foreFRONT AND CENTER

Q1 NEWSLETTER | January 2023 Special Edition

President's MESSAGE:

Welcome to 2023! As another year commences, let's avoid the tendency to live the same way, continuing checklists and proceeding forward in all our busyness and business!

By: Betsy Wernli, MD, FAAD

Who doesn't love a fresh slate, an open planner, new ideas, and a fresh start? There will be a lot of "new" in 2023 at Forefront, all branching from lessons learned last year: new faces, new processes, and new systems to make practicing dermatology and supporting patient care more efficient and effective. But how will you, as an instrumental Forefront family member, ensure a more successful personal journey this year? Self-reflection is critical.

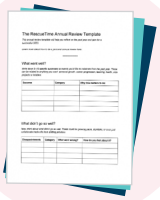
If you are a physician, PA, or NP, work with your colleagues and RCM on your goal reflections to ensure you have the support to accomplish 2023 goals. If you are a clinic assistant, work with your physicians, PAs, NPs, and Team Lead to bolster your 2023 success. And, if you are in Central Services, reach out to your other teammates or leaders to keep you accountable and on track!

I am excited about the newness in 2023 at Forefront; even our Newsletter has a new look and feel, more abbreviated with higher impact. We hope you dig into this issue of Forefront & Center and your life, dissecting lessons learned from 2022 at work and home and identifying at least one thing to use as your critical moment to change your course in 2023; our future is bright!

Sincerely,
Dr. Betsy Wernli

Plan With Me *Challenge*

Take time to reflect on what went well and what could have been done better in 2022. Increase self-awareness, challenge how you did things last year, and set personal and professional goals.



Tap the template to start planning!

Forefront family members planning their future goals, listed from the left: Dr. Molly Moye, Dr. Kelli Hutchens, Erin Armstrong PA-C, Dr. Michelle Cihla, Dr. Tori Negrete, Dr. Peter Katz, Dr. Betsy Wernli, Dr. Chad Brown, Dr. Jeff Richardson, Dr. Kurt Grelck, Dr. John Pujals, Dr. Lisa Campbell, Dr. Giacomo Maggiolino.

THE JANUARY ISSUE

FEATURES

2023 AAD ANNUAL MEETING

March 17-21

NEW ORLEANS

VISIT US AT BOOTH# 858

See you in New Orleans!

UPCOMING SESSION

Graud ROUNDS

Did you know that your Path Lab sponsors CME every month? Participate via webinar from anywhere to learn about exciting topics that will enhance your practice of dermatology, and earn you one hour of CME!

Dr. Kevin O'Bryan

Dr. Missy Mesfin

Dr. Sarah Taylor

02.22.23

@5:30PM CST

DERMATOLOGIC DIAGNOSES IN SKIN OF COLOR

Join Drs. Missy Mesfin, Sarah Taylor, and Kevin O'Bryan as they discuss disorders commonly seen in skin of color and their treatment options. This activity has been approved for AMA PRA Category 1 Credit.

MEET OUR *Contributors*

Betsy Wernli, MD, FAAD

Betsy has a busy practice in Manitowoc, WI. She completed her undergraduate at the University of Oklahoma where she stayed for medical school and completed her residency at Iowa. She has three boys, four if you count her husband, and enjoys all things sports. She is obsessed with her Peloton®, and loves serving the Forefront physicians. Betsy is always available by cell or email.

Giacomo Maggiolino, MD, FAAD

Giacomo graduated from the University of Notre Dame, attended medical school at the University of Illinois in Chicago, and completed his residency at Cook County in Chicago. He now practices in Pleasant Prairie and Grafton, WI. He is kept busy at home with four young children, but he also enjoys traveling and cooking—especially making homemade pasta and Italian dishes. Giacomo is Forefront's Public Relations Chairperson.

Molly Moye, MD, FAAD, FACMS

Molly is a fellowship-trained Mohs surgeon who practices in Elizabethtown and Louisville, KY. Her professional areas of interest are skin cancer detection and treatment, Mohs surgery, and performing cosmetic treatments including Botox®. Molly finds it very rewarding to follow patients over time and see improvements in their quality of life as their skin conditions are treated.

Tori Negrete, MD, FAAD

Tori practices in Carmel, IN, Neenah, WI and is also the medical director of Excelin Medical Spa in Appleton, WI. A Chicago native, she returned to complete her dermatology residency at Cook County Hospital after attending medical school at the University of Iowa. In her free time, she loves to travel the world with her husband George, drink wine, eat fabulous food, Peloton (to burn off those calories), and love up her adorable French bulldogs, Bruster, Bernadette, and Claudette.

Sapna Vaghani, MD, FAAD

Sapna is a pediatric dermatologist working in the suburbs of Chicago. She completed her undergraduate work at Northwestern University, followed by medical school at MCP Hahnemann (now Drexel) in Philadelphia. She came back to Northwestern to complete her residencies in pediatrics, dermatology, and finally, a fellowship in pediatric dermatology. Sapna's free time is spent with her husband and two girls. They love to cook, eat, do arts and crafts, and travel!

