

# Santa Barbara Dermatology Meeting 2021 11/12-14/2021

This activity was created to address the professional practice gaps listed below:

- Utilizing the new treatments and approaches to common dermatologic diseases.
- Applying new evidence for emerging theories on the pathophysiology of various types of psoriasis, including treatment plans.
- Identifying and prescribing newer biologics for complex dermatologic disorders.
- Recognizing the benefits of emerging treatments such as retinoids, antibiotic/immunomodulatory agents, combination agents, and laser/light techniques for acne and rosacea.
- Recognizing and treating melanoma and other skin cancers early enough.
- Identifying the benefits and limitations of surgical and nonsurgical techniques as well as topical treatment options for aesthetic dermatology.

### 1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

|   | Disagree |     | Agree         |                |  |
|---|----------|-----|---------------|----------------|--|
| Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [73-3.89]                   | (0)      | (0) | (8)<br>10.96% | (65)<br>89.04% |  |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [73-3.90]                  | (0)      | (0) | (7) 9.59%     | (66)<br>90.41% |  |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [72-3.88] | (0)      | (0) | (9)<br>12.50% | (63)<br>87.50% |  |

#### 2. Please elaborate on your previous answers. (40)

Great

all great

Speakers were very well informed and touched on pertinent updates that apply to daily clinical practice.

Enhanced my knowledge of how to choose and utilize biologics.

I feel more up to date.

i learned a great deal about some of the new medications coming onto the marketplace I have a better understanding of different treatment choices for psoriasis, eczema and rosacea.

mostly validate, but new information-yes

Learned the latest in pharmaceutical options .

excellent overview of dermatology, as always

I learned a lot about new therapies i havent used in the past

Increase knowledge of biologics, billing, and JAK.

excellent selection of topics presented by expert speakers

Learned some new stuff

newer information alters treatment

The teaching about the new advances in medications, science and diseases was all very beneficial.

Non-Pharm investigators on new biologics effectiveness in patient treatment was invaluable.

There are always some pearls that come out of the meetings. I will try the Dermtech tape as a result of this meeting

I really enjoyed the conference and learned some pearls that I can apply in my practice.

I learned numerous new concepts that I will apply to clinic, including a deeper understanding of all of the new medications that will be approved soon.

Better understanding of the controversies in skin cancer diagnosis and management and the latest developments in topical, oral and IV drugs for a number of dermatologic conditions

it was great

Good up to date information with Jak inhibitors and biologics.

I learned more about JAK inhibition and feel more competent in the use of them in practice. I feel this will be a great way to help my patients with a new tool I didn't feel comfortable using previously.

I have an enhanced understanding of current biologics therapy, medical therapies in general, and a deeper understanding of the scope of cosmetic interventions.

n/a

great talks on psoriasis and AD.

Great meeting! the psoriasis and JAK inhibitor talks were great.

the faculty were fantastic and helped update the attendees in all aspects of dermatology Always pearls to improve

great real world cases and practical pearls

So much good info in a great environment that fostered discussion.

Excellent discussion on new meds, pediatrics, and pathology tests

jak inhibitor information was helpful

Great meeting!

Increased education and discussion in dermatology always brings up forgotten information and new published information to improve my practice.

