



College Advantage

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

ACAAI.ORG

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Expanding our reach

With an updated public website, successful media placements and targeted campaigns, the College is reaching more people than ever

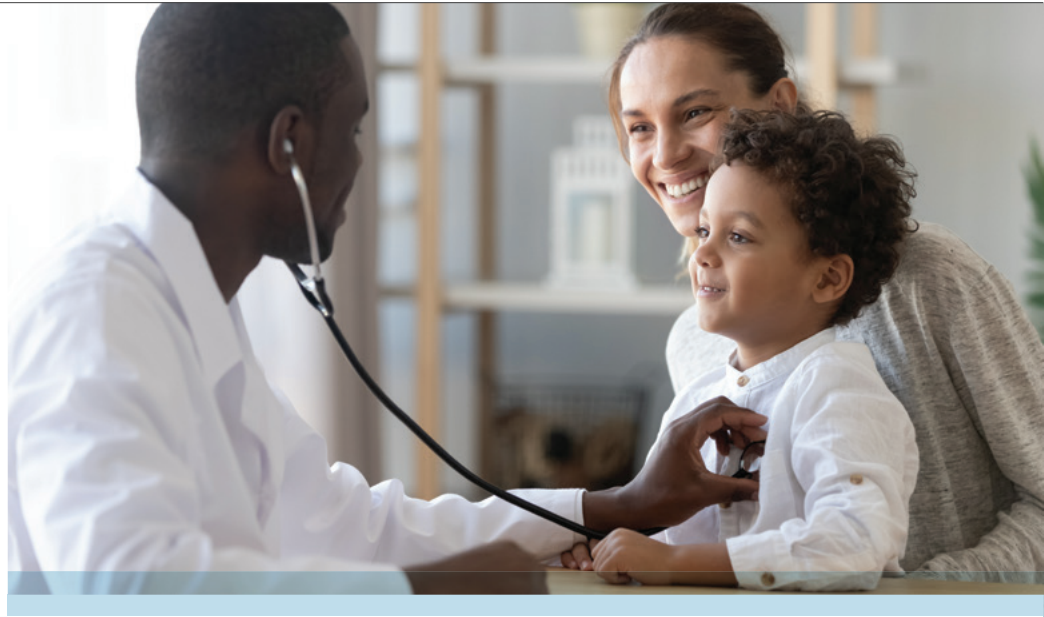
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American College of Allergy, Asthma & Immunology

Increasing the diversity of the allergy community remains a priority



Mark Corbett, MD, FAAAAI,
President, American College of
Allergy, Asthma and Immunology

One of my priorities as College president is to address health equity, including reducing racial and other disparities and increasing the future diversity of the allergy community. This goal continues the great work of my predecessor, Luz Fonacier.

This is not a new area of interest for our members and leadership, but there has been an increased focus on reducing disparities in recent years. In the past few months, the College has made much progress in this area, and I'd like to share a few highlights with you here.

Following the precedent set years ago, we continue to seek out annual meeting presentations that address disparities in asthma and allergy, touching on barriers to care for underserved groups with a

variety of treatment needs. Our current vice president, Kathleen May, made this the topic of her 2021 Bela Schick lecture as well. Our planning committee is including this goal again for the 2022 meeting, and I look forward to seeing new information that emerges. As you know, our annual meeting lectures not only help to inform attendees, but this content is available year round for our members and other interested professionals.

In February, the College was pleased to convene a roundtable of thought leaders on the topic of Racial Disparities in Atopic Dermatitis and Food Allergy. This virtual event allowed a highly engaged discussion among health care

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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
info@acaai.org

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ADVOCACY ADVANTAGE

By James L. Sublett, MD, FAAAAI, executive director, advocacy and governmental affairs

Allergy Strike Force – ready for action

This year, the College's Strike Force is excited to resume its in-person meetings with Congressional leaders in Washington. The Strike Force is a contingent of allergists who travel to Washington to bring allergy-related issues directly to members of Congress.

Typically, each year in conjunction with Asthma and Allergy Awareness Month in May, College leaders head to Washington to meet with Members of Congress, Congressional Staff, Biden Administration officials and other health policy makers to discuss health policy issues of interest to Allergists and our patients. The Strike Force is ready for a full day of appointments on May 3 that our Washington consultant, Capitol Associates, Inc. has arranged for the purpose of discussing advocacy issues important to our members and our patients. This year, we'll be discussing:

1 Reducing Prior Authorization burdens

- Reduce unnecessary delays by streamlining and standardizing prior authorizations.
- Limit changes in formularies.
- Cover biologics.
- Reduce administrative burdens.

2 Maintaining Telehealth coverage/payment policies post-PHE

- Continue flexibilities to avoid disruption to access and patient care.
- Remove originating site and geographic restrictions.
- Continue payment parity for visits.
- Continue audio-only services.

3 Fixing the Good Faith Estimate (GFE) provisions in the No Surprises Act

- Reduce provider burden.
- Support network adequacy standards.
- Providing Good Faith Estimate:
 - Allergists must provide uninsured patients with a GFE upon request or upon scheduling care.
 - We advocate that the GFE should only need to be for the services that you "reasonably expect" to provide.

It's a lot to cover in the limited time we're allotted. To help capture our discussions for Congress members, "Leave Behinds" of each issue are prepared. These are one-page summaries of the above talking points. Our leaders include their business cards and offer to be a resource for medically related legislation. Leaders follow up their visits with a thank you message and often invite their Representative to visit their offices when they are back home.

