerge, physicians' fundamental ethical responsibilities do not change. The new AMA policy stipulates any physician participating in telehealth must:

- Disclose financial or other interests in particular telehealth applications or services.
- Protect patient privacy and confidentiality.

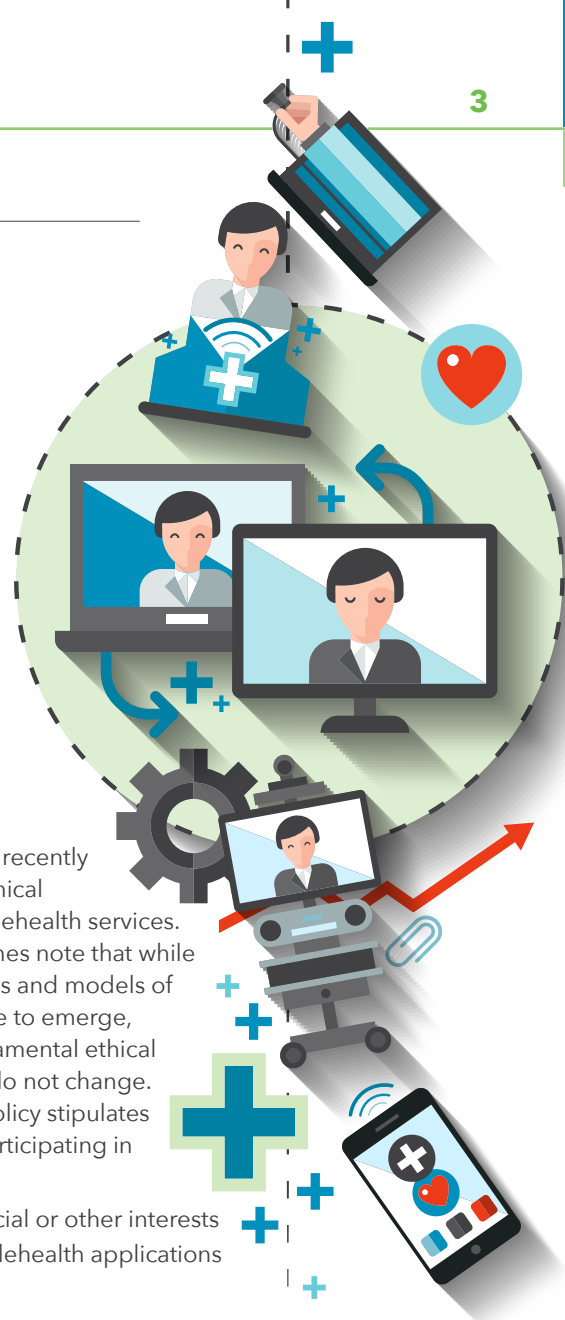
## 4

### Principles of coverage

The AMA encourages medical specialty groups to develop comprehensive practice parameters, standards and guidelines to address the clinical and technological aspects of telehealth. The College's new Telehealth Task Force, under the oversight of the Advocacy Council, will be focusing on these issues in 2017.

The Advocacy Council is working to ensure asthma education and respiratory care services are fully recognized as appropriate telehealth services going forward. Furthermore, we are proposing language to remove the geographic restrictions in Medicare to ensure all patients have equal access to telehealth services.

It's clear that telehealth visits are here to stay. We will need to be diligent in ensuring it is used to provide care that is both safe and effective – and that physicians are properly reimbursed.





# Five steps to get started with MACRA

Welcome to Medicare reform in 2017. Most allergy practices are now required to participate in the Medicare Access and CHIP Reauthorization Act (MACRA), and the Practice Management Committee is here to help. What steps should you take now to get started?

## 1 Check whether you are required to report under MACRA.

Physicians that bill Medicare \$30,000 or less OR see 100 or fewer Medicare patients annually are EXEMPT from the program. The Centers for Medicare and Medicaid Services (CMS) estimates 32% of allergists will be excluded due to low Medicare volumes.

CMS will evaluate claims data from two separate year-long periods to determine low-volume eligibility: September 2015 through August 2016, and again from September 2016 through August 2017. CMS is also creating a lookup tool for physicians to determine whether they meet the low-volume exclusion.

## 2 Determine how to report.

Most allergists will report under the Merit Based Incentive Payment System (MIPS) for 2017, unless you participate in an Advanced Alternative Payment Model.

## 3 Evaluate options for 2017.

For the 2017 transition year, CMS created a flexible program with multiple reporting options. There are three MIPS reporting options to choose from in 2017 that will exempt physicians from any risk of penalties in 2019:

- **Report minimal data** (one quality measure, one improvement activity, or the required Electronic Health Records (EHR) measures) for any time period and avoid a penalty.
- **Report additional data** (more than one quality measure, more than one improvement activity, or more than the required EHR measures) for at least 90 consecutive days and be eligible for a small bonus payment.

- **Report all required measures** for at least 90 consecutive days and be eligible for a bonus payment.

If you choose not to report at all, but are required to do so, you will see a 4% reduction in 2019 Medicare reimbursements.

