

Check out
important
Annual Meeting
information on
page 8!



A Patient Center Medical Home Primer and the Dermatologist Early Role

By: Angela Short

On June 28th the Supreme Court ruled in support of the individual mandate for the healthcare reform law, and now healthcare providers appear to be waiting for the upcoming Presidential election to make a decision about modifying their operations to align with the reform law. Before the election is decided, there are two specific patient care models that providers should be evaluating, and identify their role: specifically these models are Accountable Care Organizations (ACO) and Patient Center Medical Homes (PCMH). Healthcare is generally delivered in a fragmented environment where patients elect where their healthcare services are received based on their healthcare coverage. The most important element in either of the models is that the primary care physician will be the facilitator of healthcare services, and healthcare should be coordinated, duplication of services should be minimized, and providers should be accountable for the patient's care.

PCMHs were introduced by the American Academy of Pediatrics in 1967 as a way to provide a single source of health information to families about the care of their children. While the foundation still holds true today, PCMHs have expanded the principles of providing care where the primary care physician is the coordinator of all healthcare services provided to the person, family, and community. The core elements of the medical home include:

Personal Physician – In the PCMH, every patient is assigned a physician that will serve as the first line of contact for all healthcare services. While many would align this concept to the 1990's era with capitation, the principle of the personal physician in the PCMH is to be a resource and to ensure the patient has the care needed to treat the whole person.

Physician Directed Medical Practice – This means that a physician(s) leads a group of individuals or healthcare professionals to address the needs of the patient. For a well patient, this may mean nothing more than the primary care physician, but for a sick patient this may be a team of specialist, pharmacist, mental health providers to collaborate, and to address the needs of the patient.

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A Patient Center Medical Home Primer and the Dermatologist Early Role

At a high level, the PCMH must either have the resources internally or a collaboration agreement in order to address the needs of all the PCMH's assigned patients.

Whole Person Orientation – This concept refers to meeting the needs of the whole person (body and mind) including: personal needs of the patient, through all stages of the person's life. This concept also balances the patient's clinical care with the patient's personal values whether this is spiritual or cultural.

Care if Coordinated and/or Integrated – Regardless of the setting of the healthcare services being provided, care is facilitated through registries, information technology, health information exchanges or other platforms for sharing health information. PCMHs are driven by information, and the center must have a strong information technology platform.

Quality and Safety – PCMHs are driven by evidenced based medicine, and actively participate in quality assessments or performance measurements. PCMH's are driven by patient feedback, and utilize patient satisfaction surveys that hold physicians and staff accountable to ensuring a good clinical experience. Furthermore, electronic health systems will assist in promoting safety, such as allergy or drug interactions.

Enhanced Access – Providing care where and when the patient needs services. For many practices this may mean holding appointment slots, or transitioning to an open schedule platform, extended hours, or providing services in different locations in an effort to transition healthcare to locations that are convenient for the patient. (Side note: Open schedules are more feasible with primary care versus specialist, but specialist should reserve appointment slots to meet the immediate needs of the patient.)

Payment Reform – In most situations where a primary care facility has transitioned to a PCMH platform, more often than not, the practice has contractual arrangements with health plans to manage patient care. For many PCMHs, this may be a per-member-per-month administrative fee, or annual bonuses for hitting pre-defined clinical targets or cost savings.

While a review of the PCMH accurately identifies this as a primary care driven initiative, what is the dermatologist role in the PCMH? While it is still early to understand the payment impact with the PCMH for dermatologist, the most proactive step that any dermatology practice can take is to identify the PCMH's initiatives going on in their community, and offer to be a resource. Unlike ACOs, PCMHs do not actively advertise their structure, and specialist may need to engage dialogue with local primary care physicians to understand their involvement in PCMH's. In my conversation with many dermatologists, they believe the PCMH is strictly a primary care initiative and that the PCMH does not impact them; however this model has the opportunity to drive primary care referrals to the dermatologist or away from the dermatologist. Dermatologist should be doing the following in regards to PCMHs:

- Identify all PCMH activity in their community. Specifically have ongoing dialogue with the practice's top ten referring physicians to understand their participation in PCMH.
- Offer to be a resource for the PCMH. This may involve being a member of a committee; provide medical services at the PCMH, or letting the PCMH know that you share their values in providing coordinated services. By reaching out to the PCMH, you are a step ahead because you are communicating that you have an understanding of what the PCMH is trying to accomplish and you want to be an active member.
- Identify information technology platform used by the PCMH, and determine if it is feasible for your practice to interface.
- Keep up to date with health plan communications regarding PCMHs.
- Engage in patient satisfaction surveys. First, regardless of PCMH activity in your community, patient satisfaction surveys can provide the practice with valuable information about ways to improve the patient's experience. It is amazing what a patient will disclose in a confidential survey that they will never share with the practice directly. Strive to improve your patient satisfaction scores, and volunteer to share your scores with the PCMH. Again, taking this proactive stand will clearly communicate to the PCMH that your goals are aligned.
- Monitor your referral trends, and identify if the volume of referrals from a particular physician or group is dropping. Ultimately the PCMH is designed to reduce the need for subspecialty care, which has a direct impact to dermatologist. Proactively reach out to the office to identify the reason. Primary care physicians appreciate specialist reaching out to identify concerns or opportunities.

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



With the relaxation of summer still warm in our memories, fall always has me craving something new. This is the season I like to tackle a new project, start a new book, or learn something to grow my professional knowledge. I think our Education Committee feels the same way because they have lined up a fantastic webinar schedule for the next few months. Be sure to check out the ADAM emails when they hit your inbox! I hope you take advantage!

If you haven't already, I would also like to encourage you to check out our newest membership benefit ADAM-EDGE with Henry Schein. There are great saving opportunities for your practice as well as many bonus perks when you sign up with ADAM-Edge.

It is also time to start thinking about renewing your membership. Your ADAM membership is a commitment to your professional growth and a great resource for networking. I encourage you to renew online today through the new My ADAM section of the website. Be sure to secure your membership so you can receive the member price for the 2013 Annual Meeting in February! More on that on page eight.

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?

Jessica: Jessica Pape, Skin MD, LLC in Orland Park, IL.

ADAM: When did you join ADAM?

Jessica: January 2012 as I was newly hired as a Practice Administrator for SkinMD, LLC.

ADAM: How long have you been a practice manager?

Jessica: My medical management career path started in 2006, one year after receiving my Bachelor of Science in Advertising from University of Illinois, Urbana-Champaign. I worked as an ophthalmic technician for an office affiliated with the University of Chicago. I quickly moved into their billing and coding department then began managing their multi-specialty Ophthalmology, Allergy and Immunology practice within my initial year. SkinMD, LLC is my first dermatology office environment. I absolutely love the transition and embrace the challenge!

ADAM: Tell us a little about your practice.

Jessica: SkinMD, LLC is truly an amazing office, gorgeous facility and friendly staff! This state-of-the-art environment provides a full range of medical and cosmetic dermatological services. We have 30 team members to support our five providers. Kenneth Bielinski, MD, is our primary MOHS surgeon and Michael Welsch, MD, serves as our dermapathologist. We have our own histology lab on-site and are in the process of becoming CAP

certified. Additionally, I am working on AAAHC accreditation as we are pleased to announce we will have John Rachel, MD, FACS, of MetropolitanMD joining our team this fall providing blepharoplasty, face lifts, and liposuction. I am thrilled to lead my team during this growth and eager for what lies ahead.

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

Jessica: My best experience being an ADAM member was my visit to the ADAM San Diego conference. Traveling alone, I immediately was welcomed by fellow ADAM members. I enjoyed all aspects of the conference from the speakers, coursework and the venue. Most of all I benefited from the networking opportunities ADAM offered. Jill Sheon was my mentor and she was not only a joy to be around but was insightful and informative. I still keep in contact with people I met at the conference, exchanging questions and ideas.

