

Executive Decisions in DERMATOLOGY

A D A M

Jan/Feb 2013

21ST ANNUAL MEETING

February 27 - March 1, 2013 | Miami, FL

It's that time of year again!

Join us February 27 - March 1, 2013 in sunny Miami, Florida! Learn, network, and have some fun in the sun at the Hyatt Regency where ADAM will feature three concurrent educational tracks as well as ample time for networking and socializing with your peers.

Earn up to 43 AAPC continuing education units and 47 PAHCOM continuing education units by attending classes like Internal Marketing, Building Budgets, Dermatology Metrics, and more! This year, select your classes by the level of expertise; tracks are broken out by New Manager, Master, and Spotlight. Spotlight will offer a more in-depth look at a particular topic. There's something for everyone, the problem will be deciding which classes to choose!

Make sure you take advantage of all the great networking opportunities at the Annual Meeting. Daily lunches and breaks as well as Networking Dinners are a great time to meet new friends and reconnect with others.

Be sure to read more about the Annual Meeting on pages six through ten.

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President's Corner

A series about the state of the Association and what's new with

ADAM. Do you have a question for Jayne?

Email us at ADAMinfo@shcare.net



Happy New Year ADAM Members! It is with great excitement that I welcome you to 2013 as members of this great association, thank you for renewing your dues for another year. We have so much going on right now, it's hard to keep everything straight! First and most importantly, I hope to see all of you at the 2013 Annual Meeting in Miami, Florida. It's a fantastic educational program this year along with some excellent networking opportunities.

Speaking of education, be sure to check out page three for the upcoming webinars. There are some important topics being covered and a free webinar in March! And if you haven't done so already, please check out the member benefit video online now in the My ADAM section of the website. Even if you're not a new member, it is a great refresher for all of the benefits that come along with being an ADAM member.

I look forward to seeing you soon in Miami!

Sincerely,

Member Spotlight

Would you like to nominate someone for the Member Spotlight? Email us at ADAMinfo@shcare.net



ADAM: What is your name and where do you work?

Thelma: Thelma Rose, Office Manager for Redwood Empire Dermatology in Santa Rosa, California.

ADAM: When did you join ADAM?

Thelma: I was hired on April Fools day in 2005 – and joined ADAM shortly thereafter.

ADAM: How long have you been a practice manager?

Thelma: Almost 8 years.

ADAM: Tell us a little about your practice.

Thelma: We have three Board Certified dermatologists (Dr. Westrom, Dr. Christman and Dr. Philp) at Redwood Empire Dermatology. In addition, Dr. Philp is also Board Certified in Pediatrics and Dr. Christman is a Mohs surgeon. We also have a Dermatology Certified Nurse Practitioner, Christen Thompson.

ADAM: What has a member benefit done for you lately?

Thelma: I am enjoying chairing the Networking & Mentoring Committee this year. Sometimes it does "take a village" and together we all bring each other up and make all of our practices better than they would be if we were not involved with ADAM.

ADAM: What's been your best experience as an ADAM member?

Thelma: Attending the Annual Meetings and interacting with other office managers and administrators. I return to the office each year following the meeting with rejuvenated energy and lots of ideas and thoughts on how to improve our practice so that we provide the best possible care to our patients and take good care of the staff that help make that possible.

ADAM: What do you find to be the most challenging part of your job?

Thelma: I enjoy all aspects of my job, but I must say that the task of skillfully weaving a working unit of twenty women, while honoring each person's strengths and finding ways to compensate for weaknesses remains my biggest challenge.

ADAM: What would you recommend to a member looking to get more involved?

Thelma: Reach out. Get involved. Participate at whatever level you can. Contact another member and make a bond, help one another, seek out a new idea or solution. Give some time back, or, take some time from one of us who have some time to share with you.

Keep a lookout for Thelma in Miami! She is the Chair of the Networking & Mentoring Committee and will be working hard along with our other mentors in Miami.