Missy Mesfin, MD, FAAD, FACMS

Missy is a Mohs surgeon in Vienna, VA. She is a fellow of the American Academy of Dermatology, American College of Mohs Surgery and the American Society of Dermatologic Surgery. She attended the University of Michigan for both undergraduate and medical school. She also completed her dermatology residency and Mohs fellowship at U of M. Missy's interests include treating skin cancer, performing cosmetic procedures, and enjoying time with her two children.

Katie Hunt, MD, FAAD

Katie started her career in business and engineering at the University of Alabama. She worked as a patient flow consultant for Stockamp & Associates and as a supply chain leader at GE Healthcare before discovering her desire to help others in the field of medicine. Katie completed her medical education and dermatology residency at the University of Alabama and served as chief resident during her final year. She enjoys hiking, camping, running, and strategic board games.

Ashley Dietrich, MD, FAAD

Ashley practices in Wauwatosa and Menomonee Falls, WI, just outside Milwaukee. After completing her undergrad at Marquette University and medical school at Medical College of Wisconsin, she completed her residency at the University of North Carolina, Chapel Hill. She has a busy practice of general, procedural, and cosmetic derm. She enjoys her new role as physician director of education & enrichment. Outside of dermatology, she enjoys spending time with her husband, Peter, playing golf or wine tasting, and their dog, Riesling.

Eric Hanson, MD, FAAD

Eric practices dermatology and dermatopathology in Manitowoc, WI. He completed his dermatology residency and dermatopathology fellowship at the Mayo Clinic in Rochester, MN. He completed medical school at George Washington University and his undergraduate degree in zoology at Brigham Young University. He has four children, three boys, a girl, and two dogs. A native of Idaho Falls, ID, he enjoys the outdoors, including skiing, hiking, and mountain biking.

Kayleen Moore

Lead Documentation & Coding Specialist

Kayleen is our Lead Documentation and Coding Specialist. She enjoys working with fellow coders (Kari Wagner and Beth Westcott) on a team that is passionate about supporting Forefront's physicians, PAs, and NPs in the ever-changing world of coding and documentation. Kayleen loves traveling with her husband Ian and spoiling her two dogs, Lucky (a sweet and cuddly Poodle/Dachshund mix) and Mabel (a sassy little Westie).

THE *Physician* Board

Lead the *Way*

Email Dr. Wernli to learn more about all of the exciting leadership opportunities we have to offer!

the extra MILE

By: Giacomo Maggiolino, MD, FAAD

Once your team is on board with creating a culture of service excellence, it's time to define how you measure success. Start by gathering and reviewing feedback from all your patients, not just the supper happy or angry ones.

> "Whatever your goals are, it's important to define them and have an easy and efficient way of measuring whether or not you achieve them.

Reach out to our Marketing team and request to enroll in "Podium," a new platform that texts your patients after their visits asking for their feedback.

Podium replaced Reputation.com at Forefront in December of 2022 with the goal of driving a higher number of reviews per location and clinician.

Maybe your goal is to have 90% of your patients say they would recommend you to a friend. Whatever your goals are, it's important to define them and have an easy and efficient way of measuring whether or not you achieve them.

The Podium portal is a powerful tool that can help you start more conversations, turn conversations into patients, and turn patients into patients for life.

How it Works

Get to know Podium

1

Podium is a customer interaction platform that utilizes text messaging to help businesses manage customer relationships and build an online reputation on various websites.

2

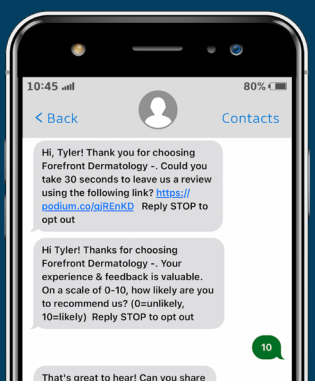
Podium drives more reviews than Reputation.com by texting patients and asking them to leave a review.

3

Three days after being asked to leave a review, patients are asked to rate the location/clinician on a scale of 0-10; this rating drives your Net Promoter Score.

4

Once a rating is given, the patient is asked why they scored the location/clinician the way they did. Depending on their response, patients fall into one of three categories, including Promoters, Passives, and Detractors.



Q+A

Coding CORNER

By: Molly Moye, MD, FAAD, FACMS and
Kayleen Moore, Lead Documentation & Coding Specialist

Q What is the Medical Decision Making (MDM) table and why did it need to be updated?

As you remember, we all had to correctly learn the new requirements to code office visits starting in 2021. At that time, the latest coding and documentation rules only applied to outpatient office visits. As of January 2023, the new rules apply to all evaluation and management services.

Q What are the newest updates to the MDM table?

To accommodate these changes, the Medical Decision Making (MDM) table had to be updated to consider the types of conditions that may be managed in the inpatient setting. New this year are the following types of conditions, which both qualify as LOW in the MDM table:

- Acute, uncomplicated illness or injury requiring hospital inpatient or observation-level care
- Stable, acute illness

Q How do you define these types of problems, and why are they considered LOW or level 3?