**At minimum, we recommend every allergy practice choose one quality measure or one improvement activity to avoid a penalty in 2019.**

## 4 Get free help.

No need to hire a costly consultant or struggle trying to figure this out yourself. CMS has funded two programs to help specialty practices of all sizes succeed under MACRA. The Transforming Clinical Practice Initiative and Quality Innovation Network - Quality Improvement Organizations will provide free, personalized education and support to practices. Go to [college.acaai.org/MACRA](http://college.acaai.org/MACRA) for links to these CMS resources and more.

## 5 Learn more.

Check out the helpful CMS Quality Payment Program (otherwise known as MACRA) tool at [qpp.cms.gov](http://qpp.cms.gov). The College will continue to provide MACRA resources you can use - stay tuned to [college.acaai.org/MACRA](http://college.acaai.org/MACRA) and College Insider for updates.



# How does your practice measure up?

**How does your compensation and productivity stack up against other allergists and specialties? Benchmarking your financial data against other practices (and against your own historical performance) can help you find opportunities to improve.**

Michael Blaiss, MD, FAAAAI, executive medical director, gave a presentation on practice financial survey data at the 2016 Annual Scientific Meeting. According to Dr. Blaiss, "We all went into allergy to care for the patient, nevertheless we have to realize it's a business. Just like any other business, we need good financial data to help us compare our allergy practice to others."

We analyzed 2015 data from the Medical Group Management Association (MGMA). The good news: median total compensation for non-academic allergists (including provider wages, bonus/incentive payments, research stipends, honoraria and profit distributions) has increased steadily over the past four years, according to MGMA. Median allergy/immunology (A/I) compensation is greater than both internal medicine and pediatrics, but consistently less than pulmonary medicine. Median work relative value units (RVUs), a measure of physician productivity, has also increased for allergists over the past three years. Keep in mind this data is based on a relatively small number of allergists who completed the survey: 196 in 2015 and 203 in 2014.

MGMA also reported 2015 A/I total compensation by ownership type. Physician owned practices earned 17% more than hospital/integrated delivery system (IDS) owned practices. See chart 1A.

Fewer academic allergists (34) reported 2015 compensation data to MGMA than non-academic allergists (196). According to this limited data, which may not be representative, academic allergists earned significantly less than non-academic allergists. See chart 1B.

For practices planning to hire a new allergist this year, the median starting salary data in 2015 was \$160,375, based on reports from five new allergists. See chart 1C.

Overall, allergy is still a highly compensated specialty, with physician-owned practices at the high end of the scale and academic practices at the low end. For more information on allergist compensation, career satisfaction and other allergy practice data, view Dr. Blaiss' Annual Meeting presentation as part of the Meeting On Demand on the College Learning Connection, at [education.acaai.org/OnDemand](http://education.acaai.org/OnDemand). The presentation is part of the Practice Essentials package.

The 2017 MGMA provider compensation is now open through Feb. 17! Participate and get the results for free at [goo.gl/2PJ3p5](http://goo.gl/2PJ3p5).

**COMPENSATION TRENDS IN A/I VS. OTHER SPECIALTIES  
MEDIAN TOTAL COMPENSATION, ALL PRACTICE TYPES EXCEPT ACADEMIC**

|                                    | 2012       | 2013       | 2014       | 2015       |
|------------------------------------|------------|------------|------------|------------|
| <b>Allergy/Immunology</b>          | \$ 285,847 | \$ 315,710 | \$ 320,637 | \$ 348,579 |
| # Allergists                       | N/A        | N/A        | 203        | 196        |
| Median Work RVUs                   | N/A        | 4,272      | 4,379      | 4,666      |
| Median Total comp/Work RVU         | N/A        | 72.59      | 79.98      | 78.54      |
| Median total comp/Collections      | N/A        | 0.493      | 0.452      | 0.414      |
| <b>Pulmonary medicine: general</b> | \$ 350,650 | \$ 354,313 | \$ 356,539 | \$ 358,035 |
| <b>Otorhinolaryngology</b>         | \$ 399,080 | \$ 401,944 | \$ 405,503 | \$ 444,348 |
| <b>Internal medicine: general</b>  | \$ 224,110 | \$ 229,000 | \$ 238,227 | \$ 247,319 |
| <b>Pediatrics: general</b>         | \$ 216,112 | \$ 220,853 | \$ 226,408 | \$ 231,637 |

**1A: 2015 MEDIAN A/I TOTAL COMPENSATION  
BY ORGANIZATIONAL OWNERSHIP  
(EXCLUDING ACADEMIC)**

|              | Physician owned | Hospital/IDS owned |
|--------------|-----------------|--------------------|
| # Physicians | 135             | 57                 |
| Compensation | \$ 384,498      | \$ 328,471         |

**1B: 2015 A/I TOTAL COMPENSATION**

|                   | Provider Count | Mean       | 25% tile   | Median     | 75% tile   |
|-------------------|----------------|------------|------------|------------|------------|
| A/I Academics     | 34             | \$ 187,422 | \$ 144,278 | \$ 177,284 | \$ 212,799 |
| A/I Non-academics | 196            | \$ 417,633 | \$ 260,776 | \$ 348,579 | \$ 528,802 |

**1C: 2015 A/I STARTING SALARIES**

|                                | Provider Count | Mean       | 25% tile  | Median     | 75% tile   |
|--------------------------------|----------------|------------|-----------|------------|------------|
| A/I guaranteed starting salary | 5              | \$ 158,403 | \$ 80,127 | \$ 160,375 | \$ 235,693 |

## Source

MGMA DataDive™ Provider Compensation 2016. Used with permission from MGMA, 104 Inverness Terrace East, Englewood, Colorado 80112. 877-275-6462. [www.mgma.com](http://www.mgma.com). Copyright 2016.





