



Caring For Your Skin



Daniel P. McCauliffe, M.D.
Board Certified Dermatologist

Welcome to the seventh issue of the *Caring For Your Skin* Newsletter that I write biannually to help keep my patients informed of the latest skin care advice, advances and other health-related matters. In this issue, I address the four subjects below, including a lengthy discussion on Vermont’s health care reform plan because of the serious concerns that have been raised.

- 1) **Current Promotions**
- 2) **Sebaceous hyperplasia**
- 3) **The Dysport “Love It or Leave It” Challenge Results**
- 4) **Vermont Health Care Reform....** Must see videos at <http://truenorthreports.com/rutland-healthcare-forum>

Current Promotions

Pump Up The Volume!!!! Save up to \$665 with this special “Full Correction” Restylane promotion, for those who could benefit from greater volume correction. Use this opportunity to plump lips, correct smile lines, fill hollows and wrinkles around the mouth and cheeks, and to correct under-eye grooves. Buy 2 ccs of Restylane and get 1 cc of Restylane free, plus \$50 off plus a \$100 rebate (total cost=\$830 with \$640 savings), or buy 2 ccs of Restylane and get 1 cc of Perlane free, plus \$50 off plus a \$100 rebate (total cost=\$830 with \$665 savings). If you are interested please call 773-3553 to schedule an appointment without delay, as quantities are limited. Promotion ends on June 30, 2011. Please note that all 3 cc of filler will need to be administered to the same patient during one clinic visit before the end of June. This promotion is aimed at those patients that can benefit from greater volume restoration.



There is also this promotion: \$50 rebate off each 1 cc syringe of Restylane, up to six syringes (\$300 savings), minimum of 2 syringes to qualify for rebate offer. \$65 rebate off each 1cc syringe of Perlane up to six syringes (\$390 savings), minimum of just one syringe to qualify for rebate. Rebates are good for treatments received by June 30, 2011.

http://www.restylaneusa.com/restylane_rewards.aspx for more information on this promotion.



\$50 rebate off Dysport treatments until June 30, 2011. <http://www.dysportusa.com> for more information on Dysport and rebate information.



Latisse[™]
(bimatoprost ophthalmic solution) 0.03%

Sign up for LashPerks at www.latisse.com and receive a Buy One - Get One Free certificate. This is for NEW patients who have never enrolled in the LashPerks program. What you will need to do: 1) Register for LashPerks online, 2) Print out the certificate, 3) Buy one kit of Latisse - in our office, 3) Mail in the certificate signed by Dr. McCauliffe along with the receipt from the purchase for the first kit. 4) The free Latisse will be sent to you within 2 weeks. <http://www.latisse.com> for more information on Latisse and to apply for the free Latisse kit.

If you are not already using Latisse to grow longer, thicker, darker eyelashes, make an appointment to visit our office to see if Latisse is right for you. Consultation visit and one Latisse kit, for new Latisse patients: \$149. For patients already using Latisse, the cost per kit is \$99. One kit lasts from one to over 4 months, depending on usage.

Sebaceous Hyperplasia



Sebaceous hyperplasia is the medical term used for enlarged oil (sebaceous) glands seen most commonly on the forehead or cheeks of oily complexioned adults. They are usually small yellow to pink to orange colored bumps that have a little indented opening near the middle of the bump, where the oil gland opens to the surface. These can be cosmetically conspicuous and patients often ask that they be treated. Treatments include topical medications (retinoids, like Retin-A), acid treatment (like trichloroacetic acid), lasers and intense pulse light. The most practical treatment is electrodesiccation. This involves heating the oil gland with a very small needle that results in shrinking and flattening so they are much less conspicuous. Over time additional treatments may be needed as new oil glands arise or old ones slowly grow back.