The AMA decided what they deemed the appropriate level for each problem type, so while we may disagree with the level, this is what has been given to us.

DEFINITIONS + EXAMPLES

Acute, uncomplicated illness or injury requiring hospital inpatient or observation-level care

Definition: a recent or short-term problem with a low risk of morbidity for which hospital-level treatment is needed but with little to no chance of mortality. A full recovery is expected.

Examples: Cellulitis that required hospitalization after failure to respond to oral antibiotics, Ramsey Hunt or Zoster Ophthalmicus, observation for post-operative observation for pain control, or non-life-threatening bleeding

Stable, acute illness

Definition: A problem that is new for which treatment has been initiated. The patient is showing signs of improvement and is stable but has not yet made a full recovery.

Examples: Herpes zoster, bullous impetigo, acute urticaria, angular cheilitis, acute paronychia

2023 FOREFRONT OV CODING WORKSHEET

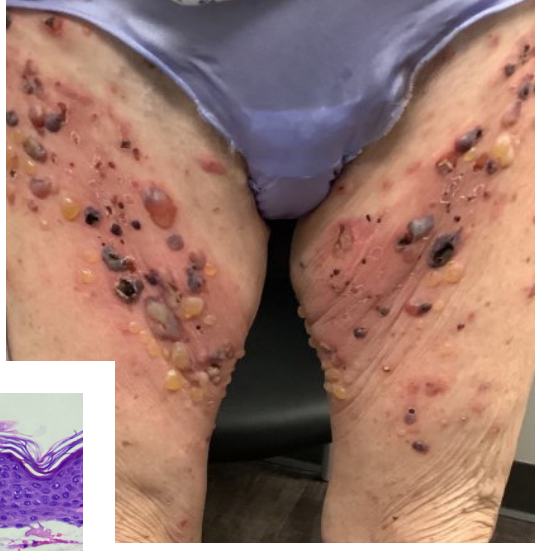
Scan or tap the QR code to download your copy.

REQUEST YOUR FREE MELANOMA BOX

Your patient has just been diagnosed with Melanoma; now what? While receiving all of the information and feeling prepared for what's next is important, it can still feel overwhelming. That's why we created our melanoma box—partnering with L'Oreal to give patients something to take home besides a pathology report—a box of skincare products, information, and sun protection advice.

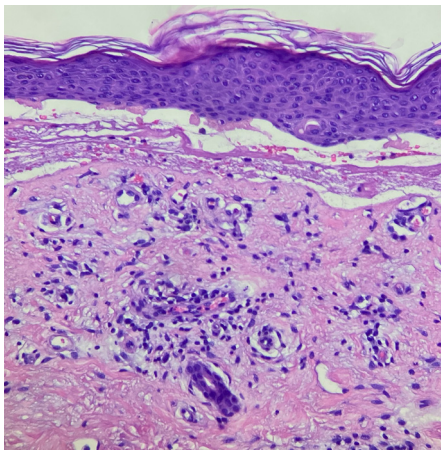
Clinical CORNER

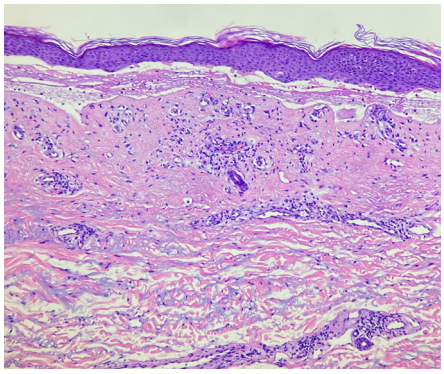
By: Ashley Dietrich, MD, FAAD

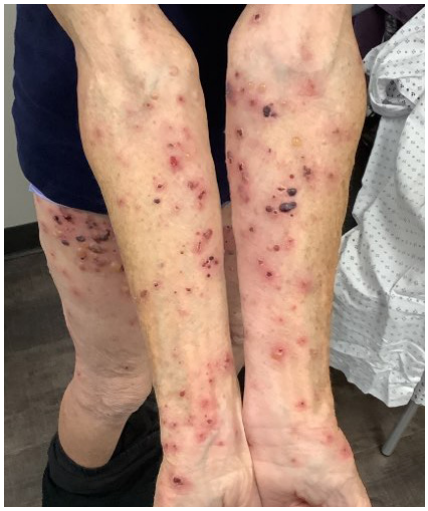


An 82-year-old woman presents with this itchy, blistering rash all over. Which of the following are appropriate first-line treatments for this patient?

- (A) Prednisone
- (B) Topical steroids
- (C) Doxycycline
- (D) Nicotinamide
- (E) Dupilumab
- (F) All of the above







This patient had a 4mm punch biopsy performed at the edge of a bulla sent for H&E, which was consistent with a diagnosis of Bullous Pemphigoid (BP). A perilesional biopsy for DIF was not performed in this case, but could have been considered if there was further concern for EBA.