Upcoming Webinars

Don't miss out on these great learning opportunities. Register at www.ada-m.org

Wednesday, January 23, 2013 3:00pm ET



PQRS & eRx Updates for 2013

The PQRS and e-Prescribe programs undergo changes every year. This webinar will highlight the 2013 changes that affect dermatology practices and provide you with the information necessary to be successful reporters and earn incentive payments for both programs. Topics to be discussed include:

- ⇒ Criteria for 2013 eRx PQRS Incentives
- ⇒ Avoiding the 2013 and 2014 eRx Payment Adjustments
- ⇒ Dermatology Measures
- ⇒ Avoiding the 2015 PQRS Payment Adjustment

This webinar will also cover how to access feedback reports, and a value-based payment modifier introduction as well as a discussion on maintenance of certification incentive.

Join Pat Schmitter CPC CPC-I, Billing & Coding Consultant from [VEI Consulting](#). This webinar will have one CEU from the AAPC available.

Wednesday, February 13, 2013 3:00pm ET

Taking a Stand Against Rising Patient Self-Pay

A recent survey of dermatology practices shows that rising patient self-pay balances have reached their most challenging levels yet. With recovery rates for past due accounts averaging 10% industry-wide, there's an increased need for practices to expand outreach to patients to recover those balances. In this webinar, you'll learn how practices are taking a stand against rising self-pay through earlier communication, more efficient use of staff time and increased convenience for patients.



Thank you to [Televox](#), an Annual Meeting Silver Sponsor, for providing this webinar.

Thursday, March 28, 2013 3:00pm ET



CMS EHR Incentive Program Stage 1 Overview

Physician practices, CHCs and organizations interested in navigating one of the CMS EHR Incentive Programs are encouraged to join us for an online educational session that will review electronic medical record stimulus incentives available through the American Recovery and Reinvestment

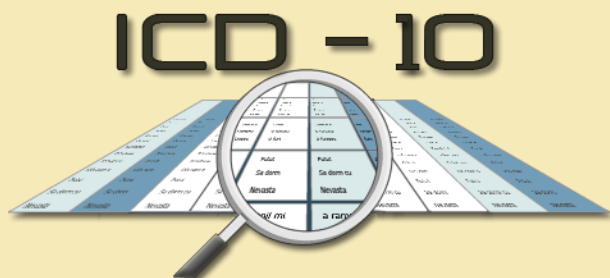
Act (ARRA), meaningful use of, qualifying for funds and the importance of EMR certification bodies, including CCHIT.

Thank you to Henry Schein and [ADAM-Edge](#) for providing this FREE webinar.



Roadmap to Seamless ICD-10 Transition for Physicians and Clinicians *With a Special Benefit for ADAM Members*

The mandatory deadline for transitioning to ICD-10 is October 1, 2014. However, now that the conversion to 5010 has been completed, major players in the health care industry (government, third-party payers and vendors) are forging ahead with plans for testing ICD-10 coded claims. For example,



- Several state Medicaid carriers have announced they are ready to test today, but will wait until the first quarter of 2013 to begin accepting ICD-10 coded claims.
- Many third-party payers have announced they are currently ready to receive ICD-10 coded claims, and will release their testing plans the first quarter of 2013.
- The Centers for Medicare and Medicaid Services (CMS) recently announced they are more than 50% ready. Their plan is to begin testing transmissions of ICD-10 coded claims in the second quarter of 2013.

The health care industry is gearing up efforts to ensure it will be prepared well in advance of the government mandated deadline.

THE ISSUE

You need to be prepared. And, we're not talking about just the October 1, 2014 ICD-10 deadline. You need to address the ICD-9 clinical documentation going out your door today. Can you respond 'yes' to the following questions?

- Will your ICD-9 documentation support medical necessity today?
- Will your ICD-9 documentation support incentive revenue available today such as hierarchical coding, meaningful use EHR standards, quality, severity and risk?

Improvements in your ICD-9 clinical documentation today will support your transition to ICD-10 on October 1, 2014. The big question is, will you be ready?