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

Jessica: Each day throws a new curve ball your way and you have to handle it appropriately. Managing a variety of personalities both of staff and patients can be quite challenging. By effectively and efficiently managing these issues and adhering to policies, much of this time consuming subject matter can be notably controlled. Additionally, providing a stable work environment and leading with a positive personality is a benefit to all involved.

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

Jessica: I would strongly recommend attending any of the conferences, specifically the Annual Meeting.

Upcoming Webinars

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

Tuesday, September 25, 2012 3:00pm ET



Internal Marketing for a Dermatology Practice

Internal marketing is learning how to talk to people who are already coming through the door, who already know you and your practice. Learn how to train your staff to talk to a medical patient considering cosmetic services or products for the first time, or how to talk to an experienced cosmetic patient contemplating an additional purchase of cosmetic services or products.

Wendy Brown, Founder of [WB Consulting](#) will lead this live webinar. You can read more about the importance of internal marketing for your practice on page four of the newsletter.

Tuesday, October 30, 2012 3:00pm ET



HIPAA, OSHA, and HITECH, Oh My!

Are you struggling to keep up with the ever-changing compliance issues? Do you not have the time to research all of the updates with HIPAA, OSHA, and HITECH?

Join Karen Gregory, RN, Director of Compliance from [Total Medical Compliance](#) who will discuss the latest regulatory changes, CDC recommendations, rulings by Health and Human Services (HHS), the Office for Civil Rights (OCR), the HITECH Act and State laws related to HIPAA, OSHA and HITECH changes.

Wednesday, November 14, 2012 3:00pm ET

Medical Practice Security Breaches: What You Need to Know

According to an HHS [database](#), more than 40% of medical data breaches in the past two years involved portable media devices such as laptops or hard drives.

In this webinar, Mike Meikle, CEO of the [Hawthorne Group](#), will teach you what to do in the case of a patient data security breach.

He will outline the steps that must be taken both from an operational and legal standpoint, and he will discuss how to prevent a security breach in your practice.



Reclaiming Skincare in Dermatology

By: Glenn Morley

Many practices struggle with ways to introduce and integrate skincare products into their patient's treatment plans as well as infuse staff with excitement about practice product options. Most patients want effective skincare products, and almost every cosmetic practice sells an excellent line of products. So why is integration still so difficult for some? The answer is often three-fold;

1. Practices worry that some patients may feel they are getting a "hard sell" if product discussions are introduced during their visits;
2. In very busy practices there is concern that the physician will get "sidetracked" with a product discussion in the exam room and consequently run behind for all subsequent patient appointments.
3. Staff is not fully "on board" in terms of personal usage, excitement and willingness to integrate a skincare discussion into an already tight schedule.

concept of incorporating non-essential, some would say clinically irrelevant, discussion pertaining to product choices is difficult for many clinicians to embrace. However, many in this group would also like to see sales of skincare products increase. There is significant evidence indicating the value of clinician initiated conversation in order for staff to be successful in transitioning a patient's subsequent skincare discussion into a sale and compliant usage. Discipline and a well thought out plan for transition is the foundation for this natural transition from clinical encounter with a physician or physician extender, to a skincare discussion with an aesthetician or skincare counselor.

When timed, in a recent day spent shadowing a Boston area dermatologist, the introduction of a skincare counselor added approximately 45 seconds to the encounter.

Details. Details. Details.

Practices can promote the availability of an aesthetician or a skincare counselor in office collateral materials, messages-on-hold, and on

websites, Facebook, and Twitter. Other opportunities to promote staff-extenders exist when patients book appointments and when staff members confirm appointments. The frequency and excitement level in communicating what is new in the office with regard to skincare products will have a direct correlation to the sales of skincare products during a given patient visit.