Given the distribution, oral involvement (painful erosions of the buccal mucosae, gingivae, and hard posterior palate, not pictured), along with severe pruritus, this patient agreed to start treatment with a combination of topical steroids (jar of triamcinolone ointment), oral prednisone 20mg daily, and oral doxycycline 100md daily. The patient improved significantly and eventually transitioned to oral doxycycline, oral nicotinamide, and SQ injections of dupilumab. The patient no longer needs to use topical steroids regularly. We have tried to wean doxycycline, but her oral erosions recur. She missed one dose of dupilumab and had a significant recurrence of pruritus.

Several case reports have been published highlighting the unique off-label use of dupilumab in BP, including a 2020 JAAD article. I utilized the App VisualDx to print a patient handout regarding BP, showed photos from the app that was consistent with her skin, and printed a case report from the link showing dupilumab as a novel treatment for BP. This tool significantly aided our discussion of the diagnosis and treatment options with the patient and her daughter. **Answer F:** All the above

MAKE an IMPACT

If you are a clinician and still need to secure a **subscription** after our December Grand Rounds discussion, please email Dr. Ashley Dietrich to gauge interest in securing a group rate for Forefront Dermatology clinicians!

Tap to visit

References: Visualdx.com; Abdat R, Waldman RA, de Bedout V, et al. Dupilumab as a novel therapy for bullous pemphigoid: A multicenter case series. *J Am Acad Dermatol.* 2020 Jul;83(1):46-52. **PubMed ID: 32179082**

DIVERSITY *in* DERMATOLOGY

By: Missy Mesfin, MD, FAAD, FACMS

At our December Grand Rounds, Dr. Ashley Dietrich gave a great introduction to VisualDx. VisualDx is an award-winning diagnostic clinical decision support system designed to enhance diagnostic accuracy, providing a wide range of skin types with various skin disorders to aid us in diagnosing our patients. VisualDx is a great tool to help broaden our ability to accurately diagnose skin disease in our skin of color patients, and improve patient engagement and satisfaction. They also have an initiative to address gaps of knowledge to improve care called #ProjectIMPACT.

Other *Resources*

Textbooks

Kelly AP, Taylor SC, Lim HC, Serrano AM (2016) Taylor and Kelly's Dermatology for Skin of Color. New York: McGraw-Hill Education

Alexis AF, Barbosa VH (2013) Skin of color: A Practical Guide to Dermatologic Diagnosis and Treatment. New York: Springer

Grimes PE (2008) Aesthetics and Cosmetic Surgery for Darker Skin Types. Philadelphia: Lippincott Williams & Wilkins

Skin of Color Society

A great resource and education website. **Scan or tap the QR code to learn more.**

VisualDx is committed to improving medical-decision making through augmented thinking and timely visualization.

VisualDx

- An app designed to enhance diagnostic accuracy, aid therapeutic decisions, and improve patient safety.
- VisualDx contains a medical image library with 120,000+ images of different skin types.
- Allows you to make timely clinical decisions by building custom differential diagnoses with the ability to search by disease for treatment options.

#ProjectIMPACT

- An initiative to **I**mprove **M**edicine's **P**ower to **A**ddress **C**are and **T**reatment.
- A global effort developed by VisualDx to reduce disparities in medicine.
- A community dedicated to reducing healthcare bias in skin of color.
- Built from the belief that clinicians should be able to recognize disease in all skin colors.

Patient Autonomy

- **Alysa:** A mobile app that allows patients to take a photo of their skin condition and get trusted and personalized answers to make informed decisions about their skin.
- **Skinsight:** A trusted go-to website on skin health. The site features images and information on over 200 of the most common skin conditions.

Beauty Blog

Want to start selling products in your office but don't know where to start? Here's a basic list to offer to your patients to cover all their dermatology needs:

By: Tori Negrete, MD, FAAD

1 Sunscreen/sunblock

Offer patients the opportunity to practice what we all preach! We counsel every single patient to wear sunscreen. How many times per day do you get asked for sunscreen recommendations? Probably the most effortless shift in selling products in your office.

- Elta MD® is the #1 dermatologist-recommended professional sunscreen brand, most products contain zinc oxide and octinoxate. A patient favorite is the **UV Clear**, which is great for acne or rosacea-prone skin! Available with and without tint.
- Colorescience® has two great options, **Sunforgettable Total Protection Brush-on Shield:** An all-mineral SPF 50 sunblock with multiple shades, and **Sunforgettable Total Protection Face Shield Flex SPF 50**, a pure mineral block that color matches your skin tone, plus has iron oxide to protect melasma patients better.
- SkinCeuticals® has two must-haves, **Physical Fusion UV Defense SPF 50** and **Daily Brightening UV Defense**.

My Sunscreen Recommendations

EltaMD®

UV Clear Broad-Spectrum 46

Colorescience®

Sunforgettable Total Protection Brush-on Shield

Colorescience®

Sunforgettable Total Protection Face Shield

SkinCeuticals®

Physical Fusion UV Defense SPF 50

SkinCeuticals®

Daily Brightening UV Defense Sunscreen

2 Tretinoin

An excellent option for patients who want an anti-aging product without breaking the bank. Often not covered by insurance, it's super easy to offer a low-cost alternative to patients in your office. We sell the SKNV Tretinoin in our office for under $50.