The Dysport "Love It or Leave It" Challenge Results

Many of you participated in the Dysport "Love it or Leave it" Challenge, between March and September of 2010. This challenge offered patients who tried Dysport the option to "love it", and receive a second Dysport treatment with a savings of \$75, or "leave it" and receive a second treatment with the alternative Botox, also with a savings of \$75. According to Medicis, of the 130,000 patients that participated in the challenge, only 2.7% chose to "leave it," and opt for Botox for the second treatment. These results are comparable to our experience at the Rutland Skin Center, with most patients not noticing much, if any difference between Dysport and Botox. Several patients continue to prefer Botox over Dysport, while some have preferred Dysport over Botox. It is nice that we now have a choice and this choice has helped lower the cost a bit. In the near future we will have at least two more "Botox alternatives". One called Xeomin, from Merz Pharmaceuticals, and PurTox from Mentor Corporation. When we have several more competitors in the marketplace, prices will undoubtedly to fall further.



Vermont's Health Care Reform - A very important issue that affects all of us.

During the last legislative session much work was done to lay the ground work for a universal single payer health care system in Vermont that will be called **Green Mountain Care**. The goal has been to put everybody into the same system with the same benefits. The claim is that if we get rid of insurance companies, we will be able to save money by eliminating insurance company profits and by streamlining health care administration. The health reform bill was passed, but recklessly so without answering many important questions that include:

- 1) How much will it cost and how will we pay for it?
- 2) What will the benefits be?
- 3) Will every Vermonter be included? (IBM and other businesses that are self-insured want to be excluded.) It appears that the goal is to include everyone including privately insured, state and federally insured (Medicare, TriCare & Medicaid) and uninsured.
- 4) How will we deal with people who work out of State but live in Vermont, or live out of State but work in Vermont?
- 5) How will out of State providers and hospitals like Dartmouth be paid? Will we be forced to go to Fletcher-Allen in Burlington, instead of Dartmouth for our specialty care needs?
- 6) Can we limit low income, medically needy people from immigrating to Vermont for "free" health care, at Vermont taxpayers' expense?
- 7) Will illegal aliens have their health care covered by Green Mountain Care? So far the answer is yes.

For a further discussion on thirty-eight unanswered questions see this article in the Burlington Free Press:

<http://www.burlingtonfreepress.com/article/20110516/NEWS03/110515017/1095/RSS07>

I ask you to keep informed as this plan gets rolled out over the next few years, to make sure you agree with the changes being made. We need reform but we have to be careful that things are not made worse, causing employers and health care providers to leave the state, and making our access to providers more difficult, as has been the case in countries with socialized health care systems (for examples see: <http://www.guardian.co.uk/society/2011/may/19/nhs-hospital-waiting-times-longer> and <http://www.theglobeandmail.com/life/health/new-health/health-policy/longer-wait-for-joint-replacements-as-surgeons-told-to-take-a-break/article1901288/>). If you are unhappy with the proposals, it is very important to make your voice be heard by discussing your concerns in the newspapers, public forums, with neighbors and writing to your elected representatives. You can find out how to contact your representatives at this site: <http://www.vermont.gov/portal/government/index.php?id=311> As a physician, an employer and as a patient I am very concerned about the direction this legislation is taking us.



The following are two letters that I wrote to the Vermont legislators this year as they deliberated over the health care reform bills in Montpelier. It is unbelievable that none of these concerns were specifically addressed in the health care reform bill that was passed into law!

The first letter was written while the House of Representatives considered Bill H.202:

Since I moved back to Vermont eleven years ago, I never was as worried about upcoming legislation as I am now. As a physician I have grave concerns about rushing through a health bill without developing and vetting a more detailed plan. The rush is irresponsible and reckless. Please realize Vermont's hasty attempt to solve our health care problems could make things worse....much worse than they are now. Taking on such a big issue is ever more reason to invest more time in developing a plan. Take your time as the devil is in the details. You must consider the potential for unintended consequences of your actions. The following are a few of my more specific concerns, and two suggestions.

Here are a few of my concerns:

1) Who will bear the burden/How will we pay for this? Will it just be a payroll tax? Will union members and large businesses (e.g., IBM) be exempt? Will people who earn their income from investments, trust funds, etc. pay into the system? Will early retirees (under the age of 65) be exempt? Will Vermont residents that work out of state participate?

2) Vermont is not an island:

a) How can we insure that Vermont doesn't become a magnet for the low income medical needy from other states. The attraction to flock here for better, less expensive health care will serve to increase the cost of health care for the other residents in Vermont.

b) How can we insure that the high payroll taxes don't drive higher paying jobs and employers out of our state? Any such shift will increase the burden to those that remain in Vermont and this increased burden will lead to a greater exodus of those that pay into the system, leading to an unsustainable system?