These annual Strike Force visits help ACAAI Advocacy leaders establish relationships with important decision-makers. It helps put the face of Allergy and the ACAAI before Congress. When legislation affecting one of these issues is pending, we can call on the decision-makers and they'll remember Allergy.

Your College leaders represent you. They represent Allergy. They represent the College.

The Advocacy Council: ADVOCATING FOR ALLERGISTS AND THEIR PATIENTS.



James L. Sublett, MD





Destination: Louisville

Learn, discuss and network as we advance allergy and immunology care at the ACAAI 2022 Annual Scientific Meeting.

Be a part of Advancing Allergy and Immunology Care at the ACAAI 2022 Annual Scientific Meeting, Nov. 10 -14 in Louisville, KY. Plan to attend for cutting-edge research and the most up-to-date information in sessions that offer practical tips you can quickly and confidently implement into practice. You can look forward to networking and connecting with other allergists through our exhibits, ePosters and social events.

The program is perfect for any career stage - whether you are a veteran allergist or a Fellow-in-Training. Here are some highlights:

International Food Allergy Symposium - This triennial full-day program offers a full day, immersive session on effective methods of caring for food allergic patients. Join us Nov. 10 and learn from many of the world's innovators and experts in food allergy.

The College is committed to providing our attendees with practical and useful guidance on improving your practice and patient care in addition to highlighting the dynamic research shaping the future of patient treatment.

Preliminary Sessions include:

- Drug Hypersensitivity Reactions to Aspirin Desensitization
- Aspirin Desensitization: Biologic Therapy for Patients with AERD
- Ask the Experts - How to Expand Services in Your Practice
- Utilizing Genetic Testing to Manage Immunodeficiency

- Allergen Mixing in the Allergist's Office - The Compliant Mixing Room
- The Asthma Patient: What Would You Do?

Perennial favorites such as the Friday Literature Review Session, allied health and practice management programming, and the 7 for 11 rapid-fire update will return. The interactive JEOPARDY session returns to test attendees' knowledge of dermatologic presentations.

With Louisville as a backdrop, you'll get the education, research, and Podium to Practice™ takeaways you've come to expect from the ACAAI Annual Meeting. Registration opens this summer.



ANNUAL MEETING ADVANTAGE

International experts present the latest in food allergy

We're kicking off the 2022 ACAAI Annual Scientific Meeting with the International Food Allergy Symposium on Thursday, Nov. 10. Plan now to attend the all-day immersive session and learn from many of the world's innovators and experts in food allergy.

"The 2022 International Food Allergy Symposium will surely be a highlight of the 2022 ACAAI Annual Scientific Meeting," said Brian T. Kelly, MD, FAAAAI, chair of the Annual Meeting Program Committee. "Experts from home and abroad will showcase the latest in food allergy and provide allergists with timely and practical information to bring back to their clinics and patients. I could not be more excited about the program we put together, and I suggest all consider attending on Thursday November 10, 2022. You won't want to miss it!"

What can you expect from this one-of-a-kind event? Sessions will focus on:

- Epidemiology and diagnostics of food allergy.
- Prevention.
- Lunch session - Setting up your practice for food OIT.
- Advances in food OIT.
- Emerging concepts in food allergy.
- Biologics.

The day will end with short, high-yield debates focusing on three topics: moisturization of infants and the prevention of food allergy; OIT and biologics; and the usefulness of food allergy guidelines.



You're not going to want to miss this unique opportunity for professional development. Make sure you register for the International Food Allergy Symposium when you register for the Annual Meeting, Nov. 10-14 in Louisville, KY. Registration for the meeting will open this summer.

Wanted: Dynamic research and medically challenging cases

Present your compelling and dynamic research or medically challenging cases at the ACAAI 2022 Annual Scientific Meeting, Nov. 10 - 14 in Louisville, KY. The abstract submission site is open and the deadlines are:

- Research abstracts: July 11, 5:00 pm CT.
- Medically challenging cases: Aug. 1, 5:00 pm CT.

All abstracts must be submitted online at annualmeeting.acaaai.org/upcoming_abstracts.cfm. Follow the automated step-by-step process and obtain your abstract proposal number, which will allow you to resume or edit your submission until the deadline.

There is a \$60 fee for each abstract submitted. Abstracts selected for oral and poster presentations

will be published in the November supplement to the *Annals of Allergy, Asthma & Immunology*. FITs who submit a research abstract may apply for a Clemens von Pirquet award. Answers to frequently asked questions can be found on the submission web page. Still have questions? Contact education@acaaai.org.

Note: Abstracts scheduled for publication prior to the ACAAI Annual Meeting date, or that have been presented at national or regional meetings of other organizations, cannot be submitted. Since accepted abstracts will be published in *Annals of Allergy, Asthma & Immunology*, the abstract peer review process will adhere to human subjects research ethical guidelines.

FITs – Apply for Annual Meeting awards and scholarships

Fellows-in-Training (FITs): Be recognized for your outstanding research and apply for a travel scholarship to attend the 2022 Annual Scientific Meeting Nov. 10 - 14 in Louisville, KY!

Clemens von Pirquet Awards - The Alliance of ACAAI acknowledges three FITs for the best research abstracts on any aspect of allergy/immunology or related fields. To be considered, you must indicate that you wish to apply for a Clemens von Pirquet Award on the abstract submission site. Information on the criteria and application requirements are available at annualmeeting.acaai.org/upcoming_abstracts.cfm. Apply by **July 11, 2022 at 5:00 pm CT**.