Interestingly, there is evidence that the addition of a skincare product sale also increases the retention rate of each patient-critical in today's competitive cosmetic medical world.

Is Marketing Products Pushy?

If a patient has a skincare need and it is not addressed during a visit, don't we risk the potential perception that we are not invested in all aspects of our patients skin health? Patients will only be excited if everyone in the office is excited. Photos and patient testimonials will be important tools for spreading the news, and social media and practice

How can these legitimate concerns be reconciled with the desire to assimilate skincare products more fully into the practice?

Reclaiming Sacred Ground without Disrupting Flow

Dermatologists undisputedly have the best understanding of the numerous products and compounds used topically in medicine. This depth and breadth of knowledge would seemingly translate into the highest sales of skincare products in the practice setting, but for the vast majority of practices this is not the case. What is the disconnect?

Historically, medical dermatology encounters are geared to provide clinically excellent care in a timely fashion. The

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websites offer ideal platforms from which to present it. Highlighting individual products based on seasonal relevance or new formulations is also important.

One “Ah Ha” opportunity that is often overlooked in skincare product displays are “shelf talkers.” A small “shelf talker” card that explains a few basic things about each product is a terrific communication tool that should be employed in every office. Information included on “shelf talker” cards should address the following;

1. Who is a candidate for this product?
(Hint: Aging Skin)
2. How is it used? (Be creative! A “pea size” amount can be photographed!)
3. How much is it, and how long does it last?
(Be real. Don’t we all want to know this?)

Training / Staffing

Employees must be ready, willing, and able to support a newly re-tooled plan to be a part of patient’s skincare lives. That said, developing a robust skincare business requires a unique type of professional training and focus. Staff development should occur in an ongoing way with an end goal that ensures that the team is skilled in the identification of skin types, has knowledge of skin physiology, and is versed in the history of skincare and the health benefits associated with good skincare. Most importantly, they must know how to effectively interact with the diverse clientele of a busy and successful aesthetics practice. Additional training needs for staff members will differ depending on their respective positions within the practice. Examples include: A telephone operator will need training on integrating information about the new skincare consultant into the practice’s daily appointment reminder calls, and the clinician and/or medical assistant will benefit from training on how best to transition patients from the exam room to an aesthetician or skincare counselor.

Meeting the Buyer’s Needs

Once the skincare team is trained and the flow for incorporating a skincare

Invitation-Only

(Practice name) Skincare Consultation!

Guests will enjoy a special gift bag and participate in our

Summer Sampling Program *

Guests will be able to speak with a skincare specialist about their specific skincare needs, and savor refreshments while mingling in our private skincare lounge.

**Your skincare needs change in the summer.*

During this event you will receive up to 4 custom selected products at 15% off and be able to return them within 30 days if they aren’t for you!

discussion has been worked out, then what? Consumers become highly motivated and sales tend to increase when three buyer needs are met: When something **unexpected** is offered, when something is offered at a **timely moment**, and when something is **meaningful** to them. It’s not difficult to meet all of these needs in the dermatology practice environment.

Unexpected

How many cosmetic medical practices provide a skincare counselor, ready to zero in on their specific needs during a dermatology appointment? Not many. Does this mean it’s not a good idea? Absolutely not! It is an innovative concept based on the changing needs of clients, and patients love it.

Reclaiming Skincare in Dermatology

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Today's customer is very involved and values choice above all else. Customers choose and customize everything from how they receive daily news to how they take their coffee.

Select retailers recognize this desire and are tailoring their environments to meet this emerging customer need. Medical practices can also tailor what, when, and how they offer skincare products to patients. The attention paid to patients' unique skincare needs will eventually become a compelling factor in their loyalty to the practice.



that patient education and demonstration is critical for the long-term growth and health of the practice's skincare business.

