

CUTTING EDGE RESEARCH GRANT – BOARD-DIRECTED TOPICS

Procedures done by dermatologic surgeons are critically important to the future and how dermatologic surgeons will be able to practice in the future. Research studies on Board-directed topics will help.

What is ASDS Board-directed research?

ASDS has taken a prospective approach to positively affecting the future of our specialty in recommending research on Board-directed topics such as those listed below. The intended result of Board-directed research is data that will help promote dermatologic surgeons as innovators, foster public awareness of dermatologic surgeons as experts, support ASDS positions on patient safety and regulatory issues, etc. Evidence-based and comparative effectiveness research is called for as well. By facilitating research in specific areas, the ASDS will be able to further position itself as a catalyst for key findings in dermatologic surgery, and you can play an integral role.

Benefits for researchers may include fostering collaboration with other institutions or across disciplines, conducting research that has been inspired by the need for answers to a proposed topic, or contributing to the advancing the specialty of dermatologic surgery beyond proof of an individual thesis on a single procedure or technique.

For applications on Board-directed research topics, you will be required indicate:

How the overall specialty of dermatologic surgery will benefit from the research results (e.g. positioning dermatologic surgeons as innovators and/or experts, supporting patient safety or regulatory positions, etc.).

ASDS reserves the right to unrestricted use of all data and results related to studies for which Cutting Edge Research Grants for Board-directed topics are awarded.

Board-directed Topics:

1. A study that demonstrates the safety and cost-effectiveness of procedures as done by dermatologic surgeons.
2. A study of the appropriateness of treating skin cancer in elderly patients.
3. A study supporting ASDSA positions effecting patient safety (* see examples).
4. A study to generate data to fill the gap in research uncovered while developing the Appropriate Use Criteria for Mohs Surgery.
5. A study comparing treatments for cosmetic concerns.
6. A study to demonstrate to Medicare the value of the skin cancer procedures ASDS members do versus alternatives.
7. A study to look at the changes in health care quality and/or costs brought on by office-based procedures and E & M services moving from the office setting to outpatient hospital departments.
8. A study analyzing CPT Code Usage among Non-physician Providers.

*Examples for #3 above:

- Incidence of complications for minimally invasive cosmetic medical procedures when an appropriately trained physician is onsite and available for immediate supervision versus incidence of complications when the supervising physician is not onsite.
- Data to show how adverse events from minimally invasive cosmetic medical procedures are affected by the changes in law regarding physician supervision.
- Incidence of complications for minimally invasive procedures performed by physicians versus non-physicians—if possible broken down by level of licensure—PA's, nurses, aestheticians, electrologists, dentists, etc.

- Comparison of ASDSA advocacy agenda (<http://asdsa.asds.net/news-room.aspx?id=6495>) with survey of available data that proves/disproves the scientific validity of these positions.

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