The Abstract Review Committee selects the award-winning abstracts. Award winners present their research at an Oral Abstract Session. Winners will receive cash awards from \$1,000 to \$2,500 and are eligible for a travel scholarship to attend the Annual Meeting. Questions? Contact education@acaai.org.

Travel scholarships - The College provides travel scholarships to FITs in North America to attend the Annual Meeting. FITs who have completed their fellowship in 2022 are still eligible for travel scholarships. The application, due by **Aug. 26, 2022**, was recently emailed to all FITs and is available at college.acaai.org/college/awards-and-named-lectureships. For more information, contact Karla Kaschub, director of membership, at karlakaschub@acaai.org.



Have you tried the College's Practice Assessment Quiz?

Use the quiz to quickly assess your practice in key areas like:

- coding
- allergen extract mixing
- biologics
- telemedicine
- and more!

You'll get a personalized analysis of your practice's strengths and opportunities - and we'll recommend specific College resources in areas where your practice can benefit! It's free to members and only takes 15 minutes.

Check it out at college.acaai.org/pmc.



Set yourself up for success

The College has partnered with Resolve to offer contract review services to members at a reduced rate.

The College is pleased to announce a new member benefit! We have partnered with Resolve, a national firm specializing in physician employment contracts. Resolve provides guidance on navigating salary and benefit negotiations. Each physician has their own needs unique to their lifestyle. Resolve takes a tailored approach to every client. Whether competitive compensation, adequate benefits, or call schedule is at the top of your list, the Resolve team will help you get the terms that matter most. College members receive discount packages for Resolve's services. For more information visit m2.resolve.com/acaai/.

Resolve believes the first step physicians can take to set themselves up for success is to change the way they sign employment contracts. Resolve can help you determine if a contract is fair, and if it's not, their experts can provide the expertise necessary to successfully negotiate changes.

Signing your first contract?

When signing your first contract, it's important to start at or above fair market value. Having your first post-training contract reviewed might be one of the most important steps to take when considering a job.

If your current contract auto-renews every year, can you make changes?

The answer is yes. Your contract can be negotiated at any point. Compensation data changes annually, and employers receive the updated reports. They are aware of fluctuations in average compensation, and if you are as well, you can negotiate contract changes.

Do you want out of your current contract and wonder what steps to take?

There are many considerations to be made if you need to exit your contract. There may be financial implications if you breach contract and leave early, such as being required to pay back signing and relocation bonuses. Meeting with an attorney who can outline your responsibilities upon exit will ensure everything is properly handled and no bridges are burned. Resolve's experienced team informs you of all the steps to take, so you know exactly what to expect.

Learn how Resolve's service may benefit you and review package plans. Visit m2.resolve.com/acaai/.



Expanding our reach

The College works tirelessly to reach the public and health care professionals to help them understand the value of an allergist's care.



Allergists help people get relief from their asthma, allergy and immunological conditions. But there are still many more people with these conditions who would benefit from the knowledge and experience of a board-certified allergist. The College works tirelessly to reach the public and health care professionals to help them understand the value of an allergist's care.

Helping to increase referrals

"One of my goals as ACAAI president is to promote the fact that our expertise as board-certified allergists makes us uniquely qualified to treat asthma and allergies," said ACAAI President Mark Corbett, MD, FAAAAI. "It's important that NPs, PAs and primary care physicians know that when their patients have ongoing or uncontrolled symptoms and it's time to choose an allergist, they should choose a board-certified allergist rather than other 'allergists,' as we are fellowship trained."

Referrals are vital to an allergist's practice. In 2022, the College has been working on two separate campaigns to increase outreach to health care professionals.

This winter, the College launched the Partners in Patient Care campaign, targeted to NPs and PAs to encourage referrals to allergists for their patients who aren't getting relief from their allergy or asthma symptoms. The campaign involves social media ads and a microsite with a variety of resources. Visit the microsite at acaai.org/NP-PA-partners. You can promote this effort by using the College's ready-made social media posts. Find them at college.acaai.org/promote-allergist-expertise.

This summer, the College will launch a campaign specifically targeted to primary care physicians and pediatricians to encourage referrals to allergists.

Informing the public via acaai.org

When people search the internet for information on asthma and allergies, more than four million of them land on acaai.org, the College's public website. With its clean look and easy-to-find information, it's a great place for patients to learn about allergic conditions. The website features interactive tools, featured articles, content in Spanish and a "Find an Allergist" feature that helps patients locate an

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allergist in their area. Consider putting a link to acaai.org on your practice's website.

Media reach

Chances are, you've read an article in a mass media publication about allergic conditions and noticed a quote from a College member. About two dozen of our members serve as spokespeople who are willing to give their time to be interviewed or provide content for magazine, newspaper or website articles. And the reach is astounding - some articles get millions of hits. There were 6,461 media stories with an audience reach of 13 billion from Jan. 1 through Oct. 12, 2021. Most importantly, media articles provide a way to get accurate information about allergies and asthma to a wide audience.

Asthma and Allergy Awareness Month

May is designated as Asthma and Allergy Awareness Month. It is a time when allergic conditions are in the national spotlight. It is no coincidence that the month of May was selected, as many people tend to suffer from allergy symptoms during the month. The College has a toolkit dedicated to Asthma and Allergy Awareness Month with resources that make it easy for you to share information with the public. You'll find ready-made social media posts, presentation ideas, YouTube videos and more! Thinking of offering asthma screening for your community? Check out our Asthma Screening Guide for tips on getting started and resources to help run the screening. Read more about the toolkit on page 13.