Conclusion

When it comes to skincare products, today's aesthetic clients are not looking for the "hard sell" but rather an opportunity to choose and customize. Creating an opportunity for patients to address all of their skincare needs during a patient visit and reinventing salespeople as educators addresses this issue and has proved to be a successful

pathway toward fully integrating skincare products into treatment plans for numerous practices.

Timely

There is an understood link between good skincare and physical health. One of the key indicators of ill-health today is poor skin color, tone, and/or texture. An offer to provide further information and guidance regarding proper skincare should be made to all dermatology and plastic surgery patients. It's a fact that today's patient is willing to invest time, energy, and resources when provided with skincare solutions tailored to meet their specific needs.

Meaningful

The ongoing use of products and the expansion in use to other products is rooted in face-to-face, meaningful education with experts inside the practice. Rather than having a "point of sale" mentality regarding skincare product sales, practices must adapt staff to new roles as educators and coaches. If a patient buys a bottle of sunscreen and is then educated in a meaningful way regarding appropriate use, that patient will likely begin applying almost a 1/4 cup of sunscreen to their arms, legs, chest, neck, and face after showering each day. When one considers that sort of usage, it does not take long to realize

**Want to learn more
about internal
marketing for your
practice?**



Join Wendy Brown from WB Consultants for a one hour live webinar on **Tuesday, September 25, 2013 at 3:00pm ET**. Wendy will offer real life examples and take your questions live.

[Sign up by clicking here!](#)

Sssssshhh...We're Letting You in on a Secret!

ADAM's private LinkedIn group is what some members call the association's best kept secret. It is 100% confidential and for ADAM members only. No vendors, no exhibitors, just ADAM. You don't need to worry about a sales pitch and you don't need to worry about your activity showing up on your LinkedIn timeline. The group is private which means, what happens in the group, stays in the group—electronically speaking!



Members use the group to post questions and get answers from other members in real time. You can also set your preferences to get a digest of the discussions sent right to your email. You can join the ADAM LinkedIn group as long as you're a dues paying member. Find instructions on how to join [here](#).

What's Everyone Talking About?

Some hot topics being discussed on the ADAM LinkedIn group right now.



- ♦ Best EHR software for dermatology. Some members like Allscripts and Nextgen.
- ♦ Accreditation for CPT codes.
- ♦ Help with insurance in the case of HIPAA breach.
- ♦ Policies for outstanding charts.
- ♦ Best SEO and marketing tactics.
- ♦ Vendor recommendations for background check companies.

Go to the next page to see what ADAM members are saying about LinkedIn!

Don't take it from us, here's what ADAM members say about ADAM's LinkedIn group...

Tym Johnson, Denver Dermatology Consultants

"I like to keep up to date on topics that affect our practices every day. The LinkedIn forum gives us as Administrators a way to discuss the pertinent issues that we face as they arise. It offers a timely way to keep up with other members on dermatology-specific issues relative to payors, government programs, EMR software, etc.

I have benefitted in developing relationships with forum members that extend beyond the forum digests into the real world operations day to day and the Annual Meeting. These relationships are a valuable resource that can be referenced as needed, and provides great two-way support."



Sharon Miller, Dermatology Associates of Tampa Bay

The LinkedIn site is a valuable asset as an ADAM member. Being able to reach out to other ADAM members for opinions and ideas and the ability to converse within the privacy of the site is a tool that is worth the membership in itself.



June McKernan,
Patient Preferred
Dermatology

Here we have a format to share ideas, successes, as well as failures. We have great opportunity to learn from each other.



Linda Leiser, Charlottesville Dermatology

While some of the answers need to be put into the context of state legislation or specific managed care contracts, I have found that I find pearls in the questions and answers that I can use in my practice.



Janice Smith, Spencer
Dermatology

I use it to help me in situations that arise in our practice...from coding questions to staff issues. It's a great way to get non judgmental feedback from peers and stay connected.



I enjoy when someone posts about a new regulation or insurance issue that I'm not familiar with so I can educate myself through the feedback.

It's Time to Renew!



