TELEDERMATOLOGY

ACCEPTABILITY AND FEASIBILITY TO RECOMMEND PATIENT ASSISTED TELEDERMATOLOGY PRACTICE IN MONITORING ACQUIRED PALMOPLANTAR KERATODERMA IN 68 CASES: ANALYSIS OF A SURVEY & STUDY

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Introduction: Patient assisted teledermatology practice (PATP) is known to reduce follow-up visits. Acquired palmoplantar keratoderma (APPK) is chronic, recurrent and refractive to treatment. Diagnosis and follow-up demands multiple visits. The advantages of PATP to deliver follow-up care in APPK needs to be established.

Objective: To assess the feasibility and acceptability of PATP in APPK and its role in minimising follow-up visits.

Material and methods: Clinically or histologically confirmed APPK were included. Hereditary PPK and APPK affecting other sites were excluded. Patients with APPK were divided into two groups PATP and face to face (FF) based on their choice of follow-up care. A survey was done based on their group. APPK images were received by messenger apps in PATP for follow-up care. FF group were followed up in the outpatient department. All patients were followed biweekly up to 4 visits. Serial images obtained were graded with APPK score in both groups. Patient (0-4 Likert's scale) and physician satisfaction (based on quality of images received) was analysed and graded in PATP.

Results: Eighty three patients completed the survey questionnaire. 68 patients completed the study. Estimated mean of APPK score showed a comparable decreasing trend in all the groups (0.000 by t test). Independent-sample t test revealed PATP had significantly reduced time (0.26), cost (0.406), distance (0.819) and sickness leave (0.882). Quality of images grade 1-2 versus 3-4 (0.353 by t test) and compared with literacy status (0.193 by Cramer's V test). In PATP, patient and physician satisfaction was 90.3% (0.209) and 71% (0.353) respectively by Cramer's V test.

Conclusion: PATP is feasible and acceptable in APPK. It minimises 2/3rd follow-up visits and reduces cost, time, travel distance and sickness leaves. Health-care providers should

encourage and educate patients to use messenger apps.