Marketing and Patient Materials Toolkit

The College makes it easy to market the essential services you provide all year round. Use the tips and resources in our Marketing and Patient Materials Toolkit for ideas on messaging, branding, patient and community outreach,

your online presence, and media relations. You can download fact sheets for patients on a variety of allergic conditions, get articles you can use on your practice website and more. Visit the toolkit at college.accai.org/toolkits/marketing-and-patient-materials-toolkit. Aim to add at least one of these tactics to your marketing strategy in 2022 - it helps your practice and it helps your community.

Social media

College staff regularly posts on the College's social media platforms (Facebook, Twitter, YouTube, LinkedIn, Pinterest) to keep the public informed of current allergy and asthma news. We link to resources on the College's public website and also to articles from mass media outlets focusing on asthma and allergies. Share the College's posts on your practice's social media channels.

YouTube is one of the most popular ways to reach a wide audience. The College's YouTube channel has informative videos on allergy-related topics. You can link to our videos in your practice's social media posts or in your digital newsletter. Our videos share patients' real-life experiences with eczema, asthma and chronic rhinosinusitis with nasal polyps. Also available are videos featuring College members on important topics relevant to both patients and the media. Find our channel at youtube.com/user/allergists/videos.

Allergist Answers

People who want more information about allergies and asthma can sign up for our quarterly public e-newsletter, Allergist Answers. This digital communication gives the College a chance to highlight College resources that might benefit readers or their families and promote our "Find an Allergist" locator so people can get the care they need. Currently more than 2,500 people receive Allergist Answers via email.

Radio Health Journal radio spots

For the past several years, the College has participated in 60-second radio spots heard on Radio Health Journal, a weekly, paid, half-hour nationally syndicated program on health issues. The weekly national audience is about three million. Dr. Corbett contributed to a spot on spring allergies and when you need to seek out the help of an allergist. More spots are planned for later in 2022.

The College continues to strive to reach the public so people can stay informed about allergic conditions and the best ways to get relief.





PRACTICE MANAGEMENT ADVANTAGE

Remote patient and therapeutic monitoring: Can they work for allergists?

There has been a lot of buzz about remote physiologic monitoring (RPM) and recently, remote therapeutic monitoring (RTM). But what exactly are RPM and RTM, and can they really be implemented in allergy practices? Do they improve care for patients, and will you get reimbursed for these services? We spoke to allergists using these services to find out.

Remote Physiologic Monitoring (RPM)

RPM is not new. RPM CPT codes have been in place for more than two years and allow physicians to provide and be paid for monitoring of patient physiological data (e.g., heart rate, respiratory rate, blood pressure, weight, spirometry) that is automatically transmitted electronically via a device for treatment management. These services can be provided under general physician supervision, which means a physician's clinical staff or an outside company can provide the services without the physician being in the office or on-site. We spoke with two allergists who are using RPM - and getting paid for it - at their practice/health system.

Jeff Langford, MD, has an independent practice and began using RPM at the start of the pandemic. He targeted two types of patients for this service: 1) severe asthmatics using biologics, who needed careful monitoring, and 2) immunodeficiency patients, whom he wanted to keep away from urgent care. He now has more than 200 patients enrolled in RPM.

Each RPM patient receives a digital thermometer, a hand-held spirometer, a pulse oximeter (due to the pandemic) and a scale. A blood pressure cuff is also provided to patients with hypertension. Readings are automatically sent electronically to his office via a stand-alone smart hub, which works on a cellular network. No internet connection is required. At first, Dr. Langford used an in-house nurse to monitor the data. However, when staffing became tight, he outsourced this function to the RPM company. The nurse there monitors data and looks for abnormal trends according to parameters set by Dr. Langford. She has access to the practice EHR and can document notes and send messages. She regularly checks in on patients and responds quickly when data looks

PRACTICE MANAGEMENT ADVANTAGE

abnormal. "Having dedicated staff to monitor and respond to this data is key," noted Dr. Langford.

Dr. Langford bills codes 99453, 99454, 99457 and 99458 for RPM services as appropriate per the chart below (Fig. 1). Medicare does pay for RPM services, and all commercial payers have reimbursed him for these codes. Some commercial plans require patient copays and/or coinsurance. However, in his state Medicaid has not consistently covered RPM codes. Coverage depends on the plans in your state; check with your commercial payers to see if these services are covered.

Note: Devices used must be medical devices as defined by the FDA, and RPM treatment management services must be used to manage a patient under a specific treatment plan. When multiple medical devices are provided to a patient, the services associated with all the medical devices can be billed only once per patient per 30-day period. CPT 99453 can be billed only once per episode of care where an episode of care is defined as "beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals."

Using RPM, Dr. Langford and his nurse were able to identify COVID-19 patients from irregular data and get them antibody infusions and other treatments as needed. They also identified a COPD patient in need of oxygen and ensured he saw his pulmonologist and received oxygen the same day. And they have shared BP data with other specialists when relevant. Another advantage? "We are, on occasion, able to get meaningful pre/post bronchodilator studies at home as part of this program's usual monitoring, mentored by the nurse. This, when we haven't done nebulizers at all in two years," said Dr. Langford.