**Association of Dermatology
Administrators & Managers**

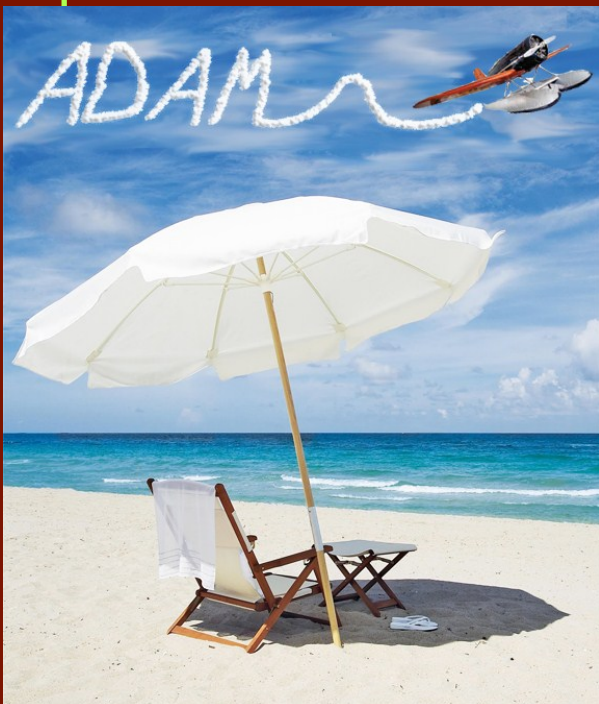
You can renew your ADAM membership online today for 2013! Go to [My ADAM](#) and login to the new site. Haven't logged in to the new site yet? Just click "forgot my password" and use your email address as your User ID. Once you renew, you will be guaranteed member pricing for the 2013 Annual Meeting in Miami, Florida!

Have a friend or colleague who wants to join ADAM? New members can join for \$400 during the month of September and be covered through December of 2013! New members can join online or send in a membership application. All you have to do is send them [this link!](#)

ADAM's 21st Annual Meeting

Save the Date! February 27-March 1, 2013

Join us at the Hyatt Regency in Miami, Florida!



Book your hotel room starting TODAY! The ADAM room block won't last long, be sure to secure your room with the great ADAM room rate of \$235 per night!

The Hyatt Regency is right in the heart of the Miami action and next to the Miami Convention Center!

[Click here to book today!](#)

Be on the lookout for the At a Glance coming to your inbox in the next few days!



Association of Dermatology Administrators & Managers



ADAM-Edge Reporting Features

When you become an ADAM-Edge customer you will have access to a section of personalized reports that can be customized to your practice's needs.

Purchasing Behavior by Quarter

Merchandise, Equipment & Pharmaceutical Purchases

Q2 2009	\$	28,920	Q2 2008	\$	21,452
Q3 2009	\$	88,622	Q3 2008	\$	58,961
Q4 2009	\$	29,441	Q4 2008	\$	25,541
Q1 2010	\$	41,663	Q1 2009	\$	81,154
Total	\$	188,646	\$	187,108	

Number of Orders

Q2 2009	58	Q2 2008	53
Q3 2009	54	Q3 2008	59
Q4 2009	59	Q4 2008	53
Q1 2010	59	Q1 2009	52
Total	230	217	

All Reported Periods are HSM Fiscal

Need to see which months were the most costly for you in terms of inventory? Use the purchasing by quarter report.

This report will show you the number of orders processed as well as the total amount spent per quarter.

Use the month-to-month report to see what you bought by category and when.

You can also use a quarterly business review to get a broader sense of what your practice is using throughout the year.