SOLUTION

Transition and change are often painful, but getting an early start and following a roadmap can help you accomplish more in less time and with less pain. Assessment and advance preparation are vital when it comes to being ready to produce comprehensive, error-free ICD-10 documentation. Here are several ways to help ensure you will be ready.

Identify gaps in your clinical documentation. Today's ICD-9 documentation standards require you to identify the reason for the provider/patient encounter, which leads to supporting medical necessity. Medical necessity is a target of government and third-party payer audits. In turn, documentation of the medical decision-making process leads to selection and support of higher evaluation and management levels and more specific procedure selection. Identifying the existing gaps in your clinical documentation will help you determine the additional components that will be needed to support the granularity inherent in ICD-10.

Make improvements to your diagnostic statement. You must assess today's ICD-9 diagnostic statement with a clear and concise view to improvement. Map today's improvement to the additional documentation elements used to support ICD-10.

Roadmap to Seamless ICD-10 Transition for Physicians and Clinicians *With a Special Benefit for ADAM Members*

Put improvements into practice today. Embrace the learned improvements in today's documentation standard and practice the increased granularity that will be required on October 1, 2014 for ICD-10.

Assess the knowledge of your coder, biller and staff. Everyone in your organization will be involved in and impacted by the upcoming change to your workflow process. Certified coders will need to be prepared to support their credential(s) with additional continuing education in ICD-10 and testing in the principles of ICD-10. But everyone's knowledge—especially in the areas of anatomy, physiology, medical terminology and the official coding guidelines—will need to be assessed. Early assessment gives everyone time to receive additional training, if indicated.

Develop a timeline and a budget. Now is the time to engage your key staff members in conversation about the multiple factors necessary to ensure a seamless transition to ICD-10. Items to consider include,

- Education and training
- Staffing coverage to maintain the day-to-day operations during transition
- System upgrades
- Payer contracting changes
- Resources, including books and other periodicals
- Continued measurement and assessment of your documentation improvements
- A realistic timetable for accomplishing your goal

A SPECIAL BENEFIT JUST FOR ADAM MEMBERS



Get \$100 off a special ICD-10 Documentation Assessment!

Practitioner documentation assessments will identify where the gaps exist currently, so they can be improved upon prior to the implementation of ICD-10-CM. There will be a higher level of specificity in the diagnostic statement required for coding ICD-10-CM and now is the time to start preparing.

Your assessment includes:

- ⇒ Comprehensive review of ten records by ICDExpert.net team
- ⇒ ICD-9-CM code assignments reviewed to determine if the documentation is adequate for the assigned code based on the ICD-9-CM coding guidelines
- ⇒ Determine if the necessary specificity for ICD-10-CM exists in your documentation
- ⇒ Detailed reports
- ⇒ Results, recommendations and insights delivered by phone.

Call (317) 621-7197 to set up an assessment for your practice/provider(s) or purchase online [here](#) with promo code: ADAMVEI.

Special Section: ADAM's 2013 Annual Meeting

An Interview with Annual Meeting Program Chair: Gabi Brockelsby

When we sat down with Gabi, the first question we asked was, how did she feel about being named Annual Meeting Program Chair? Her response was honest and succinct: "Stunned. Overwhelmed. Scared. And finally, excited for the opportunity." Working with Gabi, we learned that her frankness and quick thinking would make planning this year's educational schedule a breeze.



Gabi supplemented her brainstorming by studying the comments from last year's conference. "What worked? What didn't? What was missing? What didn't we get enough of? After getting a true sense of this, I met with the Education Committee and solicited their input." Gabi worked with the talented Education Committee (full roster on page seven) she said "they did a fantastic job of suggesting topics and speakers. Not being in an academic setting I also solicited some input into that specific area of dermatology management."

And then, the first hurdle came. "Sometimes I felt like information was either over my head or too basic for me. It's helpful to have very basic information when I ventured into new areas but sometimes I needed something a bit stronger to reinforce information I already knew." Gabi tackled this problem by dividing the program into three educational tracks: New Manager, Master, and Spotlight.