## EDUCATION ADVANTAGE

# Attend Annual Scientific Meeting courses anytime, anywhere

**Did you miss this year's Annual Scientific Meeting? Or maybe you didn't make it to all of the sessions you wanted. Now, the meeting is at your fingertips with the Annual Meeting On Demand.**

Catch what you missed on your desktop, tablet or phone and claim CME and MOC. The sessions are available to purchase on the College Learning Connection at [education.acaai.org/OnDemand](http://education.acaai.org/OnDemand) - in a variety of packages so you can choose what's right for you.

### **2016 ACAAI Annual Scientific Meeting**

*72 credits / \$495 members / \$649 nonmembers*

This four-part collection covers general sessions from the Annual Meeting - four days of presentations including plenary, symposia, and most of the workshops. Plus, you can also earn up to 10.0 MOC Part II Self-Assessment credits.

### **Topic packages**

These packages combine plenaries, symposia and workshops on a specific topic so you can review the content that matters most to you.

- **Practice management**  
*13 credits / \$260 members / \$390 nonmembers*
- **Food allergy**  
*8.5 credits / \$170 members / \$255 nonmembers*
- **Skin diseases**  
*9.25 credits / \$185 members / \$275 nonmembers*

### **Practice Essentials: Immunotherapy and Practice Management**

*5.25 Credits / \$105 members / \$150 nonmembers*

Check out all the presentations from the full-day Thursday program that covered immunotherapy as well as a practice management boot camp.

## Annual Literature Review

6.0 credits / \$120 members / \$180 nonmembers

Didn't have time to hit the journals as much as you would have liked? This is a review of the most important, clinically focused literature of our specialty published between October 2015 and August 2016, with emphasis on clinical relevance. Faculty includes allergy/immunology training program directors and specialists in practice.

## MOC Modules

You get your pick of eight individual sessions designated by ABAI for MOC Part II Self-Assessment credit, as well as AMA PRA Category 1 Credits™.

- **Practical advice for the diagnosis/management of drug allergy**  
1.5 credits / \$30 members / \$45 nonmembers
- **Immunity gone bad**  
1.5 credits / \$30 members / \$45 nonmembers
- **Asthma in 2016: Advances in understanding origin, presentation and approaches to management**  
1 credit / \$20 members / \$30 nonmembers
- **Meeting the needs of distinctive patient populations: Pregnancy, the underserved and adolescents**  
1.25 credits / \$25 members / \$39 nonmembers
- **What to do when asthma does not respond to Step 3**  
1.25 credit / \$25 members / \$39 nonmembers
- **Integrative medicine in allergy practice: Evidence-based complementary modalities**  
2 credits / \$40 members / \$60 nonmembers
- **Life and diet for infants after LEAP**  
1.25 credits / \$25 members / \$39 nonmembers
- **Modern therapies for allergic skin diseases**  
1.50 credits / \$30 members / \$45 nonmembers

## Workshops

48 credits / \$335 members / \$439 nonmembers

With a host of new workshops this year as well as returning favorites, you don't have to decide which session to select,

you can watch them all! Package includes workshops on insect allergy, food challenges, drug allergy options, immunotherapy, essentials of sterile compounding, atopic dermatitis in-depth, hyper IgE and hypereosinophilia, allergies in infants and very young children, integrative medicine, even an update on coding as well as legal and regulatory issues – and more!

## Allied Health Professionals Course

11.25 credits / \$225 members / \$339 nonmembers

Check out topics from how to increase your competence in special testing procedures to interesting dermatological cases in allergy.

## Advanced Practice Health Care Providers Course

6.25 credits / \$125 members / \$189 nonmembers

View the general sessions and check out workshops on prescription and nonprescription therapy, and chronic urticaria, angioedema and HAE.

## Office Administrators Practice Management Course

Not for CME credit, 6 attendance credits / \$120 members / \$180 nonmembers

Check out sessions covering patient-centered care, financial management, the changing world of regulations and payment models, marketing your practice, human resources, new technology to improve retention and compliance and more!

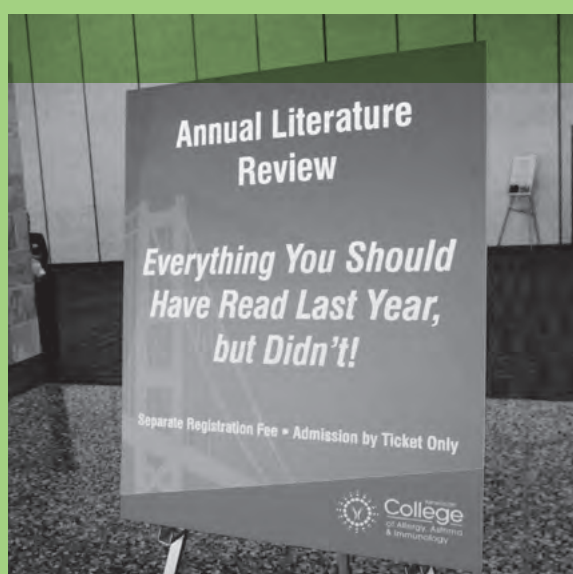
Visit [education.acaai.org/OnDemand](http://education.acaai.org/OnDemand) today – and let the Annual Meeting experts come to you.