3 Moisturizers

Another intuitive choice for those nervous to start selling products in their office. As an example, some offices offer Cetaphil and Vanicream products.

4 Acne products

Popular options include benzoyl peroxide washes, glycolic/salicylic acid pads, and other cleansers. Topix and SKNV have several affordable options you could sell:

- Topix Medical-grade skin care products developed by dermatologists for all skin types and lifestyles. Patients can purchase products in the office or online.
- SKNV Everything your office needs to offer patients a customized Rx dermatology system, delivering targeted results and repeat purchases through tailored regimens in preventative, curative, and maintenance skincare.

HELP IS HERE

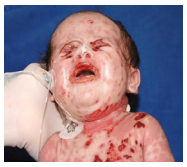
Start, run, and grow your skincare line

With the skincare industry growing rapidly, now is a great time talk with your Team Lead, RCM, or other physicians to help you get started.

keeping up with the Kids

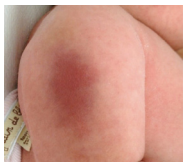
It's a new year, a time for a fresh start! With each January, many of us challenge ourselves in our personal lives, so why not start the year by challenging the pediatric dermatologist within all of you?!

By: Sapna Vaghani, MD, FAAD



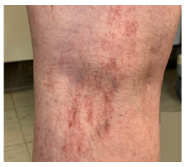
1 Compared to older children and adults, infants with SJS and TEN are more likely to:

- A. Have a larger body surface area of involvement.
- B. Have higher rates of bacterial sepsis.
- C. To have TEN than SJS.
- D. Have higher rates of mortality.
- E. All of the above.



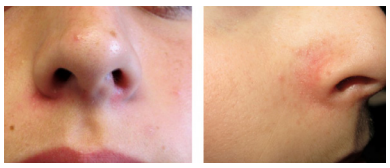
2 A 1-week old presents to your office with an indurated, red plaque on the arm, first noted at birth. In the last week, it has been slightly less red and softer. You tell the family:

- A. This lesion will grow until about six months of life and eventually resolve.
- B. The baby should be admitted for observation.
- C. This condition typically resolves over the course of months.
- D. The infant will have associated hypoplasia of the affected arm.
- E. The infant is at risk for seizures.



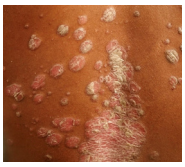
3 This 35-year-old mother presents with a history of atrophic, pink-red blaschkolinear macules and patches on the face, trunk, buttocks, and extremities since birth. Based on the exam, she is most likely to have the following:

- A. Significant pruritus.
- B. Daughters.
- C. An increased risk for osteosarcoma.
- D. An increased risk for basal cell carcinoma.
- E. Dilated cardiomyopathy.



4 This new entity described by Sanchez et al. after a multicenter prospective study of 41 patients over two years is:

- A. More common in girls.
- B. Usually pruritic.
- C. Most common in pre-adolescence.
- D. Caused by inhaled corticosteroids.
- E. None of the above.



5 A 40kg six-year-old presents with the following eruption over 35% of her body for one year. She has failed therapy with high-potency topical steroids, calcineurin inhibitors, and calcipotriene. A trial of phototherapy was promptly stopped when it was discovered the parents were going into the light booth with the child, who, in the end, could not tolerate the treatments on her own. Which of the following would be the next best therapy after the initial loading dose?

- A. Adalimumab 40mg sq q4 weeks in the office.
- B. Etanercept 50mg sq q2 weeks at home.
- C. Secukinumab 75mg q4 weeks in the office.
- D. Izekizumab 80mg sq q4 weeks in the office.
- E. Izekizumab 40mg sq q4 weeks in the office.

1

ANSWER E

Answer E: A recent review of all published reports of SJS/TEN in infants < 12 mos of age from 1962 to 2019 yielded 26 cases. Mortality was high at 39%, with nearly 78% deceased from sepsis. Triggers were identified in 21 patients, with medications accounting for 52%, followed by infections. 24% of infections were bacterial (klebsiella pneumonia & E. coli), and 10% were viral (RSV, adenovirus, & VZV).

2

ANSWER C

Answer C: Subcutaneous fat necrosis of the newborn (SCFN) is a rare form of panniculitis that occurs in the first few weeks after birth. Characterized by indurated, erythematous subcutaneous nodules, it is most often seen on the arms, shoulders, and back. It is usually noted in full-term infants with a history of maternal disorders or perinatal stress. Maternal risk factors include gestational diabetes & preeclampsia; it is also likely that hypoxia and therapeutic cooling play a role in the development of SCFN. Hypercalcemia is a possible sequela that can lead to significant morbidity and mortality and should be monitored. Signs of hypercalcemia in a newborn include irritability, poor feeding, polyuria, polydipsia, constipation, hypotonia, failure to thrive, persistent nephrocalcinosis, and seizures. SCFN typically spontaneously resolves within months without sequelae.