Tania Elliott, MD, FACA, chair of the College's Taskforce on Telehealth and Technology, is chief medical officer of virtual care at Ascension. Ascension has been using RPM since 2014 and has monitored more than 40,000 patients for chronic disease. Respiratory rate, blood oxygen level and inhaler

use are among the things they are monitoring remotely. They charge for RPM and have found Medicare and some commercial payers have reimbursed for these services.

Ascension has a centralized nurse monitoring team that manages all escalations and "red alerts." The RNs adhere to clinical guidelines developed by a clinical quality committee of specialists (cardiologists, pulmonologists, etc.) so they can operate at the top of their license. Where appropriate, RNs escalate alerts directly to the physicians' practices. Each practice has their own workflow regarding who the initial point of contact is (on-call physician, physician champion of the program, physician who placed the order, etc.). All physicians are trained on the escalation protocols and pathways to ensure standardization.

"We have seen a reduction in hospital admissions and ER utilization, as well as medical cost savings as a result of RPM," said Dr. Elliott. "We are reviewing the CMS guidance on RTM as well, and plan to provide these services in the future."

Remote Therapeutic Monitoring (RTM)

RTM services are new; Medicare began paying for them on January 1 of this year. Unlike RPM, RTM services represent the review and monitoring of data related to signs, symptoms and functions of a therapeutic response. These include respiratory system status, therapy adherence and therapy response. Data can be self-reported by the patient, as well as transmitted automatically by a device. RTM requires the use of a medical device as defined by the FDA (i.e., not merely a wellness device). According to CMS, self-reported RTM data via a smartphone app or online platform classed as Software as a Medical Device (SaMD) may qualify for payment.

An example of RTM for an asthma patient could be a rescue inhaler equipped with a medical device that monitors when the patient uses the inhaler, how many times a day it is used, how many puffs/doses are used each time, and the pollen count and environmental factors at that time and location. The allergist could use this data to evaluate the patient's therapeutic response and adherence to the asthma treatment

Fig. 1: CPT Codes for RPM

RPM Code	Description	Notes
99453	RPM set-up and patient education on use of equipment (billable once per episode)	Data must be monitored at least 16 days.
99454	Supply of the device for daily recording or programmed alert transmissions (each 30 days)	Data must be monitored at least 16 days.
99457	RPM treatment management - first 20 minutes (once every 30 days)	Requires a live, interactive communication with patient/caregiver. Report 99457 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.
99458	RPM treatment management - additional 20 minutes	Requires a live, interactive communication with patient/caregiver.
99091	Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional - 30 minutes (once every 30 days)	Do not report in conjunction with 99457, 99458.

PRACTICE MANAGEMENT ADVANTAGE

Fig. 2: CPT Codes for RTM

RTM Code	Description	Notes
98975	RTM set-up and patient education (billable once per episode)	Used to report RTM services during a 30-day period. Data must be monitored at least 16 days.
98976	Respiratory monitoring (technical component; each 30 days)	Data must be monitored at least 16 days.
98977	Musculo-skeletal monitoring (technical component; each 30 days)	Data must be monitored at least 16 days.
98980	RTM treatment management - first 20 minutes (professional service; each 30 days)	Requires at least one interactive communication with patient/caregiver.
98981	RTM treatment management - each additional 20 minutes (professional service)	Requires at least one interactive communication with patient/caregiver.

plan. The allergist would get a better understanding of how well the patient is responding to the medication, as well as other social and environmental factors impacting the patient's respiratory system.

CPT codes for RTM are detailed above (Fig. 2).

Note: Devices used must be medical devices as defined by the FDA. An episode of care is defined as beginning when the RTM service is initiated and ends with attainment of targeted treatment goals.

When providing RTM, a physician or advanced practice provider must directly supervise clinical staff who are furnishing the treatment management part of the service, which means they must be present in the office when clinical staff is performing the remote service. As a result, it's virtually impossible to have the service provided by third-party vendors; instead, practices will have to provide these services in-house.

Priya Bansal, MD, FACAAl, is a member of the Practice Management Committee and an independent practitioner.

She began using RTM more than a year ago when she learned RTM codes would soon be covered by Medicare, although she hasn't yet billed for these

services. "I believe RTM may be easier for some allergy practices to implement than RPM because we are evaluating for therapeutic response, which is part of our routine care paradigm," said Dr. Bansal.

How do patients accomplish the data transmission? They can use an app that works with medical device inhalers and monitors medication compliance to transmit that data to the physician. "Currently, musculoskeletal and respiratory monitoring are allowed, but hopefully, in the future, RTM can be used for other disease states like measuring attack and maintenance medication use with hereditary angioedema and immunotherapy monitoring for reactions and responses in food allergy and allergic rhinitis," said Dr. Bansal.

Dr. Bansal demos the respiratory apps for patients on her phone in the office. About 50% of her patients download a relevant app, and of those, 30% actually use it. When patients use them, the apps send data to the office when the patient transmits it. MAs, RNs and Dr. Bansal work together to review the data.

Dr. Bansal has seen multiple benefits for patients. The biggest benefits are:

- Tracking medication compliance.
- Medication efficacy and compliance demonstrate the usefulness of medication. This helps get prior authorizations approved for specialty meds if needed.

For more information about medical devices and apps that can be used for RPM and RTM, view the recent *Annals of Allergy, Asthma & Immunology* article "Methods to Engage Patients in the Modern Clinic."¹ If you're investigating RPM or RTM for your practice, keep in mind both require physician and staff time to educate and enroll patients, review data and follow up with patients. Many offices experiencing staffing challenges may not be in a position to add new functionality with a bare bones staff. Working with an outside vendor might help solve the staffing issue with RPM, but that is not currently an option for RTM.