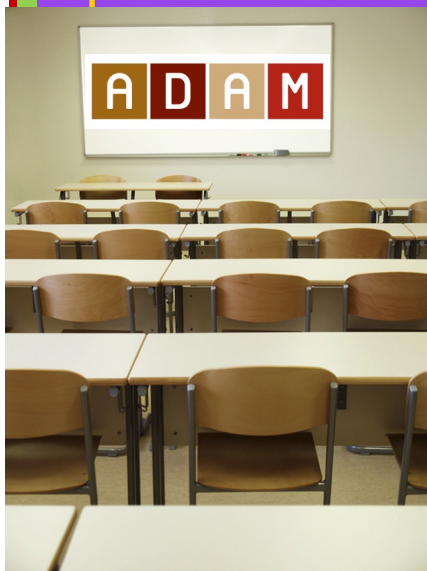
Three words to describe the educational program:

"Three enriching days!"

"I hope that these tracks will allow members who are in similar positions to be able to learn and network more closely with others who have the same interests." We asked Gabi what topics are of particular importance this year and she noted, "it is more important than ever that we are able to lead our practices into new directions, reinforce our billing and collection processes, and stay current on trends." In addition, Gabi mentioned that attendees requested more motivational speakers because, "It is important for all leaders to have an opportunity to recharge and regroup, to hear new ideas and to be told that *they* are the leaders." This year, the conference will feature not one, but two fantastic motivational keynote speakers.

As for the first timers? Gabi said, "ADAM is the only organization whose membership is made up strictly of dermatology practice managers and administrators. Having access to that wealth of dermatology-specific knowledge and knowing the speakers and programs are selected specifically for us is unique. You will not find this anywhere else." We couldn't have put it better ourselves.

Thanks to the Education Committee



Gabi Brockelsby*

Karen Callaway

Bill Duke

Don Glazier

Melissa Green

Larry Huff*

Virginia King-Barker

Linda Leiser

June McKernan

Melissa Moniz

Shannon Page

Angela Short

Brenda Stufflestreet

Janet Tremaine

Carole Violette

Gina Welch

**Gabi Brockelsby is the Annual Meeting Program Chair*

**Larry Huff is Education Committee Chair*

Why I Network

By: Fran Parrish, ADAM Secretary Treasurer

As a long time member of ADAM, I've always enjoyed meeting new members and seeing "old" friends when I attend the meetings. To me this is what makes ADAM a great organization!

ADAM has made it easy to connect with members; starting off with the Welcome Reception that gives new attendees a great opportunity to meet seasoned members as well as past attendees the opportunity to catch up with members. This year, the reception is on Wednesday, February 27 at 5:00pm. I have found it very easy to meet new people and then have the opportunity to see them throughout the meeting.

The Networking Dinners are always fun and a good way to socialize with members. It is nice to be able to *experience the city* we are in with ADAM members and enjoy some good food!

Professionally, I have learned a lot from other administrators and have taken their lessons learned and implemented changes in my practice. During the educational sessions, I try to sit with attendees I do not know so that I can broaden my ADAM experience.

Personally, I have made many new friends by being a member of ADAM and look forward to catching up with them at the Annual Meeting.

I recommend that you take the opportunity in Miami this year to participate in some of the networking functions. You will not be sorry and will go home having new contacts for questions that arise in your practice-and the best part is you can **"put a face to the name"**.

I look forward to meeting you in Miami!