## Accreditation

The American College of Allergy, Asthma & Immunology (ACAAI) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

## Designation

The American College of Allergy, Asthma & Immunology (ACAAI) designates this enduring material for the number of AMA PRA Category 1 Credit(s)™ listed above. Physicians should claim only the credit commensurate with the extent of their participation in the activity.





# *Burnout:* From the reason to the remedy

**Discussions about burnout and increasing rates of physician suicide are everywhere. If you're feeling symptoms, you're not alone - and the College is stepping up to help allergists experiencing burnout.**

It's ok to admit it - this isn't what you signed up for. You went through residency to help patients, to get one-on-one face time with them, and have them walk away feeling better. But lately you've been bogged down with clerical work - entering data and notes in the EHR, even when you're at home in your pajamas. You might be feeling a bit of what everyone is talking about - burnout. "Between 50% and 60% of physicians are now experiencing clinical symptoms of burnout," said Mark O'Hollaren, MD, FACAAL, during the keynote session at the Annual Scientific Meeting. "And approximately 400 physicians per year commit suicide in the U.S."

So, what is burnout, anyway? According to Dr. O'Hollaren's presentation, it's the progressive loss of idealism, energy and purpose. It leads to emotional exhaustion - the loss of passion. It brings cynicism and depersonalization. It comes with fatigue, ineffectiveness - the loss of desire to accomplish great goals and make the world a better place. In short, it makes the quality of your life a whole lot worse.

You've probably heard a lot about it at this point - it's a hot topic in medicine. It seems like every health blog from KevinMD to STAT are writing think pieces about this issue. The National Academy of Medicine is launching a new action group to address the high rates of depression and suicide among health care workers in the U.S. And it's all for good reason. But why is it happening so much in the last few years? Dr. O'Hollaren agreed completely with another presenter at our keynote session, Abraham Verghese, MD, MACP, well-known author and voice in medicine. A lot has to do with electronic health records (EHR).

While intended to improve patient care and efficiency, these cumbersome systems have only lead to increased work and less time with patients. "The medical record as it now exists





is a mistake of epic proportions. There is just no two ways about it," said Dr. Vergehesse, to a round of raucous applause. "We are the highest paid clerical workers in the country – we really are." His presentation offered shocking statistics – for every hour physicians provide direct clinical face time to patients, nearly two additional hours are spent on the EHR. Outside office hours, physicians spend another one to two hours of personal time each night doing other clerical work. With that in mind, it doesn't sound surprising that allergists are feeling exhausted.

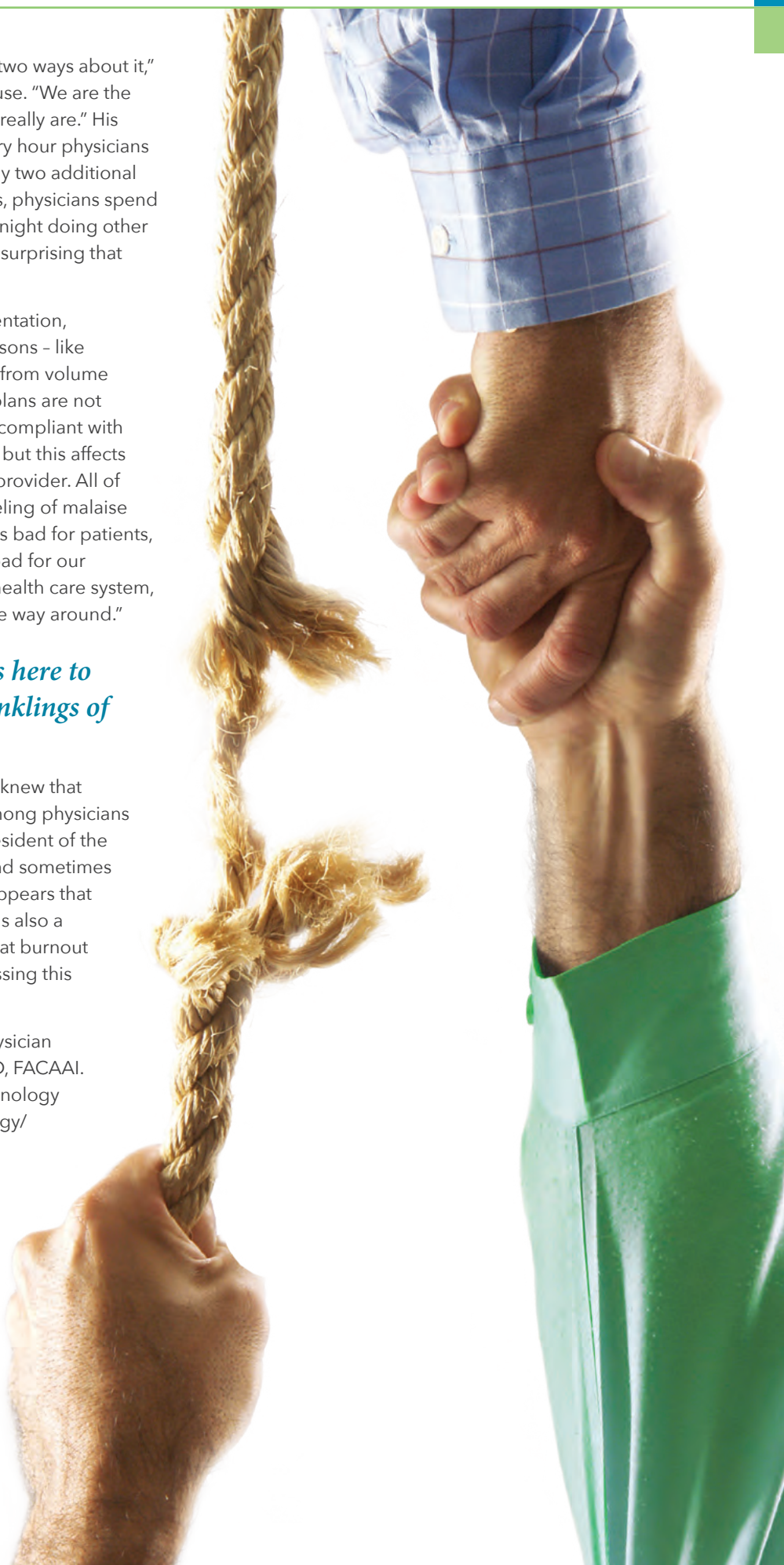
There are other factors, as well. During his presentation, Dr. O'Hollaren brought up a couple of other reasons – like the changing health care environment and shift from volume to quality. Additionally, high deductible health plans are not making things any easier. Patients often are not compliant with medications or tests due to out-of-pocket costs, but this affects your outcomes and how you are looked at as a provider. All of these issues pile up and lead to that horrible feeling of malaise that affects more than just physicians. "Burnout is bad for patients, it's bad for providers," said Dr. O'Hollaren. "It's bad for our marriages, families and friends, it's bad for our health care system, it's bad for the country overall, it's just bad all the way around."

