Teledermatology Two Ways

As telemedicine grows, dermatology is adapting the practice to benefit patients and physicians.

REPORTING BY ZACHARY THOMAS

We’ve all heard the reports of long wait times for dermatology appointments. Dermatologists are in short supply due to a workforce shortage, a misdistribution of person power, or a combination of the two. Given the visual nature of dermatology, teledermatology has garnered increased attention from both clinicians and technology developers as a way to meet patient demand and expand access to specialty care.

Teledermatology—done right—gathers valuable patient information, shortens dermatologist response time, and leads to earlier diagnoses and treatment implementation, says Mark Seraly, MD, Founder and Chief Medical Officer of Iagnosis, the creator of DermatologistOnCall. He recently commented, “When you have long wait times for an appointment, coupled with fast growth in retail urgent care centers, there’s a risk that acne patients are getting misdiagnosed, because they can’t see the right specialist, in this case a dermatologist.”

Teledermatology also addresses a common problem in dermatology practices: lack of space. Even if some practices wanted to add a clinician, they simply wouldn’t have the exam rooms to allow more patients. “Teledermatology helps more patients to be seen through online visits and, when needed, can be transferred to another dermatologist for another opinion on a case,” says Dr. Seraly, who was recently elected Vice Chair of the Teledermatology Special Interest Group of the American Telemedicine Association (ATA). “The greatest potential for teledermatology right now is to get more patients into the right treatment tent,” he adds.

How does it work? Solutions like DermatologistOnCall allow dermatologists to see patients with common dermatoses. DermatologistOnCall is a consumer-facing service that provides diagnosis and treatment plans to patients who visit the company’s website. The system can also be implemented in individual practices for existing patients or as a way to recruit and see new patients who may remain under the dermatologist’s care. Some states have regulations that require certain types of visits do a video visit to establish a face-to-face relationship, Dr. Seraly notes. Such scenarios are easily managed through a hybrid visit with synchronous video call. Regulations may relax, Dr. Seraly predicts, as teledermatology continues to expand.

For their part, patients are already on-board. “At DermatologistOnCall we consistently see that 98 percent of our patients would recommend the service,” Dr. Seraly says. “Providers, however, are in early stages of adoption…Many want to take small steps.”

Teledermatology offers, “tremendous economic benefit to all parties involved,” Dr. Seraly maintains. He predicts that some practices will eventually shift a bulk of their patient encounters to online and reserve office visits for procedures, more in-depth exams, or longer consultations. Even aspects of aesthetic medicine will be treated online, he suggests.

Another approach to teledermatology keeps the majority of patients under the care of their primary care physicians with the goal of saving dermatologists’ time and resources by making more appropriate referrals. Thomas Scornavacca, DO, Senior Medical Director of Population Health at UMass Memorial Medical Center says the 3Derm model makes a lot of sense from the population health standpoint: “We’re essentially trying to impact the care before they hit the clinical system, but, also, once they do hit the clinical system, then make sure we’re not duplicating efforts, wasting time and money, giving them a bad experience, and not giving them a lot of very good access to provide care at the best place, at the best time, and in the best location for that particular person.” When he had the chance to help study the impact of teledermatology using 3Derm, he jumped at it.

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The 350-patient clinical study tested the efficacy and accuracy of dermatologists reading 3Derm images. Compared to traditional dermatology visits, 3Derm physicians identified malignant and benign lesions in a statistically equivalent manner. Results show that the teledermatology protocol could reduce in-person referrals from primary care by approximately 57 percent.

“3Derm’s concept is we take an image and we can prove the image is equivalent to a physical consultation in the office with the dermatologist, and the dermatologist can remotely interpret an image just as if you were sitting in their office. I can get immediate feedback and save the patients the drive time, the wait time, the access issues, to go down to see a dermatologist unless it was absolutely necessary. Luckily, the study clearly backs that up 100 percent.”

Dr. Scornavacca emphasizes the distinction between 3Derm technology and other modes of “store and forward” dermatology. “The technology is there, the image quality is superb. Head-to-head, it’s pretty darn close to sitting in a room and having the dermatologist look at you one on one,” he says.

Liz Asai, CEO of 3Derm, explains that the technology grew out of early attempts to create a skin cancer diagnostic. When that didn’t pan out, the goal of using three-dimensional imaging for remote diagnosis of skin disease was born. “Clearly, the outcomes are similar, and it dramatically gives you opportunity to improve access to people who truly need the care, and streamline the way that patients might not necessarily need to even go,” Dr. Scornavacca says.

Dermatologists participating in the program receive payment for their services. “The cost of interpreting an image is far less than an actual consultation, so in some ways, you’re streamlining access, but increasing volume and changing revenue streams to the dermatologist, because they’re seeing a lot more patients that may need intervention,” Dr. Scornavacca explains. “Also to the system, you’re carving out all of the excess waste in sending patients with benign lesions to a specialist for a specialty consult fee. The interpretation of the image is far cheaper than an actual consultation fee.”

Teledermatology is growing at a rapid pace, with great potential. “This is a far cry from taking an iPhone image and then passing it along to a buddy to look at,” Dr. Scornavacca maintains. “This is not that same thing, and it supersedes a lot of the attempts at technology in the past.”

The question is whether the evolution of thinking is keeping pace with that of technology. “We have a lot of work to do as an industry to help providers more easily understand the wide range of benefits to them and to society,” Dr. Seraly says.