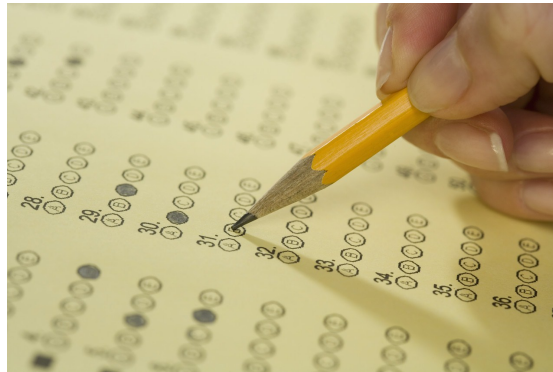
Get Coded

By: Angela Short, MHA, CPCO, CPC-D

Early this year, our practice made the executive decision to take our compliance commitment to a higher level. It does not take rocket science to figure out that in the current health care environment, payors are looking for creative ways to decrease cost or enhance revenues. Unfortunately for providers, the revenue enhancement is coming in the form of audits. As a result, we wanted to ensure our billing staff thoroughly understood coding in order to identify coding and/or documentation issues.

This led us to the decision that every member of our billing staff would be required to sit for the national Certified Professional Coding Exam in Dermatology (CPCD™). As you can imagine, this caused some panic among the department. However, an organization cannot set such a high expectation without providing the team with resources to help them be successful with the exam. Here are some of the tools that we deployed,

- The company paid for every billing employee to be members of the AAPC. Membership is required in order to sit for the CPCD™.
- We then had every member of the department sit for the practice exam so we could gauge their understanding of applying coding guidelines to actual documentation. We made sure that each employee sat for the practice exam in a controlled environment with the clock running so we could provide feedback on the time element.



The practice exam provided a number of trends and surprises across the department. The most common trends included: the clock is not your friend, it took every employee much longer to complete than the exam would afford, evaluation and management guidelines were widely confusing and lacking from our staff standpoint, and the most common surprise after the team got past the shock of taking the practice exam is that **they knew more than they realized**. So the preparation for the exam was launched.

Our training process

As a former certified trainer, I prepared a number of "classes" that we would go over during lunch and learn initiatives. (Yes, we even ordered lunch for our team because we wanted everyone to understand how important the exercise meant to the practice). Each week for approximately five weeks we covered different topics. We spent the most time going over the 1995 and 1997 evaluation and management guidelines and the most significant differences between the two.

We encouraged staff to attend local coding workshops, and at least once we allowed staff to attend a program covering E/M during work hours.

We paid for every employee's study guide. While most of my team found the study guide helpful, the examples are not as complex as what you will experience in the testing environment, and staff frequently asked for more complex examples.

We paid for everyone's exam fees regardless if they passed or failed. We did not want our staff to incur cost as a result of their learning process.

Most of the team sat for the exam initially, and we had several employees that successfully passed the exam. For those that were not successful on the first round, they now understood the complexity of the exam, and they are more committed to studying outside the office using the resources provided while looking

for online tools to assist them.

For anyone looking to sit for the exam, on Friday, March 1 at the Annual Meeting, I would highly suggest having at least two years experience. The exam is tough, and having a clear understanding of all services provided by a dermatologist is important. ADAM offers a bootcamp in the morning geared toward the exam and taught by the AAPC. I believe taking the national exam is commendable as it helps demonstrate your expertise and provides creditability to your practice.

A Few Class Spotlights

Shift Happens: Colleen Collord

Thursday, February 28, 4:00-5:00pm, Master Track

A "paradigm shift" is often thought of as a **change from one way of thinking to another**. Change is inevitable and if done right can be highly successful. Dermatologists for the most part are in the beginning phases of this shift, with some groups embracing their first EMR while others embracing their second or third. In either case, having the knowledge of what to look for when selecting a vendor and managing your implementation throughout is **critical**. This class will define the steps necessary during the Decision phase, Training Phase, and Post Live Phase. It will also define the clinical necessities and how to transition with the least amount of disruption.

Do you know what to look for in your EMR selection?

- ⇒ Do you understand the differences between a Client Server, ASP, and SaaS offering?
- ⇒ Is a boutique or niche product best or would an integrated solution be better?
- ⇒ How does integration and interoperability impact your practice in the community or state?

With the relaxation of the Stark Laws, there are ways to lessen the costs. Whether you are responsible for aiding in the selection process of your first EMR or replacing your current EMR, this class will answer these questions and help **guide you in understanding** what options your group has to make the transition most successful.