***The good news is that the College is here to help you if you are starting to feel inklings of burnout in your life.***

"Prior to our Annual Meeting last November, we knew that physician burnout was an important problem among physicians in general," said Stephen Tilles, MD, FAAAAI, president of the College. "But judging from the overwhelming and sometimes emotional responses to the keynote session, it appears that burnout among allergy/immunology specialists is also a significant problem. The College understands that burnout is a threat to our members, and therefore addressing this issue has become a high priority."

The College has put together a task force on physician wellness, chaired by Gailen Marshall Jr., MD, PhD, FAAAAI. "The Task Force for Promoting Allergy and Immunology Physician Well-Being is aimed at identifying allergy/immunology physician-specific factors that can adversely impact the risk for physician burnout," said Dr. Marshall. "We plan to gain insight into the scope of this problem for our members through web-based questionnaires, focus groups and by establishing a listserv to allow online discussion between College members and the task force about this critical issue. Once these allergy/immunology-specific risk factors are firmly defined, the College will use this data to effect changes to reduce (and someday eliminate) these

*continues on page 10*



risks for physician burnout.” The task force is still in its infancy, but the more that College members participate in the questionnaires, focus groups, etc., the more complete the assessment and recommendations to reduce the risk of burnout will be.

Dr. Marshall emphasized the importance of membership participation in the coming year. “Given the size of our small specialty and the relatively meager number of new providers coming into the workforce annually, it is critical that we identify specific risk factors (similar and distinct from other specialties) that affect our providers. We can then develop strategies that will address these risk factors and advocate for

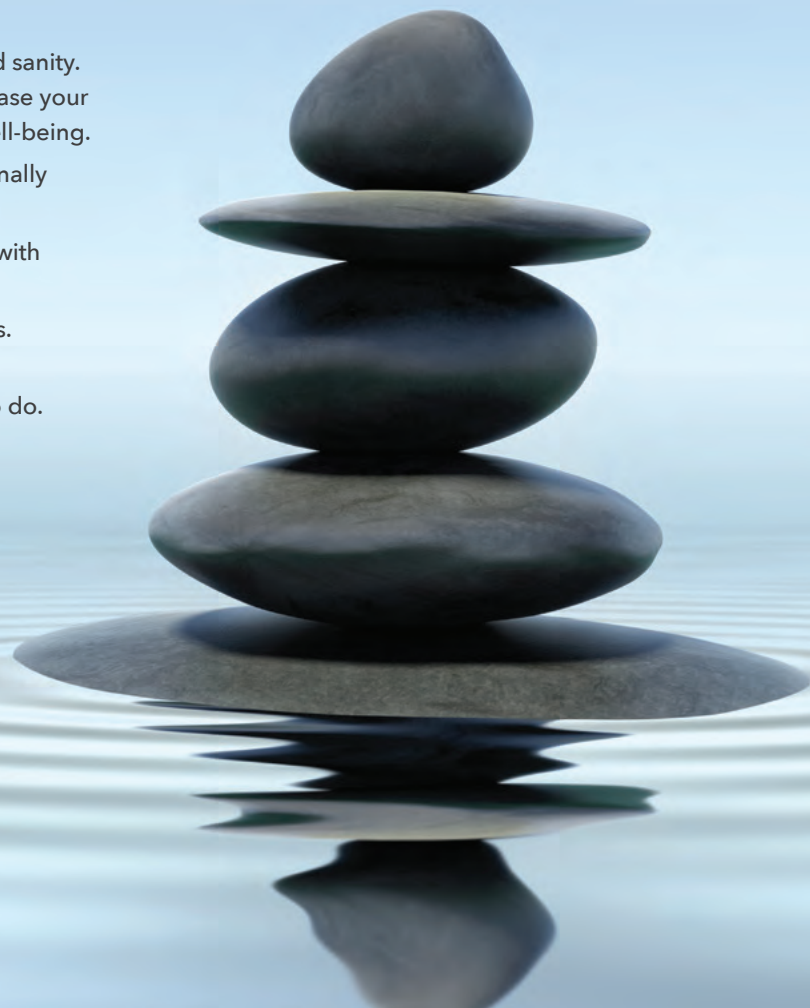
their implementation into our future health care system,” he said. “Otherwise, we face the risk of extinction of our specialty based upon the wear and tear of our physician workforce.”