¹ Maurer, L. "Methods to Engage Patients in the Modern Clinic". *Annals of Allergy, Asthma & Immunology*, Vol. 128, Issue 2, Feb. 1, 2022, p. 132-138. <https://doi.org/10.1016/j.anai.2021.11.013>





May is Asthma and Allergy Awareness Month

Be a part of National Asthma and Allergy Awareness Month! It's a great time to spread the word about these common conditions and how allergists can help patients find relief. The College's Asthma and Allergy Awareness Toolkit makes it easy for you to share information with the public.

Resources in the toolkit include:

- **ACAAI public website.** Looking for some great links for your patients? We have informative web articles about asthma, all types of allergies, treatments and management on our recently updated public website, ACAAI.org.
- **YouTube videos.** Promote allergy and asthma awareness on your practice website or in your waiting room! The College offers dozens of patient videos on our YouTube channel at youtube.com/allergists. Topics include what happens during an asthma attack and more.
- **Virtual presentations.** Does your practice give talks in the community to the public or to health care colleagues? Check out our PowerPoint presentation that can be used for virtual or live presentations geared to these audiences.
- **Social media.** You can help spread the word on social media. Our Toolkit provides sample posts and images ready to be used on your practice's social media. Also, follow the College on Facebook, Twitter, LinkedIn and Instagram, and "Like," "Retweet" or "Share" our Awareness Month content during May. Join the conversation by using the hashtags #AllergyAndAsthma, #allergist, and #FindRelief.
- **Asthma Screening Event Planning Guide.** Health fairs and health outreach activities are back - check with your local hospital, YMCA or other community organization. Health fairs are great opportunity to offer free asthma screenings. Our asthma screening guide offers tips on getting started and resources to help run the screening.

These resources and more can be found at college.acaai.org/toolkits/allergy-asthma-awareness-toolkit. Help your community find relief! The Asthma and Allergy Awareness Toolkit is supported by AstraZeneca.

Leaning in to leadership

Twenty bright young leaders from different regions and practice settings across the U.S. came together for the sixth annual Leadership Summit, March 26 - 27, in Chicago. The group was two-thirds female, median age of 37, in practice for an average of five years and represented academic, solo and group practices in 13 states. The summit was supported by AstraZeneca.

"It was great to meet with a group of motivated and dynamic young allergists who will be future leaders of the College and our specialty," said ACAAI President Mark Corbett, MD, FAAAAI. Participants enjoyed a highly interactive event where they were able to engage in discussions and role-playing activities with other allergists from across the country. "This is the first time I've done behavioral assessments with allergists," said Minto Porter, MD, FAAAAI. "It was nice to do it with others who can relate to our specific practice stresses. I appreciated meeting so many of the leaders within the College. We don't have that opportunity at the Annual Meeting."

The all-day Saturday session was facilitated by a professional leadership coach who tailored the training to the desired "wins" and takeaways as expressed by the group at the start of the session. Topics covered included human fundamentals, overcoming barriers to communication, exploring the influence of positive communication, preventing and dissolving conflicts, empathy and demonstrating courage. The half-day Sunday session focused on the College - our history, strategic initiatives, advocacy, committee work and opportunities for involvement.

"The Summit exceeded my expectations," commented Robert Sporter, MD, FAAAAI. "[It] provided us real tools to improve leadership skills and interpersonal communication in my practice, in the ACAAI, and in my personal life." Alexei Gonzalez-Estrada, MD, FAAAAI added, "This is one of the best

leadership courses I have attended with a focus on allergy leadership... Definitely a must to keep advancing your career."

Since launching the yearly Leadership Summit in 2017, more than 100 young physician members have participated in the event. Six have since served on the ACAAI Board of Regents and 24 currently hold positions as committee chairs and vice chairs. About two-thirds of past participants contribute to the work of the College by serving on committees, task forces and workgroups.

However, as Michael Blaiss, MD, FAAAAI, ACAAI Executive Medical Director, stated in his recent College Insider article, the Leadership Summit is much more than a pipeline for College leadership. "As more and more allergists enter academics and join large health care systems, we have less and less control of our practice," said Dr. Blaiss. "By having allergists move up into leadership positions in these organizations, they can influence changes [in the health care system] that emphasize the goal of caring for patients."

Reflecting on her takeaways, Dr. Porter said, "... [the Summit] empowered me to not only be more involved with the College, but also [to apply my] medical leadership in my organization as well as [in my] state."

We would like to thank our Sunday speakers - Michael Rupp, MD, FAAAAI, Payel Gupta, MD, FAAAAI, Warner Carr, MD, FAAAAI, and Maureen Petersen, MD, FAAAAI for their outstanding presentations and for sharing words of wisdom and insights from their own experiences in leadership.

Applications to attend the 2023 College Leadership Summit will be available in December. If you would like to receive an application, please contact Kate Barcal at katerinabarcal@acaai.org.





