

Minutes
AMA Section of Dermatology and Dermatologic Surgery
October 29, 2022
In-Person and Via Zoom

Attendees:

Zaki Taher (President and Chair), Susan Poelman, Catherine Zip, Gordon Searles, Matthew Karpman (online), Mike Kalisiak, Derek Woolner, Andrei Melitista, Danya Traboulsi, Ilya Shoimer; Maureen Melnyk (Section Secretariat), Tina Tillapaugh (Section Secretariat)

Call to Order at 2:13pm

Item	Agenda	Discussion
1.	Approval of minutes of the previous meeting	Minutes from the October 2, 2021 AMA section AGM were presented to the membership. Motion to approve the minutes was made by G. Searles. Seconded by A. Melitista. CARRIED
2.	Business arising from the minutes	Z. Taher provided an overview of business arising in the minutes of the October 2, 2021 meeting: <ul style="list-style-type: none"> • Member Dues – No change in fees for 2022-2023 • A reminder to please pay ASD membership fees by registering as an AMA member online and paying AMA membership, then selecting Dermatology as your Section There were no concerns.
3.	Report of the President	This topic was covered in the ASD meeting, but the relevant information is also pasted below for completeness: <ul style="list-style-type: none"> • Since the last Society meeting, there have been two meetings regarding the Hours of Work Study (April 2, 2022) and the AMA agreement (September 14, 2022)

		<ul style="list-style-type: none"> • 73% of the membership participated in the hours of work study • There was discussion regarding actions that could be implemented to increase the engagement of Section members
4.	Report of the Secretary/Treasurer	<p>This topic was covered in the ASD meeting, but the relevant information is also pasted below for completeness:</p> <ul style="list-style-type: none"> • The 2021 financial statements were presented for approval • Reviewing the financial statements, you can see that we had an excess of \$23,448 last year and are sitting in a very positive position • Preparation of the 2022 financial statements is currently underway • We have a bank balance of \$90,190.24 as of September 30, 2022 • St. Arnaud Pinsent Steman was reappointed as the ASD auditors • The 2022-23 Operating Budget was presented and approved <p>There were no concerns.</p>
5.	Report of the Representative Forum Delegate	<p>M. Karpman presented his report:</p> <ul style="list-style-type: none"> • Regarding the AMA contract, the most significant note is that the AMA updated the language around fees and billing in the agreement, which better positions the AMA and members as partners in the agreement • There are no caps or soft holds in the new agreement, which is also positive • If there are savings in relation to the budget, those would also go back to physicians • Full-time positions will receive a lump-sum payment to compensate for the lack of increases in 2020 and 2021 • In future years, there will be a 1% global increase

		<ul style="list-style-type: none"> • The agreement goes part of the way towards implementing ANDI, and dermatology was one of the lowest specialties in terms of increases (along with GI and others); only radiology and ophthalmology will receive lower increases • There are modest increases in fees for consultations and the medial liability reimbursement also returns as part of the new agreement • CME also returns in the new agreement; expenses associated with CME are submitted and will be reimbursed up to an annual maximum • Over the first three years it is estimated that the average dermatologist will see an increase of 0.25%, equivalent of approximately \$46,000 divided by three • Daily caps will also be revisited within 30 days, and the on-call stipends will remain the same at least until March 2025 <p>There were questions about AZ codes and in-hospital procedures. G. Searles will address this in his report.</p> <p>Regarding ANDI, there are now parameters in place to account for overhead costs, years of training. Physician earnings are averaged, and those who are at the average or within +/-20% from that mark do not have their income adjusted.</p> <p>Currently dermatology is only 4% over average, but there is a sense that dermatology might move out of the band and thus be impacted.</p> <p>A Committee is examining how to change compensation as it relates to some of the fee codes; physicians currently have a minority on the committee with only two (2) of seven (7) votes. When the agreement expires, it could be that the ability to change codes and billing will be built in so that it is easier to change codes.</p> <p>There were no concerns with the report as presented.</p>
6.	Report from Section Fees Representative	G. Searles presented the AMA Section Fees representative report:

		<ul style="list-style-type: none">• Hours of Work Study report is being analyzed by the AMA, and a preliminary report is expected in November for discussion December 6• Mini-Allocation data shows that the most expensive fee codes are for consultations (about \$11m of the \$73,266,931 budget)• Codes associated with flaps (preparing, securing) are 20% of the billing – this shows that dermatologists do more than surgeons, which has been flagged• Also very common are phototherapy codes• About 80% of the billing of dermatologists is associated with only 20 activities• The Section must determine on which codes we want to allocate the increase• Regarding the master agreement – half of any cost savings (unlikely) will be split between AH and the AMA, and then the AMA gets to decide how to allocate• Also in the agreement is language around market rate adjustments, which could impact SOMBs• Regarding the provisions in Section 12 of the agreement, any ASD members who opt not to join the AMA will be charged an equivalent fee• In terms of the mandate of the rates committee, the specialty that controls the code will determine how it is impacted by any market rate adjustment• Interprovincial differences in fees could also impact compensation – adjustments might be made to bring AB in line with other provinces (for example in BC and ON biopsies are bundled with consultations)• Stipends will stay in place until March 31, 2025• Adjustments may also be made based on reference to community overhead costs; this will impact dermatologists who are practicing under ARPs• In the future, we should also expect that all EMRs will be amalgamated into a single system and the Central Patient Attachment Registry (CPAR) – but we do not yet know how this amalgamation will occur or work• The impact of the 50-visit cap is seen most strongly in cases of care for patients who require immediate attention – some dermatologists will fit them into their clinic, but essentially do so without compensation because of the cap
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7.	New Business	<p>Z. Taher noted that the final order of business was a review of the proposed revision to ASD Section bylaws. Because there was not a sufficient quorum at the meeting to proceed with the motion.</p> <p>Motion by A. Melitista to establish an e-meeting to vote on the bylaws circulated in August. None opposed. CARRIED</p> <p>ACTION review G. Searles slides re: bylaw changes.</p>
8.	Adjournment of AMA meeting	<p>Motion to adjourn the AMA Section AGM by M. Kalisiak. Seconded by S. Poelman. CARRIED</p>