



DIGITAL ACCESS TO  
SCHOLARSHIP AT HARVARD  
DASH.HARVARD.EDU



HARVARD LIBRARY  
Office for Scholarly Communication

# Physician-Industry Collaboration: Organizational Considerations for the Future of Innovation and Growth in Dermatology

The Harvard community has made this article openly available. [Please share](#) how this access benefits you. Your story matters

Citation	Roberts, Wendy E., Neil S. Sadick, Wilma F. Bergfeld, Amy S. Paller, Valerie D. Callender, and Lynn A. Drake. 2016. "Physician-Industry Collaboration: Organizational Considerations for the Future of Innovation and Growth in Dermatology." <i>International Journal of Women's Dermatology</i> 2 (2): 60-61. doi:10.1016/j.ijwd.2016.06.001. <a href="http://dx.doi.org/10.1016/j.ijwd.2016.06.001">http://dx.doi.org/10.1016/j.ijwd.2016.06.001</a> .
Published Version	<a href="https://doi.org/10.1016/j.ijwd.2016.06.001">doi:10.1016/j.ijwd.2016.06.001</a>
Citable link	<a href="http://nrs.harvard.edu/urn-3:HUL.InstRepos:33029793">http://nrs.harvard.edu/urn-3:HUL.InstRepos:33029793</a>
Terms of Use	This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at <a href="http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA">http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA</a>



## Physician-Industry Collaboration: Organizational Considerations for the Future of Innovation and Growth in Dermatology



Wendy E. Roberts <sup>a</sup>, Neil S. Sadick <sup>b</sup>, Wilma F. Bergfeld <sup>c</sup>, Amy S. Paller <sup>d</sup>,  
Valerie D. Callender <sup>e</sup>, Lynn A. Drake <sup>f</sup>, on behalf of the WDS Industry Visioning Work Group <sup>g</sup>

<sup>a</sup> Generational and Cosmetic Dermatology, Rancho Mirage, CA, USA

<sup>b</sup> Sadick Dermatology, New York, NY, USA

<sup>c</sup> Cleveland Clinic Foundation, Cleveland OH, USA

<sup>d</sup> Northwestern University, Chicago, Illinois

<sup>e</sup> Callender Dermatology & Cosmetic Center, Glenn Dale, MD, USA

<sup>f</sup> Harvard Medical School, Boston, MA, USA

<sup>g</sup> Womens' Dermatological Society, Alexandria, VA, USA

### ARTICLE INFO

#### Article history:

Received 25 May 2016

Received in revised form 6 June 2016

Accepted 6 June 2016

### ABSTRACT

The U.S. medical environment continues to evolve with issues from Privacy to EMR, Insurance regulations, Physician Access and Healthcare Reform, and MACRA (Medicare Access and CHIP Reauthorization Act) on the discussion table. Not since the advent of Medicare and Medicaid in the mid 1960's, have we seen such widespread changes in the medical healthcare environment (*Centers for Medicare and Medicaid Services*). Physicians, industry, patients and consumers are affected by the changes. These four groups have historically worked as separate entities, but are now key stakeholders in the future of dermatology. As stakeholders collaborating in building a future together, the dermatologists/physicians will help to ensure and preserve the quality of patient care and best patient outcomes. In the Executive Forum, leaders from the Women's Dermatologic Society and Industry, explored five important areas: 1) A five-year outlook of Dermatology and Medicine; 2) Access of Industry to Dermatologists and Trainees; 3) The New Practice Environment; 4) Doing Things Differently; and 5) Unmet Specialty Needs. The collaborative group explored solutions for our specialty and the patients we serve.

© 2016 The Authors. Published by Elsevier Inc. on behalf of Women's Dermatologic Society. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

### Introduction

In keeping with its mission of "Physicians, Leaders and Mentors," the Women's Dermatologic Society brought together key physicians and industry leaders to identify the challenges, brainstorm solutions, and envision the future of the dermatology specialty.

The Women's Dermatologic Society is the third largest Dermatologic Society in the U.S., and is composed of members from 32 countries. Membership is 90% female, 10% male, and encompasses the diversity of Dermatology with academic, private practice, practice, and industry membership.

### Forum Discussion Topics

**The five-year outlook:** Insurance reimbursement and formulary covered prescriptions continue to decline. Office-based dermatologic

disorders are not viewed as life-threatening or often as important as other medical issues, which further threatens adequate reimbursement. In contrast, hospital-based inpatient dermatology services, such as leg ulcer care, are highly utilized and adequately reimbursed (*Turhune, 2012*). As a result, a two-tier system of self-pay and insurance reimbursement has developed. For example, acne, the most common skin disorder in the U.S., is not covered by insurance in many states (*Drummond, 2013*). Given their uncertainty about insurance reimbursement, patients are often forced to pay for treatment as an out-of-pocket expense. Similar to Dentistry, success will be mandated by balancing the cash pay vs. insurance-reimbursed segments within the medical practice. Nationally, the demand for dermatological services is increasing and the specialty is experiencing workforce challenges, with physician extenders increasingly becoming the primary providers for dermatology services (*American Medical Association*).