3

ANSWER B

Answer B: Focal dermal hypoplasia (FDH), also known as Goltz syndrome, results from an X-linked mutation in the PORCN gene, resulting in telangiectasias and atrophic, pink to erythematous plaques that follow the lines of Blaschko. It can also be associated with cognitive impairment and various skeletal, ocular, dental, and craniofacial abnormalities. The mutation is typically heterozygous or mosaic and associated with in-utero demise for males. Pruritus would be more notable in blaschkitis, an acquired condition that typically resolves over months. Rothmund-Thomson syndrome (RTS), in which patients typically have poikiloderma, does not manifest until three mos of age. Like FDH, RTS is associated with skeletal abnormalities. However, those with RTS are at increased risk for osteosarcoma, BCC, and SCC.

4

ANSWER C

Answer C: The proposed name for this entity is perialar intertrigo of children and adolescents and refers to chronic, desquamative erythema of the nasal folds, most common in pre-adolescence (mean age of 12.1 in this cohort) and in males (61%). It typically is asymptomatic or paucisymptomatic, with mild to moderate, intermittent pruritus reported in 39%. 93% of the patients reported no use of inhaled corticosteroids. A woods lamp examination was performed in 71%; fluorescence was noted in 31% of cases, with 78% noting an orange-red color. At least 54% had treatment, most commonly a topical antifungal (20%), topical ivermectin (15%), and topical steroids (12%), yet the efficacy of treatment was documented in only 5 cases. The cause of this entity remains unknown, and further investigation is warranted. Although the lack of follow-up clearly limited this study, I highlight it because it is an entity that I certainly see in the clinic. Treatment has been challenging, with many patients failing to significantly improve with topical antifungals, anti-inflammatory agents, and routine acne therapies.

5

ANSWER E

Answer E: Izekizumab must be administered in the office for all pediatric patients weighing 110 lbs (50kg) or less. After the initial loading dose of 80mg, a patient weighing 25-50kg is administered 40mg sq q4 weeks. Note that Izekizumab is only dispensed in a single syringe of 80mg/mL, so for these patients, 0.5mL must be drawn out and administered appropriately, with the remaining 0.5mL discarded. To avoid confusion and medication errors in these patients, I recommend every script sent to the mail-order pharmacy specifically state, "to be shipped to the prescriber's office only, do not send to the patient directly."

Adalimumab is indicated for psoriasis in patients 18 and over only. Etanercept is approved for children four and above; however, the dosing is 0.8mg/kg/week with a max of 50mg and can be administered at home. Secukinumab is approved for patients six and above; however, the dosing for a child <50kg is 75mg sq q4 weeks and can be administered at home.

Resources

1. Pediatric dermatology. Volume 39, Issue 5 September/October 2022
2. Pediatric dermatology. Volume 39, Issue 6 November/December 2022
3. Fernandes FR, Taguchi MR, Cabral JE, Ayres SS, Pimentel D, Sá LC, Baldaçara RP, Aun WT, Mello JF. *Toxic epidermal necrolysis in newborn period: case report.* Allergol Immunopathol (Madr). 2011 Jul-Aug;39(4):240-1.
4. Xu S, Ellis KT, Roy SF, Johnston MS, Zubek AE. *Extensive blaschkoid macules and patches since birth.* JAAD Case Rep. 2022 Nov 4;31:59-61.
5. Aljaser F, Weinstein M. *A 1-week-old newborn with hypercalcemia and palpable nodules: subcutaneous fat necrosis.* CMAJ. 2008 Jun 17;178(13):1653-4.
6. Del Pozzo-Magaña BR, Ho N. *Subcutaneous Fat Necrosis of the Newborn: A 20-Year Retrospective Study.* Pediatr Dermatol. 2016 Nov;33(6):e353-e355.

Forefront FORUM

History of Forefront Dermatology

The last Kohler retreat on the horizon this May brings a bittersweet end to a fantastic tradition for Forefront Dermatology. Alas, we have finally outgrown the American Club. Kohler has traditionally been our meeting place for the Spring Retreat, hosting at least a dozen retreats there, plus one Fall Retreat. I remember my first retreat in 2010: the entire practice sat at one u-shaped table in a small conference room. Our reception was also small; we ate at one long table in the Immigrant Room. This year we anticipate hosting up to 300 physicians, physician assistants, nurse practitioners, and their guests!

By: Tori Negrete, MD, FAAD

THE BEGINNING

1999-2001

Dr. Kenneth Katz begins working in Manitowoc at his father's, Dr. Henry Katz, private practice.

2001-2005

Dr. Kenneth Katz took over his father's dermatology practice in Manitowoc, Wisconsin. Dr. Betsy Wernli still works in the original clinic to this day!

2003-2008

A small handful of denovo clinics are created in Northeast Wisconsin; many of the doctors still practice with Forefront!

2005-2006

Drs. Dave Bertler and Sean Pattee joined Ken Katz after seeing his vision for increased access to dermatology care in Northeast Wisconsin, and they formed Dermatology Associates of Wisconsin.