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

Poor Fair Good Excellent

| Michael Heffernan, MD [72-3.97]  | (0) | (0)       | (2) 2.78%      | (70)<br>97.22% |
|----------------------------------|-----|-----------|----------------|----------------|
| Roberta Sengelmann, MD [71-3.87] | (0) | (1) 1.41% | (7) 9.86%      | (63)<br>88.73% |
| Mark Jackson, MD [72-3.94]       | (0) | (0)       | (4) 5.56%      | (68)<br>94.44% |
| Bruce Ragsdale, MD [71-3.87]     | (0) | (1) 1.41% | (7) 9.86%      | (63)<br>88.73% |
| Wendy Madkan, MD [72-3.83]       | (0) | (2) 2.78% | (8)<br>11.11%  | (62)<br>86.11% |
| Andrew Blauvelt, MD [72-3.94]    | (0) | (0)       | (4) 5.56%      | (68)<br>94.44% |
| Andrew Kaufmann, MD [72-3.85]    | (0) | (1) 1.39% | (9)<br>12.50%  | (62)<br>86.11% |
| Thomas Rohrer, MD [72-3.90]      | (0) | (0)       | (7) 9.72%      | (65)<br>90.28% |
| Mark Rubin, MD [71-3.89]         | (0) | (1) 1.41% | (6) 8.45%      | (64)<br>90.14% |
| Molly Moye, MD [71-3.86]         | (0) | (0)       | (10)<br>14.08% | (61)<br>85.92% |
| Gary Novatt, MD [68-3.84]        | (0) | (0)       | (11)<br>16.18% | (57)<br>83.82% |
| Jeffrey Sugarman, MD [72-3.88]   | (0) | (0)       | (9)<br>12.50%  | (63)<br>87.50% |
| Ryanne Brown, MD, MBA [67-3.84]  | (0) | (1) 1.49% | (9)<br>13.43%  | (57)<br>85.07% |
| Hugh Byers MD PhD [70-3.90]      | (0) | (0)       | (7)<br>10.00%  | (63)<br>90.00% |
| David Martin-Reay, MD [68-3.87]  | (0) | (1) 1.47% | (7)<br>10.29%  | (60)<br>88.24% |
| Agean Chan, MD [69-3.81]         | (0) | (1) 1.45% | (11)<br>15.94% | (57)<br>82.61% |
| Kurt Lundquist, MD [67-3.93]     | (0) | (0)       | (5) 7.46%      | (62)<br>92.54% |
| Johanna Moore, MD [68-3.87]      | (0) | (1) 1.47% | (7)<br>10.29%  | (60)<br>88.24% |
| Daniel M. Siegel, MD [68-3.93]   | (0) | (0)       | (5) 7.35%      | (63)<br>92.65% |

# **4. Please elaborate on your previous answers. (30)** All great

All speakers were engaging and very informative. Information was presented well summarized with key points highlighted well.

Ryan's Brown's lecture was delivered by JohannaMoore in her absence. Andrew Blauvelt was a standout in my opinion.

The faculty was stellar, very competent and knowledgeable Most speakers were difficult to hear or they mumbled Ryan Browne not evaluated since she did not attend thought all speakers were good All speakers were excellent!

Blauvelt was fantastic

Dr. Blauvelt's talks were particularly enlightening. Dr. Sugarman taught key factors of importance in peds derm beautifully. I appreciated the moderation and discussion in the live injection session. Dr. Kaufman's lecture was incredibly helpful as was the reconstruction panel in helping me to recognize very useful reconstruction options.

Dermatopathology was most relevant to my practise, the dermatologic surgery procedures not relevant, but this is intrinsic to these subspecialties.

All of the lecturers did a nice job presenting information in a usable way

I particularly enjoyed the talk on Psoriasis and biologics.

All of the speakers were thorough yet concise when reviewing pertinent information.

All of the presentations were well thought out and planned. All covered their topics wellSSom

nothing more

All outstanding speakers

very informative, concise lectures all around

great speakers

Faculty was really great and very approachable to answer questions.

great job

All excellent

All were well prepared and effective.

overall excellent presentations

all solid speakers

Great meeting!

Great conference, thank you.

# 5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (59)

Diagnosis peds; using biologics

Dosing

coding

I will update how I approach diseases, especially psoriasis with biological therapy atopic dermatitis with JAK inhibitors. There are different agents for each that I will now choose first line. I will also address heart disease in psoriasis patients.

Use more vasoconstrictors for rosacea

Switching to different biologics

PLA Frame testing

I have a clearer algorithm for how to select biologics.

I am retired from practice, but am aware of what is available.

Now i have a much better understanding of treatment options for several skin diseases

I will prescribe Dapsone for some fo my difficult urticaria patients.

I will begin to consider the use of biologics for a broader audience, tailoring my assessment away from previous algorithms and adopting new ones.

better understanding of rashes

Better acoustics needed

Psoriasis, inflammation, cardiac risk.

assessment of biologic melanoma tissue

more options in armamentarium for treatment

wound seal powder instead of surgicel

i will be able to inform patients about new treatment options that I was unaware of before the meeting

More readily use IL-23s

understanding when to use IL17 vs IL23 inhibitors

Dupixent for Grover's

Try jak inhibitors

different meds

Dapsone therapy for chronic urticaria

Confidence building. Recognition of inflammatory process and specifics in psoriasis. New medications or better understanding of current ones.

Utilize PRAME immunostaining for melanoma.

Dermtech

try new meds for old conditions

I feel more comfortable using biologics.

I will consider the use of oral JAK inhibitors where previously I did not see the need for them.

Use of dermTech tape for diagnosis of melanocytic skin lesions. Use of some of the demonstrated reconstructive skin flaps

Stop using TNF alpha blockers regularly

none

dupixent for BP

Considering biologics for psoriasis and AD pts.