Reading so much about burnout might make you start to feel, well, burned out. Take a deep breath and try to stay optimistic. With all the attention being paid to this important issue, remember that change is always on the horizon. “I have a sense that the pendulum is finally gathering steam,” said Dr. Verghese during his presentation. “No health care system can afford the kind of attrition where 50% of your staff are depressed and going part time. People are waking up that we need a change.”

## What to do?

**Feeling burned out? It happens, don't worry. There are a lot of resources available online, for example through the AMA, and we've got some tips from Dr. O'Hollaren's talk.**

- Begin each day by focusing on what's right, not just what's wrong.
- Remember to also care for your “work family.” They are foundational to the healing work you do.
- Look at your practice with a new focus on your well-being and sanity. Craft your team to practice at the top of their license to decrease your administrative burden. See our article at [college.acaai.org/well-being](http://college.acaai.org/well-being).
- Despite all forces aligned against you, work to connect personally with each patient.
- Learn to say no to things that are not important or consistent with your priorities.
- Be deliberate in creating time with yourself, family and friends. Actually take vacations.
- Acknowledge your own good work, not just what is still left to do.
- Keep in touch and know what is going on with your professional colleagues.
- Don't be afraid to get help from your local Physician Health Program (PHP). Almost every state has one.
- Work deliberately to improve work flow in your office – especially with care teams and how they work with the EHR.
- Widen your field of view to engage with system design work in your organization and community. Start where you are comfortable.
- Compare notes with other doctors in your community – they are likely feeling the same way you do. Improve things together.







EDUCATION ADVANTAGE

## Ready to get #social?

**We're living in the digital age. With 87% of adults using the internet, and 74% of those users on social media, we are connected like never before. That also means the days when your practice could avoid participating in social media are over.**

In addition to needing a website that is optimized for mobile devices, you also need to have an engaging presence on social media channels. You could easily spend days researching the best networks to join and reading tips about what to post and how to deal with everything from review websites to Search Engine Optimization. It can be a little overwhelming!

"Social media is happening whether you agree with it or not, like it or not", said David Stuckus, MD, FAAAAI, chair of the Education Services, Data & Technology Committee. "It's an obligation on all of our parts to take part in the conversation and provide evidence-based timely information for our patients and their families."

That's where the College comes in. We put together a great webinar on social media for allergists that you should check out. Dr. Stuckus leads an energizing discussion on everything from tips for your website to strategies for success on social media. The webinar is now available on the College Learning Connection - free to College members. It's packed with valuable information you can start using in your practice right away.

"I thought it was very informative for allergists who were not familiar with social media. I was happy to see the College tackle this topic since it's such a crucial part of marketing now," said David Engler, MD, FAAAAI. "It was nice to find we were already doing all of the things recommended in our practice. It was interesting to see the percentages of how many webinar attendees were Twitter users and the statistics of Twitter users that are outside of the U.S. I also liked the recommendation to post patient education articles from the College website on your page and social media channels - you can never give too much education to your patients."

To view the webinar, visit [education.acaai.org/content/social-media-strategies-allergists](http://education.acaai.org/content/social-media-strategies-allergists). Make sure you log in as a College member to view the webinar at no cost!

## Strategies for success on social media

**Just a taste of some of the great tidbits and pearls you'll get from this webinar!**

- How are you going to present yourself? As an individual or as a practice or both?
- Who is responsible for updating your content and replying? Nothing worse than an inactive user - you need to find a voice and let that grow.
- What is your reason for joining social media?
  - Interaction with patients.
  - Promotion of your practice.
  - Stay in tune with the 'pulse.'
- Follow others who you'd like to emulate.
- Post/retweet content from others that you think your followers will find worthwhile, like the College.
  - The content originator will notice and return the favor.
  - Copy and retweet as yourself or just retweet other's posts.
- Engage with and thank those who follow or retweet your posts.
- Schedule posts (use a tool like Hootsuite) to make your life easier.
- Stay current.
  - Post about the latest research.
  - Comment on hot topics/media stories.
  - Join live Twitter chats.
  - Tweet from the Oct. 2017 College meeting using #ACAAI17.
- Stay relevant - develop your own voice and pretend that the plagiarism police are always watching.
- Have fun! You only get out what you put in.
- Develop new relationships with colleagues from around the world.
- Let followers learn about you and make a personal connection - share silly stories, family life, etc.
- Mix it up with photos, video, blog posts and more.
- Never give personal medical advice.