2006

Forefront's very own pathology lab is created in Manitowoc, Wisconsin.

2008-2011

More denovo clinics are created, and our first acquisition practice in Neenah, Wisconsin, signs on.

2014

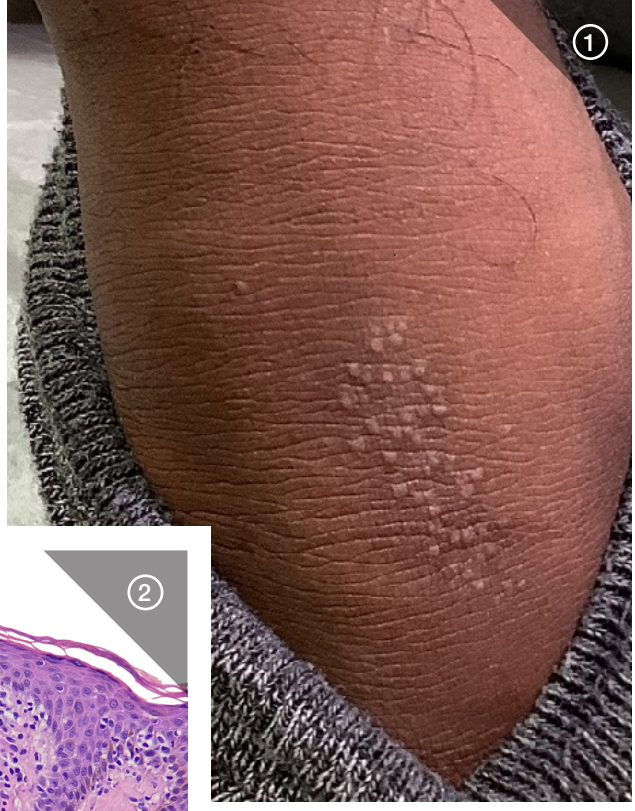
Our first acquisitions out of Wisconsin were Indiana, followed by upper Michigan, and then Kentucky.

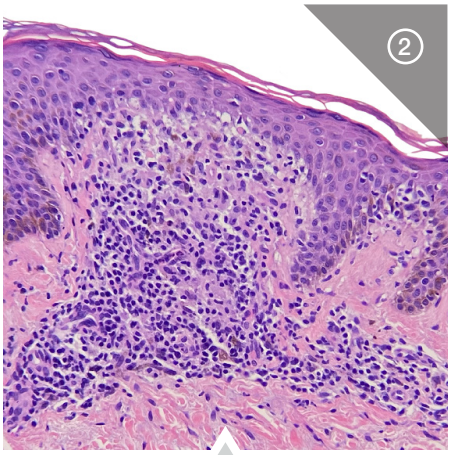
TODAY

With continued expansion, we are now in 26 states with 228 clinics, and 475+ physicians, PAs, and Nps!

UNDER *the* SCOPE

By: Eric Hanson, MD, FAAD





Lichen Nitidus Pathology

Figure 1: Lichen Nitidus, right lower leg.
Figure 2: Lichen Nitidus, abdomen.

Clinical

A 15-year-old male patient of Hannah Miller, PA-C, presented with a two-year history of evolving clusters of pruritic 1mm brown to flesh-colored papules on the trunk, extremities, and penis. The clinical differential diagnosis includes lichen nitidus, keratosis pilaris, and follicular eczema.

Pathology

A punch biopsy from the left lateral proximal pretibial region shows "ball in claw" lichenoid inflammation, consisting of focally dense lymphohistiocytic inflammation with vacuolar interface change and cytoid bodies, within widened dermal papillae, with a surrounding epidermal collarette.

Diagnosis
Lichen Nitidus

Discussion

Lichen nitidus typically presents in children and young adults and less frequently in adults as 1-2 mm pale, flat-topped papules on the lower abdomen, medial thighs, dorsal arms, dorsal hands, flexor wrists, and penis. It may also be present on the palms and soles. When involving the nails, it results in pitting. Oral involvement has also been reported. In some cases, the papules may coalesce into more generalized plaques. Koebner phenomenon, with a linear arrangement of papules in areas of trauma, may also be seen.

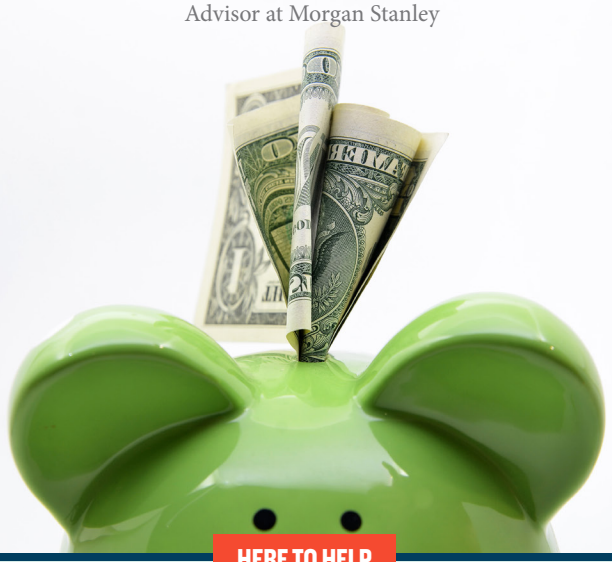
Usually asymptomatic, lichen nitidus is slowly progressive and may be stable for years before spontaneously resolving without treatment. In a symptomatic case with pruritus, helpful treatments include topical steroids or calcineurin inhibitors, if localized, and narrow-band UVB, PUVA, or systemic treatment with oral retinoids or cyclosporine, when generalized.