Top 10 Vendors

	Q2 2009	Q3 2009	Q4 2009	Q1 2009	Growth
Abaxis, Inc	17,038	18,896	27,104	39,942	9.6%
Inverness Medical Prof	12,723	24,008	9,034	3,202	220.3%
Sanofi Pasteur	1,847	27,043	1,676	1,973	241.8%
Merck Vaccines	2,222	8,997	11,001	8,402	-30.9%
Flu	-	24,720	5,377	-	8.0%
GSK	5,002	5,284	7,360	7,828	
Siemens Medical Diagnostic Solutions	5,556	4,886	5,655	7,641	
Massachusetts Biologic Labs	5,405	5,479	6,405	3,572	
Teva Pharmaceuticals	1,457	1,795	4,910	8,280	
Merck & Company	7,038	8,896	17,104	39,942	

Questions? Contact Adam-Edge@henryschein.com today to learn more about the ADAM-Edge Program!

HENRY SCHEIN MEDICAL 1/7

Month To Month Items Purchased by Category - Test Location #2

Date Range: 07/18/2010 - 08/17/2010
Steve Quinto: 8/17/2010 2:05 PM

Shipping Location: TEST MEDICAL OFFICE #2, 86-15 Queens Blvd Dennis Brustein, Elmhurst, NY, 113734427, 1641390

Category: Bandages

Item Code: 1048825, Conforming Stretch Gauze N/S 2" 12/Bg

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Item Code: 1049724, Conforming Stretch Gauze Ster 3" 12/Bg

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Item Code: 8293332, Elastic Bandage 6"x10yds Ea

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Item Code: 9004503, Bandage Schein Shear Strip 3/4"x3" 100/Bx

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Item Code: 9004504, Bandage Schein Shear Strip 1"x3" 100/Bx

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Item Code: 9004679, Elastic Bandage LF 4" N/S Clip 4"x4.5yds 10/Bx

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2010												

Use the quarterly business review to budget and set goals for next year.

Top 10 Product Classes

	Q2 2009	Q3 2009	Q4 2009	Q1 2010
Diagnostic tests	26.29%	20.38%	20.39%	15.43%
Lab equipment	21.28%	10.26%	13.63%	28.55%
Pediatric vaccines	3.83%	21.13%	7.93%	5.78%
Adult vaccines	10.69%	9.24%	8.47%	8.16%
Endocrine drugs	5.34%	4.38%	6.63%	7.89%
Flu vaccine	0.00%	13.11%	4.15%	0.00%
Antibiotics	2.76%	2.38%	4.36%	3.67%
Nervous system drugs	2.88%	1.11%	5.10%	4.00%
Hypodermic supplies	3.30%	2.01%	2.91%	1.72%
Medical equipment	2.84%	1.56%	3.08%	2.54%

All Reported Periods are HSM Fiscal

Upcoming Events

September

FRIDAY
14
2012
September 14-15, 2012
Intermountain Dermatology Society Annual Meeting
Sun Valley, ID

FRIDAY
14
2012
September 14, 2012
Colorado Dermatologic Society Annual Meeting
Englewood, CO

FRIDAY
21
2012
September 21-23, 2012
Pennsylvania Academy of Dermatology and Dermatologic Surgery Annual Meeting
Bedford, PA

FRIDAY
21
2012
September 21-24, 2012
2012 CalDerm Annual Meeting
Monterey, CA

TUESDAY
25
2012
September 25, 2012 3:00pm EDT
ADAM Webinar: Internal Marketing for Your Practice

October

THURSDAY
4
2012
October 4-7, 2012
Foundation for Research and Education in Dermatology Clinical Conference
Las Vegas, Nevada

THURSDAY
11
2012
October 11-14, 2012
American Society for Dermatologic Surgery Annual Meeting
Atlanta, GA

FRIDAY
19
2012
October 19-21, 2012
Ohio Dermatological Association Annual Meeting
Columbus, OH

TUESDAY
30
2012
October 30, 2012 3:00pm EDT
ADAM Webinar: HIPAA, OSHA, HITECH, Oh My!

WEDNESDAY
31
2012
October 31 - November 3, 2012
Society of Dermatology Physician Assistants Fall Conference
Las Vegas, Nevada

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