I will consider reducing injection of Il 23 medications from q 3 months to q 4 months or longer

Safer temple filler administration and use of Jak inhibitors

Better use of immunohistochemistry.

I am better equipped to use JAK inhibitors with confidence.

New medication

I'll use more vasoconstrictors for rosacea. More comfortable with biologics

How to implement new topical acne therapies, how to manage/choose biologics for psoriasis

use of systemics

I will choose IL-17/IL12/23 inhibitors as first line for psoriasis rather than TNF-alphas and am going to be comfortable with JAK inhibitors as soon as they are available.

better coding and better use of chemical peels

use of CSA in severe HS rxn

Dermtech services; I like this idea for the pediatric population.

New protocoils for inflam atory disease.

using the new topicals for eczema and psoriasis

jak inhibitors

I already do most of changes suggested

The use of PRAME in melanoma.

new protocols

#### 6. How certain are you that you will implement this change?

#### (63)

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Very Certain _{69.84\%}^{(44-)}
Certain _{22.22\%}^{(14-)}
N/A _{3.17\%}^{(2-)}
Maybe _{4.76\%}^{(3-)}
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## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (49)

Recalcitrant pruritus

None

Continued updates from well done clinical trials regarding updates on previous diseases and treatments in addition to reviews of new therapies. It is helpful to see different medications tested against each other for effectiveness.

Perioral dermatitis

Acne therapy updates

running office

Continued updates. Address controversies as they arise.

COVID and dermatology. What's new in "alternative treatments (e.g. probiotics etc.)

Hidradenitis Suppurativa, Blistering diseases

managing rashes resistant to steroid treatment

surgical cancer, DX and treatments

Would love a balance of more practical options for common diseases- ie readily accessible therapies avail over the counter. For surgery would love to see pearls from Mohs surgeons on how to optimize cosmesis of procedures general dermatologists do like elliptical excisions on back or difficult locations. Also to learn of other cosmetic procedures like micro needling, PRP, red light tx, US for SMAS etc and their value....My only criticism is that the pharmaceutical sector/influence was heavier (I understand we need the sponsorship)

more surgical "pearls" as opposed to "how do you reconstruct it"

Vitiligo

practical pearls

Therapeutics, current and future

Melanoma treatment. Scc treatment

affordability of new meds

COVID 19

practice management issues. Hiring and retaining excellent staff perhaps. Building a profit sharing program for team members. Weathering storms.....

Biologics for psorasis, JAKi as they become approved

Covid immunology

How to choose a biologic for various patients with psoriasis

HS, hair loss, vitiligo, and more ways to use the systemic therapies available to us. These are the things that are difficult to manage and difficult to select which therapies as there is no clear best choice.

New techniques in imaging in dermatology, helps with accuracy with skin biopsies

More Dermatopathology

Treatment algorithms for common problems: acne, eczema, psoriasis, etc. Would be helpful to compare to our current approaches.

melanoma

Drug eruptions and Laser technology

Dermatopathology and its clinical correlates.

More on new lasers and other devices

Hyperhidrosis and new method of diagnosing melanoma

Anything clinical

I like the kodachrome/complex case/grand rounds lectures - helps with how to approach tough cases in my clinic

JAK inhibitors

Wound care

management of itch would be great

I love the gamut of what was covered

covid

Chemical peels and other low-no-minimally invasive cosmetic treatments.

latest updates in each field. New approaches to diagnosis and treatments

small business dermatology practice management

Government interference in the practice of medicine

cancer surgery. reconstruction. immunostains.

### 8. Were the patient recommendations based on acceptable practices in medicine?

(68)

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Yes (68-
100.00%)
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#### 10. Do you think the presentation was without commercial bias?

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(67)
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Yes _{98.51\%)}^{(66-}
No _{1.49\%)}^{(1-}
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### 12. Please provide any additional comments you may have about this educational activity. (23)

Excellent venue, with a few technical issues slowing the presentations

Informative.

One of the best meeting I have attended

This was a fantastic meeting with some of the best speakers I have had the privilege of hearing.

enjoyed this event greatly

would like more emphasis on preventative measures for NMSC, as that is a large part of most practices

Great conference!

wonderful meeting

The course was wonderful with regard to teaching. I would have appreciated better adherence to county protocols on indoor masking as the mask wearage rate was about 50% on day one and about 10% on days 2 and 3. We should set better examples as physicians and keep each other safe so that we can all have practices to go to and be able to keep our staff and patients thriving. If we go down, they go down and that is not ideal. Plus the reps seemed to follow the physician's lead. If the docs didn't wear masks in the conference hall, then neither did the reps. But if doctor's wore masks at the booths, the reps wore the masks. One way to make this easier if we have meetings during a respiratory pandemic, then it is easy to put a mask advisory on the break slide overhead, on signs at the check in and at beverage tables, and to have a few spoken reminders.