<http://dx.doi.org/10.1016/j.ijwd.2016.06.001>

2352-6475/© 2016 The Authors. Published by Elsevier Inc. on behalf of Women's Dermatologic Society. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

**Access to Dermatologists and Trainees:** Current Pharma guidelines have limited the access of pharmaceutical representatives to physicians, including residents and fellows, outside of CME meetings. The provision of prescription samples to patients is restricted and industry-sponsored events at training institutions are prohibited. The Sunshine Act, which mandates reporting of all financial interaction with the pharma industry, has further decreased dermatologists' interaction with the industry representatives, both in educational and advisory capacities. Mentoring, networking and grassroots initiatives, such as those sponsored by WDS Regional networking groups, can bridge the learning gaps for trainees and young physicians, while ensuring appropriate trainee-industry relations.

**Doing Things Differently:** A consensus meeting with our industry partners provided important perspective and input into strategic planning for Dermatology. To facilitate that input, three needs were identified. 1) Provide continuing education for dermatologists about the requirements and ramifications of the Sunshine Act. 2) Educate the public about the value of physician-industry collaboration and dialogue. 3) Prevent "swapouts" of generic medication for a brand-name medication. Concern was expressed about the frequency of pharmacy "swapouts" when a brand-name medication is desired based on unique properties but a generic "equivalent" is substituted without the knowledge or understanding of the patient or notification of the prescribing dermatologist. Prevention of these "swapouts" is an opportunity for physicians, industry representatives, and patients to develop educational materials clarifying the importance of physician prescription compliance by pharmacy and insurance companies. Furthermore, The American College of Clinical Pharmacy issued the following guideline for pharmacists to abide by: Pharmacists should not solicit or accept gifts from industry that might influence or appear to influence objectivity, independence, or fairness in clinical and professional judgment).

**New Practice Environment:** Increased and optimal utilization of social media and technology will be critical in communicating with patients and colleagues in this new practice environment. A key organizational message of the Women's Dermatologic Society is providing service to women and families worldwide. This message, as well as the goal to address career challenges, is gender-neutral and should engage both male and female dermatologists and trainees. Partnering with industry colleagues in providing unique educational opportunities for our membership is in the best interest of all stakeholders.

**Unmet needs:** A recent WDS member survey focused on unmet needs for the Dermatologist. The top two needs were 1) survival

and growth of the dermatologist in the new health care environment, 2) positioning the dermatologist as the skin care specialist and experts in skin, hair, nail and mucous membrane disorders. The proposed solutions included: 1) an expansion of WDS networking events to include subjects such as government regulations and 2) Exploring and utilizing available social media for a public and physician communications campaign to emphasize the importance of the specialized training and abilities of Dermatologists.

## Summary

The Key Factor for success is the recognition of the benefits of collaborative efforts between the dermatologist/physician, industry (pharma) and the public. The changing practice environment is challenging, but offers us an opportunity to be proactive and innovative. Let us unite and take up this challenge.

## Acknowledgements

Members of the WDS Industry Working Group include Wendy E. Roberts, Wilma F. Bergfeld, Lynn Drake, Erin Gilbert, Zoe Draelos, Diane Foster, Mary Lupo, Kimberly Butterwick, Adelaide Hebert, Michel McDonald, Mona A. Gohara, Julie Hodge, Marta Rendon, Heidi Waldorf, Jennifer Lucas, Kristen Stewart, Arianne Shadi Kourosh, Amy S. Paller, Kathleen J. Hectorne, Janet G. Hickman, Valerie D. Callender, Neil Sadick, Alison Spera, Lynn Salo, Steve Clark, Humberto Antunes, Mary Madden, Tyler Steele, Robert Grant, Ann Smith, Brian Johnson, Gene Colon, Michelle Barrineau, William Humphries, Jim Hartman, Shelly Cropper, Brittany Reynolds, Jim O'Connell, Niquette Hunt, Brian Pilcher, Lori Ryan, Sheila Kennedy, Glenn Williams, Charles Hahn, Ryan Weldon. All material and content was provided by the authors. The authors maintain ownership and responsibility for all content.

## References

- Drummond Dike. The Happy MD. [Online]. December 01, 2013. [Cited: March 31, 2014.] <http://www.thehappymd.com/blog/bid/290718/Medical-Bills-Going-Down-If-You-Pay-Cash-Way-Down>.
- Toolkit for Physician Financial Transparency Reports (Sunshine Act). American Medical Association. [Online] [Cited: March 31, 2014.] <https://www.ama-assn.org/ama/pub/advocacy/topics/sunshine-act-and-physician-financial-transparency-reports.page>.
- Turhune Chad. LA Times. [Online] March 27, 2012. [Cited: March 31, 2014.] <http://www.latimes.com/business/healthcare/la-fi-medical-prices-20120527,0,4018474.story#axzz2xduBU5DX>.
- U.S. Centers for Medicare and Medicaid Services. Healthcare Law Rights and Protections. Healthcare. Gov. [Online] [Cited: March 30, 2014.] <https://www.healthcare.gov/how-does-the-health-care-law-protect-me/>.