## FELLOW-IN-TRAINING ADVANTAGE

By Tammy Peng, MD, Senior FIT Representative



## Do you know the score?

Atopic dermatitis (AD), the leading cause of skin disease worldwide, is a chronic inflammatory skin disease secondary to epithelial-barrier. Disease activity and flares are related to triggers including weather (heat, humidity, indoor heating during winter), stress, detergents, soaps or cosmetic exposures. Given the chronic, relapsing nature of AD, ongoing disease monitoring is critical for management and treatment. A number of scales have been developed to help standardize the way in which allergists gauge skin lesions.

SCORing Atopic Dermatitis (SCORAD) is one example of an older, less frequently used eczema score to help clinicians assess disease severity. The SCORAD score is calculated with the following formula:  $A/5 + 7B/2 + C$  with scores  $<25$  representing mild disease, scores ranging 25-50 indicative moderate disease and scores above 50 consistent with severe disease. Extent criteria A are determined based on affected

surface area utilizing the rule of nines. Criteria B assesses disease severity by reviewing six features including dryness, redness, swelling, oozing/crusting, scratch marks and lichenification

and scoring these features on a scale of zero to three. Criteria C evaluates disease severity and impact on a patient's life by examining subjective symptoms such as pruritus and insomnia rated on a scale from zero to 10.

Another well-validated, composite AD severity score is the Eczema Area and Severity Index (EASI) score. The EASI score accounts for surface area with assessment in four body regions including the head and neck, trunk and genital region, upper extremities and lower extremities and buttocks, on a scale from zero to six. The composite of four parameters (redness, thickness, scratching and lichenification) graded on a scale of zero to three grades disease severity. Surface area in the EASI score calculations is utilized as a multiplying factor. Disease is stratified using the EASI score ranging from zero (clear) to 72 (very severe). Two scoring systems are available for patients above or below the age of eight.

A similar eczema score is the six area, six sign AD (SASSAD) score which does not adjust for surface areas. The six areas in SASSAD include the head and neck, trunk, arms, hands, legs and feet. The six signs include exudation, erythema, excoriation, dryness, cracking and lichenification. The SASSAD score is the summation of the six signs in the six areas and ranges from zero to 108, with higher score indicating more severe disease.

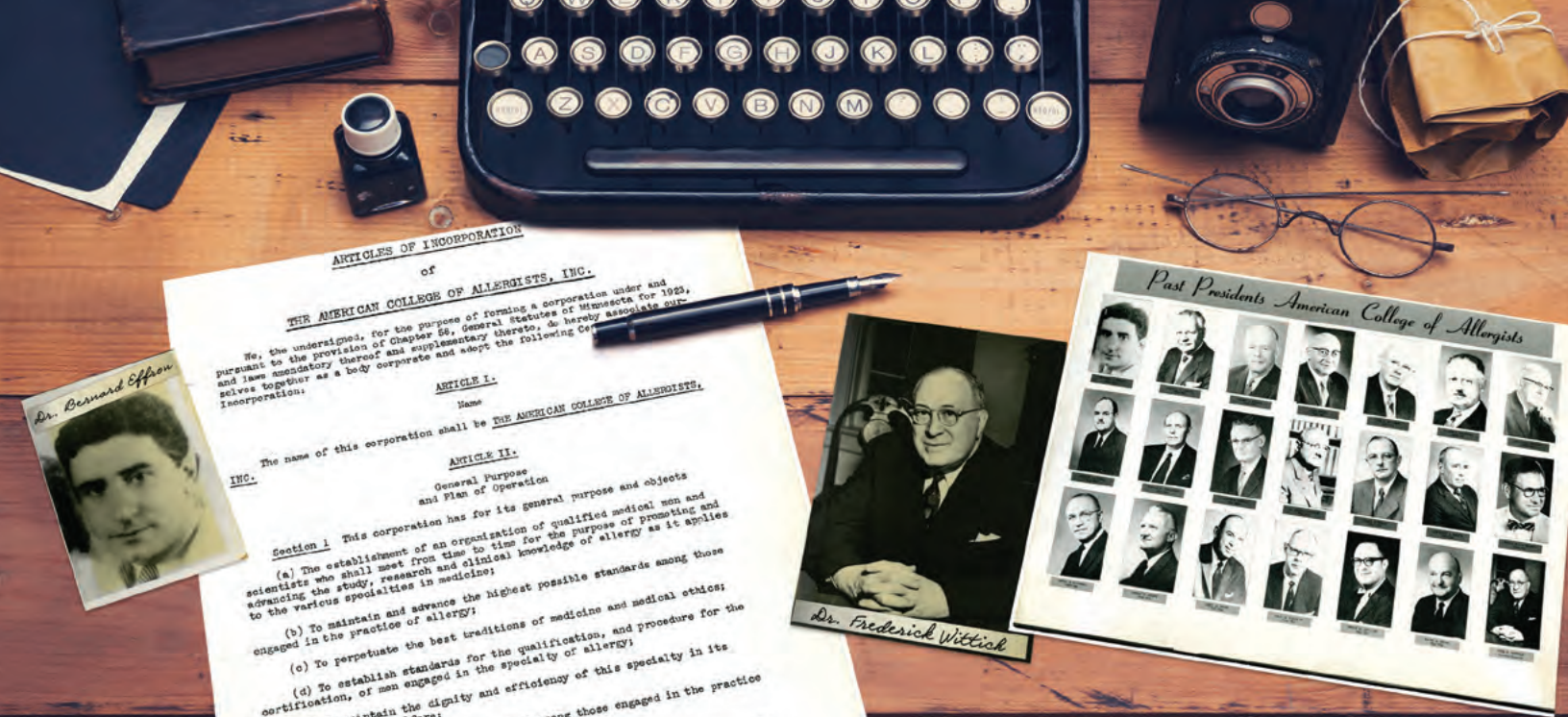
These scales help to standardize assessment of atopic dermatitis severity across clinicians and also serve as a tool for monitoring disease course and determining efficacy of therapies.