3) How do we control costs?

a) One of the reasons we are having a health care system meltdown is due to the fact that health insurance insulates patients from the cost and leads to over consumption. To control costs patients must have some "skin in the game" so that they are more diligent in health care consumption.

b) Tort reform is needed. As any physician will tell you, expensive tests are too often ordered to help shield physicians from potential law suits. If patients had some skin in the game and physicians were more protected from law suits, we could save millions of dollars in CT and MRI scans alone. Patients and physicians alike would be more willing to take a wait and see approach to many problems rather than reflexively order a CT scan for almost every headache, etc.

c) What provisions will there be to lower the high cost of medications and the extremely high costs of hospitalizations?

d) How do we minimize administrative overhead? Since the 1960's the ratio of health care administrative workers to physicians has skyrocketed. Minimizing this burden will significantly lower costs.

4) Personal responsibility - How can we better encourage people to take better care of themselves (e.g., eat healthier, exercise, quit smoking, etc)? People will respond to rewards. My family doctor gave me an example of how one of his patients was richly rewarded by changing his behavior and at the same time saved significant money. The patient was a 40ish overweight male with high blood pressure and diabetes. Despite the physician's encouragement the patient would not make the needed changes to lose weight. Then one day the patient lost his health insurance and found his medicines too expensive to pay on his own. This prompted the patient to start dieting and exercising and months later the patient had lost weight, his blood pressure and blood sugars returned to normal, and he no longer needed his medications. The patient was also thrilled at how much better he felt. I wonder if the story would have ended differently if the patient had not lost his health insurance. Again, patients must have "skin in the game" and policies should be devised to encourage them to be more responsible for their own well being.

Here are two suggestions:

For an insightful and detailed analysis of ways to improve our health care system, I highly recommend that you read Douglas Perednia's "Overhauling America's Health Machine: Stop the bleeding and save trillions." (Published February 4, 2011) (<http://www.amazon.com/Overhauling-Americas-Healthcare-Machine-Trillions/dp/0132173255>)

I also recommend you solicit more feedback from Vermont physicians and engage them in the reform process.

Sincerely,

Daniel P. McCauliffe, MD - Rutland

The second letter was written while the Senate deliberated over Bill S.57:

As a Senator of our great state of Vermont, I strongly urge you to slow down on the S.57 bill until more of the details are available for rigorous analysis and vetting. Our health care system is incredibly complex, and the health care reform process needs the support of the business community and our health care providers. As you are well aware, both groups, and other Vermont residents have grave concerns about so many unknowns. One, if not the biggest concern, is how will we fund it. This needs to be addressed before we spend immeasurable hours crafting the remaining portion of the legislation. After all, the reason we are at this juncture is that we have inadequate funding of our current health care system, as Medicaid and Medicare approach insolvency.

The reasons businesses are so concerned is that Dr. Hsiao proposed a high 10.9% employer's payroll tax, in our state that already has very high taxes, including one of the highest progressive income taxes in our nation. This will make Vermont less attractive to businesses, and as Governor Shumlin stated this week "as the Governor my job is to make sure that I'm growing jobs". For a sustainable future we need to keep the jobs that we have in Vermont and make efforts to gain new ones. In a 2010 survey, Vermont ranked third worst state environment for starting a small business, according to the Small Business & Entrepreneurship Council (<http://www.sbecouncil.org/uploads/SBSIIndexFinal.pdf>). "The "Small Business Survival Index" is the most comprehensive measure of which states are truly friendly to small business, and which are not, in terms of public policy decisions." Almost 95% of businesses in Vermont are considered small. These results indicate that our state has a lot of work to do if we want to grow more jobs. Adding a high employer payroll tax would certainly not help this effort.