The new biologics summaries by Andrew Blauvelt was of exceptional quality.

Great meeting, great location. Will plan to be back again next year!

Thank you for the great conference! Can't wait for next year!

I liked the mixture of commercial and non-commercial presentations. I was very clear about potential biases from the sponsored talks.

Excellent varied program in a beautiful resort setting. Hopefully it will continue.

great meeting

Wonderful meeting with great speakers.

A great meeting. I am critical, however, of the relaxed, maskless crowding around the bar at the social hours, in defiance of the indoor mask mandate in these Covid times.

Excellent, well-balanced, well-rounded series of talks

n/a, great conference!

looking forward to next year Excellent meeting.

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.



#### **Outcomes Survey**

#### Santa Barbara Dermatology Meeting 2021 Outcomes

#### 1. Please rate the following aspects of this activity.

(1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5-Strongly Agree, 6=N/A)

|  | Strongly<br>Disagree |     |     |     | N/A            |     |  |
|--|----------------------|-----|-----|-----|----------------|-----|--|
| Attending this activity improved my competence. [12-4.67]                              | (1)<br>8.33%         | (0) | (0) | (0) | (11)<br>91.67% | (0) |  |
| Attending this activity improved my performance. [12-4.67]                             | (1)<br>8.33%         | (0) | (0) | (0) | (11)<br>91.67% | (0) |  |
| What I learned from this activity has helped me improve my patient outcomes. [12-4.67] | (1)<br>8.33%         | (0) | (0) | (0) | (11)<br>91.67% | (0) |  |

#### 2. If this activity improved your competence, please tell us how. (11)

Detailed knowledge. Confidence in my skill set. Fantastic reinforcement of pediatric derm issues with serious outcomes if not recognized.

better understanding of cosmetic and surgical procedures

I understand biologic therapy much better, and potential options for treatment

i learned different injection techniques

I learned many pearls that I will incorporate into my practice.

Do more better

managing oral systemic medications, monitoring and when to use

better understanding of HS

Better able to manage patients with severe psoriasis and severe AD.

more knowledgeable about biologics for psoriasis

I am up to date on the new drugs recently approved by the FDA and those in the pipeline.

### 3. If this activity improved your performance, please tell us how. (11)

Same

better techniques to employ for my patients cosmetic needs

while I will not be prescribing these drugs, i now know enough about them to direct the patient to the correct provider

helped to reconsider time management/running on time with patient

I learned new injection techniques for aesthetic treatments which will be great to implement.

Do more better

how to discuss challenging dx with pts

better surgical closures

Better able to manage patients with severe psoriasis and severe AD.

better surgical outcome

I have been updated on the new tape strip screening technique and the arguments for its use

### 4. Discuss how your Patient Outcomes (omit patient names) have improved as a result of attending this activity. (11)

Teaching other providers what I learned at the meeting helped overall care.

Even though I don't perform certain procedures, my learnings will help me advise my patients more effectively as to what they can and should do and who they need to see to do these.

I now know who to refer for biologic treatments

improvement of skin rash with topical jak inhibitors

I feel I am better able to recognize and diagnose pediatric rashes therefore improving outcomes for pediatric patients

do more better

improved monitoring of pts on systemic meds

safer use of systemic meds

Better able to manage patients with severe psoriasis and severe AD.

good results in chemical peels

It is too soon to assess patient outcomes

## 5. Identify practice changes you have made as a result of attending this activity. (10)

Many,

see above

I now feel competent in being able to discuss biologic therapies with my patients and to refer them to the correct provider

I have considered and implemented the use of derm tech stickers to help in diagnosing melanoma

do more better

don't forget to order uric acid

different lab monitoring. started Puraply, found 5 melanomas

Will not prescribe TNF blockers for psoriasis.

Added additional biologics and peels

I have discussed new treatment options with my patients

# 6. What topics do you want to hear more about, and what issue(s) in your practice will this help address? (6)

Staff retention, other practice management pearls.

Melasma- I see this condition a lot and would love to be able to offer my patients the latest options for therapy.

comseceuticals, alopecia

melanoma

JAKs

I would like a discussion of the relative safety and effectiveness of steroid sparing agents in patients with autoimmune diseases

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.