



TELEDERMATOLOGY

TELEDERMATOLOGY IMPROVES ACCESS TO CARE FOR UNINSURED PATIENTS AND INCREASES EFFICIENCY OF VOLUNTEER OUTREACH CLINICS

Alexis N Holmes⁽¹⁾ - Peter B Chansky⁽¹⁾ - Cory L Simpson⁽¹⁾

University Of Pennsylvania, Dermatology, Philadelphia, United States⁽¹⁾

Introduction: Access to dermatologists is limited for uninsured and disadvantaged patients in the U.S. Tele dermatology can potentially address this healthcare gap.

Objective: We aimed to determine if store-and-forward tele dermatology can (1) reliably connect volunteer dermatologists to primary care providers (PCPs) in clinics serving uninsured populations and (2) triage consultations to improve efficiency of dermatology outreach clinics. We partnered with Puentes de Salud, a charitable clinic serving uninsured patients in Philadelphia, primarily immigrants. For all cases in which dermatologist consultation was requested, we required PCPs to submit a tele dermatology case instead of directly scheduling an in-person appointment.

Materials and Methods: We trained PCPs to use the American Academy of Dermatology's store-and-forward tele dermatology smartphone application to submit consultations including history, photos, and proposed diagnosis and treatment. Collected data included patient age and gender; proportion of cases triaged as not initially requiring in-person evaluation; diagnostic categories; proportion of cases in which PCP-proposed treatment was changed; and technical failure rate.

Results: We collected data from 131 consultations (63% male, average age 32 years). Tele dermatologists triaged 85% of cases without recommending initial in-person evaluation. Nearly 60% of diagnoses were inflammatory or infectious. Dermatologists recommended altering PCP-proposed treatments in 90% of cases. The observed technical failure rate of 3% related to uploading photos.

Conclusions: In the large majority of consultations, tele dermatologists determined in-person evaluation was not initially required, shortening the queue and wait-time for specialty clinic appointments. The value of dermatologist input is underscored by the fact that changes to PCP-proposed treatments were recommended in 90% of cases. The low technical failure rate supports the feasibility of tele dermatology use in under-resourced clinics lacking on-site dermatologists. In sum, we found tele dermatology is a reliable tool to increase access to





dermatologists for uninsured patients and improve outreach clinic efficiency by triaging cases that can be managed by PCPs.