Where will we get the additional funding to support the single payer system? Will we tax our wealthy retirees in a state that already taxes them highly? As quoted from the October 2010 issue of Kiplinger's magazine "The Green Mountain State doesn't coddle retirees. Not only does it tax most retirement income, including Social Security, it has a steep top tax rate of 8.95%. There are no exemptions for retirement income except Railroad Retirement benefits. Out-of-state pensions are fully taxed." Additionally Vermont has a 6% sales tax, a progressive property tax, and is one of only sixteen states with an estate tax.
http://portal.kiplinger.com/tools/retiree_map/index.html?map=15#anchor

Will we drive retirees out with even more taxation to fund the health care system, and if so, who will we tax next? As Governor Shumlin acknowledged at the National Governor's Association meeting in February, "I'm the first governor in 40 years that can see New Hampshire from my house. So I can do tax policy. And I can tell you, we've got no more capacity. They're killing us." "We've already got a progressive income tax in Vermont, and we

can't get more progressive because we'll lose the few payers that we have. We don't have any more tax capacity." Vermont is not an island and Vermonters can easily move to another state such as New Hampshire.

<http://www.unionleader.com/article.aspx?headline=NH+saves+Vermont%3A+Tax+relief+for+everyone!&articleId=a5613d86-8af8-4576-b3ef-18ee859ff6ec>

On a more personal note, I am a native Vermonter. My long educational journey (I graduated from the 27th grade.), military scholarship obligation, and early professional career took me away from the area for over 25 years. For many years my wife and I would bring our three sons to Vermont every summer to tent camp in Vermont State parks. Eleven years ago I was fortunate to have an opportunity to return, mid career, at the age of 45. Had the conditions in Vermont been then, what they are now, with all these uncertainties, I absolutely would not have returned.

I love Vermont but I have serious concerns about the imprudence demonstrated by some of our elected officials in the House with passage of the H.202 health care reform bill, before more details were elaborated. I am not surprised that some physicians and business owners have already begun planning exit strategies from the state. They are not only frustrated about the funding mechanism uncertainties; they are upset about the current legislative process. Last week one of my colleagues shared this analogy with me: Imagine having a surgical procedure where you ask your surgeon what and how he is going to do the procedure and the surgeon replies, "I'm not sure, but I will figure it out as I go along." You then ask, but what about the costs and risks involved, and the surgeon replies, "I'm not sure, but don't worry, if something bad happens, I will try to find a way to make things better. Now please sign this consent form, there on the dotted line." This approach is unacceptable in medicine as it should be in the legislative process.

As a physician I am also concerned of the conflicted position I would be placed in, if we administer health care via the proposed accountable care organizations (ACOs). As a physician I will always do what is best for my patients, irregardless of what some bureaucrat may demand, and I will always strive to remain in compliance with the Hippocratic Oath. The day I am told by an ACO bureaucrat, that I can earn a bonus by spending less on my patients, to benefit the system and myself, when it is not in the best interests of my patients, is the day I will need to leave the practice of medicine. Yes, this type unethical bonus offer was common in the days of HMOs and capitated systems, and ACOs are a modified version of these systems, many of which have failed (http://www.yourdoctorinthefamily.com/commentary/HMO_Death_Watch.htm). When I approach retirement age in another ten years I hope that, if I am still here, that I will be able to find another physician of high caliber to turn my patients over to, who will continue to act in my patients' best interests, as I would want my physician to act for me.

In closing, I strongly urge you to use prudence and common sense on health care reform and any other legislation you work on for the benefit of all Vermonters.

Thank you for your time.

Sincerely,

Daniel P. McCauliffe, MD - Rutland

Here are some links to additional information on Vermont's Health Care Reform Plan: Wendy Wilton projects that it may take a 21% payroll tax to pay for this. This will likely force some employers to cut jobs or leave the state. You can hear her analysis here: <http://www.youtube.com/watch?v=4xnp3PTbycl> Other critical concerns can be found here: <http://www.facebook.com/VermontersforHealthcareFreedom> and <http://www.vthealthcarefreedom.org/news> Please share these links with others.

I strongly encourage you to stay abreast of Vermont's health care reform efforts and make your concerns known to your friends, family, co-workers and most importantly your elected representatives.

In closing, I hope you enjoyed this issue of the *Caring For Your Skin* newsletter. If you would like to have a particular topic covered in a future newsletter, e-mail your request to C4YSkin@gmail.com.

Hope you have an enjoyable spring & summer....and, as always don't forget the sunscreen



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