### References:

- Hanifin JM, Thurston M, Omoto M, et al. The eczema area and severity index (EASI): assessment of reliability in atopic dermatitis. EASI Evaluator Group. *Exp Dermatol*. 2001;10:11-18.
- Kunz B, Oranje AP, Labrèze L, et al. Clinical validation and guidelines for the SCORAD index: consensus report of the European Task Force on Atopic Dermatitis. *Dermatology*. 1997;195:10-19.
- Berth-Jones J. Six area, six sign atopic dermatitis (SASSAD) severity score: a simple system for monitoring disease activity in atopic dermatitis *Br J Dermatol*. 1996; 145 (suppl 4): 25-30.







## COMMUNITY ADVANTAGE

# Celebrating 75 years of excellence

**Welcome to 2017 - and the 75th anniversary of the College.** We're celebrating 75 years of excellence in allergy and immunology, of collaboration and congeniality, and of high standards of patient care. The College was founded in Minnesota in 1942 by Frederick Wittich, MD (pictured above), and though he never served as president, he was responsible for many aspects of the new organization. He was actually the man who established the *Annals of Allergy, Asthma and Immunology* as our official publication. The first president of the College was Bernard Effron, MD (pictured above), and there was no Annual Scientific Meeting during our first year (as the country was at war). We're proud that we've been able to support the practicing allergist for so many years - and we've experienced so much change and growth together. This year, keep your eyes open as we highlight our anniversary - on our social media, in our weekly College Insider email, at the Annual Scientific Meeting and right here.

# The future is yours...

Fellows: are you interested in leading the College and helping to drive the organization forward? Apply for the 2017-18 positions of vice-president and treasurer, and for 2017-20 Board of Regents positions.

Fellows who have served on ACAAI committees or who substantially contributed to other College activities are encouraged to apply. Those candidates interested in the positions of vice-president and treasurer must have previously served a three-year term on the ACAAI Board. Those interested in one of the other three Board positions must have been an ACAAI Fellow for at least three years before nomination.

Interested candidates can find applications by visiting the College website at [college.acaa.org/regentapp](http://college.acaa.org/regentapp). Completed applications should be emailed to [miriamstandish@acaa.org](mailto:miriamstandish@acaa.org) or mailed to the ACAAI Executive Office. A curriculum vitae and a cover letter indicating any special professional relevant information not included in the application form should be included with the application. **The deadline for submission is Friday, Feb. 10.**





# Your community is counting on you

**We still have some chilly weeks before spring blooms make those with undiagnosed allergies and asthma suddenly miserable. What can you do during these last weeks of winter? It's the perfect time to start planning your asthma and allergy screenings for the coming year. Will your community be able to count on you to provide free screenings?**

The Nationwide Asthma Screening Program (NASP), sponsored by Teva Respiratory, provides everything you need to easily host your own screening event. Visit [college.acaai.org/nasp](http://college.acaai.org/nasp) and fill out a coordinator's registration form to let us know you're interested. Get tips on finding a screening location by downloading our coordinators manual, and once your location and dates are secured, send in the screening program location registration form. To participate in the 2017 spring/summer program, send in your registration form by May 31. For the fall/winter program, forms are due by August 31. If your screening is open to the public, we'll post the dates, times and locations on our website.

Once you're registered, we'll email you a link so you can access the electronic toolkit, which has everything you need to make your screening a success. Print your own participant registration forms, and customize your own publicity posters, fact sheets, fliers, FAQs and more. A representative from Teva will deliver a kit of promotional banners to your office, and if you want, they can provide you with printed materials for your screening as well. The only thing you need to bring is your own spirometry equipment.

For questions about NASP, contact Amanda Spejcher at [amandaspejcher@acaai.org](mailto:amandaspejcher@acaai.org) or 847-725-2266.

**For questions  
or more information  
about NASP, contact  
Amanda Spejcher at  
[amandaspejcher@acaai.org](mailto:amandaspejcher@acaai.org)  
or 847-725-2266.**







American College of Allergy, Asthma & Immunology

# Precision Medicine in Allergy Practice

*A rich history.  
A strong future.*

## 2017 ANNUAL SCIENTIFIC MEETING

Boston, MA | Oct. 26 - 30



American  
**College**  
of Allergy, Asthma  
& Immunology

# Thank you to the 2016 ACAAI Corporate Council Members

## BENEFACTOR MEMBERSHIP



## PATRON MEMBERSHIP