PQRS: Scott Weinberg

Friday, March 1, 11:00am-12:00pm, Master Track

Beginning in 2015, Medicare's PQRS will begin to assess penalties on those who are not reporting quality measures. However, the first penalty – 1.5% of Medicare Part B allowed charges—will be based on a provider's PQRS participation 2013. New Medicare rules for 2013 can nonetheless help dermatologists avoid this first penalty.

There are two basic options for a dermatologist in 2013. Those who report three quality measures to PQRS in 2013 can not only avoid the 2015 penalty, but will also be eligible to earn a 0.5% incentive of their total Medicare Part B allowed charges. A new second option allows a dermatologist to only report and meet one measure for one patient during the 2013 reporting year. If the dermatologist just meets one measure for one patient, then he or she will avoid the 2015 penalty, but not be eligible for an incentive. The dermatologist can report this measure through either claims or registry.

There are four dermatology-appropriate measures (137, 138, 224, & 265), of which one must choose at least three, to report in order to both be eligible for a bonus payment and avoid the penalty. The four measures were all part of the 2012 program, with two minor changes for 2013. The biopsy follow-up measure (265) has changed to include only *new* patients whose biopsy results have been reviewed and communicated by the performing physician to the primary care/referring physician and patient. In addition, the imaging overutilization measure (224) now includes only patients with a current diagnosis of stage 0 through IIC melanoma, or a history of melanoma of any stage.

Whether one reports three measures for the incentive, or just one to avoid the penalty, the dermatology-appropriate measures must be reported through an electronic registry. Each of the quality measures reported also must have at least one eligible instance and be met at least once, regardless of how many measures one chooses to report.

Who's That Knocking at My Door?

By: Roger Gentry, ADAM Board Member

Change seems to be the constant *Wolf at the Door* for those of us working in the medical field. We are challenged to keep up with the demands and subtleties of ever advancing technology. These new tools have necessitated change in office protocols, and realignment of job tasks and descriptions. Have you, by any chance, noticed the increase in governmental regulation? How about those “incentives?” How are you doing riding herd on your accounts, both payable and receivable? Oh yeah, there’s also the issues with insurance companies from credentialing to reimbursement and those pesky appeals. And, of course, in dermatology we have the concerns over dermatopathology, Mohs surgery, clinical trials and the esthetic component, services and products. Did I mention human resource and legal issues?

It can all be little mind numbing as we face those day to day challenges...day after day.

ADAM is an incredibly valuable ally and great resource to help us navigate our challenges. One of ADAM’s greatest benefits and opportunities for its members is the Annual Meeting. Each year the Annual Meeting Program Chair and the Education Committee volunteer their time and talent, to put together a program to address the needs of the membership. I have always found it fascinating to see the unique character of each year’s dermatology-specific gathering.



I have been fortunate to have been able to attend a decade’s worth of these meetings. As a past Annual Meeting Program Chair, I truly appreciate the thought and hard work that goes into creating these extraordinary events.

The Annual Meeting has also afforded me the opportunity to meet many of our speakers who possess astounding expertise in their special and varied fields. Nowhere else would it be possible to have such a great wealth of knowledge with a focus on dermatology management.

Our Exhibitor Show has also been a great chance for me to see, up close, the newest and most exciting innovations in products and services. Many of the contacts made have resulted in a tangible benefit to our practice.

Perhaps the greatest benefit and reward, for me, has been meeting my colleagues from across the country. The networking is gratifying. I have made so many great friends over the years. Sharing the stories of our challenges, methods and solutions is always a special treat. The stories can range from touching and inspirational to downright hilarious!

I always find the Annual Meeting to be a time when I can recharge, reenergize and focus on making my practice better. I always come away from the Annual Meeting with new tools and ideas to meet the change and challenges confronting me.

What we get from ADAM’s Annual Meeting through education and networking change *the Wolf at the Door* to *Opportunity Knocking*!

I’m anxious to see friends old and new in 2013!