A variant related to sun exposure, actinic lichen nitidus, may be seasonal, recurring in the summer months. It is more common in Middle Eastern, Indian, and African American patients. Treatments include sun protection and topical steroids.

Lichen nitidus is distinct from lichen planus; however, some patients have been diagnosed with both. There are reports of lichen nitidus presenting in patients with Crohn's disease, atopic dermatitis, Down's syndrome, and HIV, as well as those treated with medications such as interferon alpha and ribavirin and following vaccination for hepatitis B.

401K CORNER

By: Chad Gruett, your Financial Advisor at Morgan Stanley



Happy New Year! As you may have heard, in late October, the IRS boosted the annual 401(k) contribution limit by a record amount amidst the recent surge in inflation. For 2023, the limit for participants under age 50 will rise by $2,000 from $20,500 to $22,500. The catch-up contribution for those age 50 or older will increase from $6,500 to $7,500 (irs.gov).

If your goal is to maximize your contributions, you may want to log into your Empower account to see if your contribution rate should be adjusted upward to reflect the higher limit.

HERE TO HELP

ASK THE EXPERTS

If you'll be 50 or older by the end of the year and intend to take advantage of the catch-up provision, it's also suggested that you contact Lisa Schueler in Payroll to verify that your profile is set up accordingly. If you have any questions regarding this or any other element of the Forefront Dermatology 401(k) Plan, please feel free to contact Chad Gruett.

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▲
Log into your Empower Account to see your contribution rate.

UPCOMING SESSIONS

DOWNLOAD ON DRUGS + DEVICES

Staying AHEAD

Listen to Download on Drugs + Devices, monthly, to stay ahead of the latest developments in dermatology and learn from your peers as they share essential information from their areas of expertise.

02.19.23
@6PM CST

DermaMade

How to build affordable skincare regimens for every skin type.

03.09.23
@6PM CST

WINLEVI (Clascoterone) Cream 1%

For acne vulgaris in people 12 years of age and older.

04.13.23
@6PM CST

Spevigo® (Spesolimab-sbzo)

Injection for treating generalized pustular psoriasis (GPP) flares in adult patients.

HOT OFF THE PRESS

By: Katie Hunt, MD, FAAD

TINTED SUNSCREENS

Tinted sunscreens block the visible spectrum and, thus, may be an important adjuvant for patients with melasma. Practical advice for tinted sunscreens: it needs ion oxide to block visible light (check inactive ingredients) and pigmentary titanium dioxide. A person should apply as a last skincare step 15-30 minutes before sun exposure.

RESOURCE: TORRES ET AL, JAAD. SEPT, 2022.

CUTANEOUS LUPUS

In a longitudinal cohort study, cutaneous lupus remission was observed in 19% of 141 patients after a median of 11.4 years since diagnosis. Remission was negatively associated with active smoking and discoid lupus subtype.

RESOURCE: FAYARD ET AL. JAAD, AUG 2022.

INTRAUTERINE DEVICE

Hormonal IUDs were positively associated with acne and negatively associated with hirsutism, alopecia, and rosacea compared to non-hormonal, copper IUDs.

RESOURCE: MUNJAL ET AL, JAAD, NOV 2022.

NOVEL HUMANIZED IgGI MONOCLONAL ANTIBODY LITIFILIMAB

Phase 2 clinical trial: Novel humanized IgG1 monoclonal antibody litifilimab, which targets blood dendritic cell antigen 2 (BDCA2), was superior to placebo (in decreasing skin disease activity over a period of 16 weeks).

RESOURCE: WERTH ET AL, NEJM, NOV 2022.

ELECTROSURGERY

In electrosurgery, the plume is noxious and potentially hazardous. An in vitro study on human skin showed that the plume with the fewest number of microparticles was bipolar electrocoagulation. Electrofulguration created the second-fewest number, followed in ascending order by electrodesiccation, electrocoagulation, electrocautery, and monopolar electrocoagulation.

RESOURCE: RIOPELLE ET AL, DERM SURGERY, SEPT 2022.

pastISSUES

Q4 - 2022 Newsletter

Q3 - 2022 Newsletter

Q2 - 2022 Newsletter

FOREFRONT DERMATOLOGY®

Forefront is a physician group led and operated by dermatologists for the benefit of dermatologists. We provide general, surgical, and aesthetic dermatology services along with related laboratory services through a network of dermatologists, physician assistants, and nurse practitioners.

To learn more visit:

forefrontdermatology.com