EDUCATION ADVANTAGE

The College Learning Connection: Bringing disparities in health care into greater focus

Disparities in health care are not new, but recent challenges from a global pandemic and persistent structural racial inequalities have brought the issue into greater focus. The College offers educational content that explores this critical issue for our members. The most recent webinars and podcasts that can be found in the College Learning Connection at education.acaai.org include:

Disparities in Food Allergy Webinar (education.acaai.org/fooddisparities)

In this webinar, College experts Drs. Ruchi Gupta, Julie Wang, and Carla Davis address moving the needle toward equitable allergy and asthma care for all patients and practitioners, in all communities—particularly in communities of color.

Disparities in PIDD Podcast Miniseries (education.acaai.org/allergytalk#PIDD)

This series of three podcasts reviews the current evidence of underdiagnosis of PIDD in minority and underserved populations; outlines the barriers to diagnosis and offers resources and solutions and discusses how to improve access to treatment for PIDD in those populations.

Disparities Education Resources (education.acaai.org/disparities)

Find links to multiple resources and sites discussing disparities in health care, particularly those that are referenced by experts in our educational content.

To learn more about what the College is doing in all areas to address racial disparities and health equity, see Dr. Corbett's column in this issue, and visit the College's Racial Disparities and Health Equity Resource Center. college.acaai.org/racial-disparities-resource-center/



Awarding quality and creativity

The Grants Allocation Committee reviews project proposals for The Allergists' Foundation's Community Grant Program.

During the month of April, we celebrated National Volunteer Week. We recognize individuals who freely give their time and expertise to make a difference for the specialty. Among them are College members who serve on the Grants Allocation Committee for The Allergists' Foundation.

The Committee is charged with reviewing project proposals under the Foundation's Community Grant Program. They have been instrumental in getting the program off the ground and selecting projects that have the greatest potential to positively impact allergy and asthma care at the community level. They have worked tirelessly over the last two years to ensure the program's success. In 2021, the Foundation awarded nearly \$100,000 in grants under the program, including several projects

that focus on addressing health disparities in asthma and allergy care.

"The Allergists' Foundation has received a strong response to our call for proposals under the Community Grant Program, which makes our job of selecting projects for funding very challenging," said Todd Mahr, MD, FAAAAI, chair of the Foundation's Grants Allocation Committee. "We have been very impressed with the quality and creativity of the proposals we have received so far."

The Committee is now reviewing proposals for the 2022 grants, which will be announced this summer.

To learn more about the Community Grant Program and how you can help support it, visit college.acaaai.org/grants.

Grants Allocation Committee



Todd Mahr, MD, FAAAAI (chair)



Jonathan Bernstein, MD, FAAAAI



Michael Blaiss, MD, FAAAAI



Mark Corbett, MD, FAAAAI



Anne Ellis, MD, MSc, FAAAAI

Introducing the *Annals* Fellows-In-Training Award Program

A new award for the best article published by a FIT

Annals of Allergy, Asthma and Immunology recently launched a new program - **The ACAAI Annals Fellows-In-Training Award Program**.

FITs who publish the best article (original research or review) in *Annals* will receive a cash award(s) of up to \$2,500. Program Directors, please let your FITs know about this award and consider nominating a worthy FIT.

The specific rules of this award are:

1. FIT must be the first or senior author on the paper.
2. FIT must have been in fellowship training at the time of the **original** submission of the paper.
3. The paper must appear in a print edition of *Annals* between July 1, 2021, and June 30, 2022. Papers that appear online but not yet in print are not eligible (they will be eligible for future year award cycles).
4. FIT must be nominated to be considered for the award.
5. FIT must be a member of the American College of Allergy, Asthma & Immunology.

Nominations can be emailed to Annals@ACAAI.org and should include the following information: nominee's name, full publication reference, statement of the FIT's role in the work, and the nominator's name and contact information.

Nominations must be received **by Aug. 15, 2022**, to be considered for this year's awards.

The total number of awards will depend upon the number of nominations received and the quality of the work. If you have any questions, please reach out to the *Annals* editorial office at Annals@ACAAI.org.



FELLOW-IN-TRAINING ADVANTAGE

By Christopher Foster, MD, FIT representative

Being financially FIT



Christopher Foster, MD

Tax time provides a great opportunity to evaluate our personal finances. Having recently collected and reviewed a multitude of tax documents, we should all have a fresh snapshot of our financial year in review. For the majority of us, our post-fellowship financial footprint is about to look and feel noticeably different from this past year. Upon graduation, I presume

that most of us will begin receiving paychecks for dollar amounts unlike any we had received prior to training, and some among us will even have negotiated enticing signing bonuses - all of which are hard earned and well deserved.

However, before you click "confirm purchase" on that fancy new all-electric vehicle you have teed up for home delivery or mail in that time share application, I am here to encourage you to put some serious thought into how you plan to shape these next few years, as all of your hard clinical and academic work comes to financial fruition. Specifically, my hope is that we all will cultivate healthy financial habits, early and often, starting with our first job out of fellowship.

The College already has outstanding resources for building a practice along with ongoing practice management tools which can be found via the College Learning Connection at education.aaaai.org/courses. But what are we doing to ensure our personal financial "FITness?" If your medical training mirrored mine, then *personal* finance was not a topic to be openly discussed. There were no formal didactics, guest speakers, or grand rounds on the topic. In fact, for many of us, even advisor meetings, annual reviews, and hospital wellness activities avoided the topic (unnecessarily deemed taboo) of personal finance. Consequently, this omission in our formal education and personal mentoring lends itself to early mistakes in our financial journey that can cause many physicians to feel trapped in a profession they once loved. This feeling can result from potentially avoidable - and often self-imposed - financial stresses that erode the joy of practicing medicine.