Work Smarter, Not Harder

By: Jamie Parrott, MedResults Network

In your role as practice manager, you are asked to do many things: to assure quality, manage an in-touch customer service staff, drive revenues and control costs just to name a few. Finding new, innovating ways to enhance cost-savings and implement effective cost control are perhaps the least attractive and the most challenging of your many tasks.

Working with aesthetic practices on a daily basis, we find that there are three main categories where our offices can improve their cost-savings with little to no investment! They include staffing, marketing, and membership in a buying network or GPO. Chances are, managers who haven't evaluated these three areas, are leaving dollars on the table!

Staffing

Are your employees actively selling the products you offer to both incoming patients and those walking out the door? Our best advice is DON'T EMPLOYEE

BODIES. Every patient that walks in or out of your door should be approached and informed about the products and services you offer. The beauty of dermatology and aesthetics is that physicians can recommend unique products in conjunction with the high-end procedures that keep the office doors open! New topicals and mineral makeup lines have been created to *enhance* the results of aesthetic procedures. If your practice offers these types of supplemental products, staff training is an absolute must! Every member of your team should be well-educated on the products you offer and with which procedures they work most effectively. In addition, your office staff should have access to try these products as they become available. Remember that the best testimonial comes from a staff member who actively uses the products you sell!

Marketing

With over 1.2 billion people on social media sites worldwide, it's important that you're not only focusing on traditional means of acquiring new patients. Social media sites such as Facebook,

Twitter, and LinkedIn (to name only a few) present an excellent opportunity for you to increase the visibility of your physician(s), products & services, and your practice. They also provide a means for you to highlight individual success stories and promotional campaigns for FREE. The best part about internet and social media marketing is that because it is so 'shareable', you can reach an exponential portion of your target market at no additional cost to your practice!

In a 2012 annual survey of 1000 of our physician and medical spa practices, approximately 40% of monthly revenue came from word-of-mouth referrals. If you don't already have a referral program in place, create

one today! Use your best assets—your staff, your patients, and social media to earn new business on a daily basis.



Buying Networks & GPOs

Don't forget about the additional savings you can receive through a GPO (Group Purchasing Organization) or buying network. Thousands of physicians are now joining forces through GPOs and buying networks to achieve volume purchasing with their preferred suppliers.

Free buying networks such as MedResults Network (an aesthetic-focused GPO), offer rebates and discounts for aesthetic providers on injections, cosmeceuticals, laser repair, and more. ADAM also offers a GPO option for members called ADAM-Edge, you can save up to 14% on everyday items you use in your practice. Do your homework on buying groups and join more than one that tailors to the specific products and services you use daily. We can assure you that you'll see an improvement in your cost-savings overnight!

Thank you to [MedResults Network](#) for sponsoring the 2013 bags at the Annual Meeting.

Upcoming Events

Have an idea for the newsletter? Want to write an article? We want to hear from you! [Email us!](#)

Upcoming Events

January

FRIDAY
11
2013

January 11-13, 2013
North Carolina Dermatology Association Annual Meeting
Charlotte, NC

WEDNESDAY
23
2013

January 23, 2013
ADAM Webinar: PQRS & eRx Update

WEDNESDAY
23
2013

January 23-26, 2013
American Osteopathic College of Dermatology Midyear Meeting
Winter Park, CO

THURSDAY
31
2013

January 31-February 3, 2013
Montana Academy of Dermatology Annual Meeting
Big Sky, MT

February

WEDNESDAY
13
2013

February 13, 2013 3:00pm ET
ADAM Webinar: Taking a Stand Against Rising Patient Self-Pay

WEDNESDAY
27
2013

February 27 - March 1, 2013
ADAM 21st Annual Meeting
Miami, FL

WEDNESDAY
27
2013

February 27 - February 28, 2013
International Society of Dermatopathology Joint Meeting
Half Moon Bay, CA

THURSDAY
28
2013

February 28, 2013
Society for Pediatric Dermatology
Indianapolis, IN