To combat this very real threat, I want to encourage each of us to take some dedicated breaks from board studying to focus on our financial wellness. There are some foundational principles that, if we carve out a dedicated hour to read up about each one, will provide us with a core understanding



of personal finance management. This will pay dividends throughout our professional journey. Consider starting with the following topics:

- **Diversified, low-fee investing:** Keep it simple. You can manage your own portfolio without paying hefty fees to asset management brokers. Set it and forget it.
- **Dollar cost averaging:** Systematic investing avoiding any attempts to "time the market." Put it on autopilot and don't look back (e.g. contributions to 401k, IRA, 529, etc.)
- **Compound interest:** The earlier you start and the larger the percentage of your income you are able to invest out of the gate, then the more your assets will grow (exponentially) versus waiting another 5-10 years before getting serious about taking control of your finances.
- **Insurance (life, disability, umbrella, etc.):** Do I need it? Most experts would say, yes, yes! Insurance protects your most valuable asset --- you and your personal capital (the ability to earn income).
- **Student loan consolidation:** If you have not done so already, consolidating your college, medical school and federal education loans can save you thousands of dollars. This is your functional, necessary, and hopefully low(ish) interest rate debt (education loans, mortgage, etc.) as opposed to...
- **Crippling debt:** Enemy #1 is credit card debt, but not necessarily credit cards themselves. Never "outkick your coverage" (for the football fans among us) by making purchases you do not have the funds to pay off. Avoid carrying over exorbitantly high interest rate credit card debt by setting up auto pay for your monthly balance(s). If you currently carry a balance on any credit card, eliminating this debt is paramount.

Continued on page 19

FELLOW-IN-TRAINING ADVANTAGE (Continued from page 18)

- **Lifestyle creep:** Achilles heel of high income earners! This is the trap where one increases their lifestyle (bigger house, new/fancier vehicle purchases, expensive hobbies/toys, etc.) as one's income level increases and never gets ahead in overall wealth management.

You can take control of your own financial future through readily accessible online resources. Yes, there are financial advisors/consultants/planners eager to do it for you, for a significant fee, and they certainly love having physician clients who they anticipate will be high income earners for year to come. Partner with them as you see fit, but be cautious and do your homework before signing on



so you know how much you are paying and what exactly you are paying for.

Alternatively, **you** can not only quickly and easily educate yourself to the point of proficiency, but also be in a position to mentor others coming behind you, as we bring this topic out of the shadows and into the conversation of maintaining overall physician well-being. If you find personal finance daunting, just remember that you have the cognitive horsepower to understand the intricacies of immune concepts at play behind something as complex as chimeric antigen receptors - I am quite confident you can tackle becoming financially FIT!

Please reach out any time! cwfoosterkidsdoc@gmail.com

COMMUNITY ADVANTAGE (Continued from page 2)

professionals representing different specialties as well as lay organizations representing patients with these conditions. It was supported by Novartis.

During the roundtable, valuable insights were gained, priorities identified, and connections made. These will be captured in a white paper to be published later this year, and it is my hope that this group of leaders will continue to find ways to work together on common interests as we all work to better understand race-based, genetic and ancestry-based disparities.

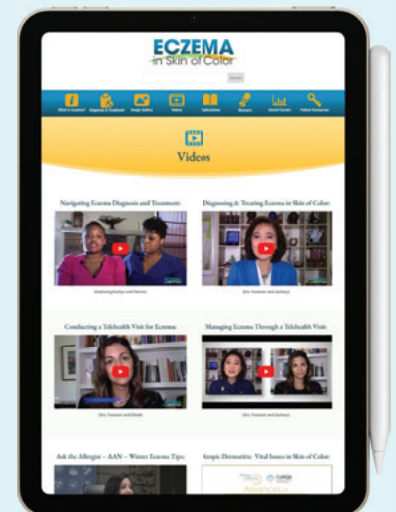
Also in February, the College offered a webinar titled, "Moving Towards Equity: Disparities in Food Allergy." This educational event addressed the ways that food allergy can affect people of color differently, as well as challenges for management that include socioeconomic, geographic and other factors.

We've also launched our Allergy Talk podcast series on PIDD in minority and underserved patients, and we are planning new Moving Toward Equity podcast series on Disparities in CRSwNP and Disparities in Pediatric Asthma.

As previously reported, the College's Historically Black Medical Schools SPARK program is underway, with the committee implementing new scholarships for residents to attend the 2022 Annual Scientific Meeting. The goal is to "spark" an interest in the specialty of allergy/immunology among future physicians of color. Letters of invitation are being sent to the schools' academic and institutional officials to ensure the word gets to the institutions regarding this unique opportunity for medical students.

To address another type of health disparity, the College has surveyed our members who treat HAE patients. The purpose of the survey is to find out more about access to diagnosis and treatment for these patients, who might live in rural areas. By addressing rare conditions like HAE, we make sure that groups of patients are not forgotten simply because their numbers are small or they live outside of densely populated areas.

As part of our ongoing efforts to provide resources to our members that help to promote health equity, I'd like to remind you that we have a Racial Disparities and Health Equity Resource Center on the College website at college.acaa.org. Here you'll find education modules, research studies, and resources from the College, the federal government, and patient advocacy organizations. You'll also find a link to our continuing campaign, "Eczema in Skin of Color."



Ensuring that all patients have access to the treatment they need is important for all of us. While there will always be challenges, I'm confident that the work of the College is making a difference.



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