



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Tele-2020



Warren R. Heymann, MD
Marlton, New Jersey

Key words: telecommunications; teledermatology; telehealth.

*Should auld acquaintance be forgot
And never brought to mind?*

This New Year's Eve, *Auld Lang Syne* will be sung with gusto. Although many would like to forget the confluence of viral, climactic, and social calamities of 2020, they will not be forgotten and will be brought to mind. On a positive note, 2020 will be remembered as the year that "tele" development—telehealth, teledermatology, telecommuting, and teleconferencing—accelerated from its infancy to maturity, literally overnight.

At the outset of the pandemic, Centers for Medicare and Medicaid Services expanded telehealth services, reimbursing such visits with parity to in-person encounters while relaxing Health Insurance Portability and Accountability Act rules for video services. Private insurers followed suit. Teledermatology immediately morphed into a lifeline for patients and dermatology practices. Su and Das¹ reported 1564 virtual visits at Massachusetts General Hospital in April 2020 compared with 0 virtual visits in April 2019. Despite its limitations, imagine the consequences on patient care if these changes were not permitted.

In this issue of the *Journal of the American Academy of Dermatology*, there are several manuscripts addressing our new teleworld. Teledermatology requires high-speed broadband internet access. Solomon et al² report that counties without broadband and access to dermatologists were more likely to be rural. This is precisely the population where telehealth would be most valuable, even in nonpandemic times.

Even with access, patients need to be able to navigate the venue. This is especially true for elderly patients who may not be technologically savvy.

Simpson and Kovarik³ offer sage advice for seniors by (1) presenting all options, (2) reducing the steps to connect, (3) providing clear, step-by-step instructions, (4) offering a trial run, (5) encouraging the use of ergonomically-friendly devices, and (6) use of multiparty encounters.

Wang et al⁴ state, "Insurance, racial, and socioeconomic health disparities continue to pose significant challenges for access to dermatologic care." They performed a cross-sectional evaluation of all ambulatory dermatology referrals and electronic dermatology consultations (eConsults) at Ohio State University within a 25-month period. Compared with ambulatory referrals, eConsults served more nonwhite patients (612 of 1698 [36.0%] vs 4040 of 16,073 [25.1%]; $P < .001$) and more Medicaid enrollees (459 of 1698 patients [27.0%] vs 3266 of 16,073 [20.3%]; $P < .001$). The authors concluded that integrating dermatologic care through a telemedicine system can result in improved access for underserved patients.

This year, all dermatology residency interviews will be virtual. Alvarado and Grant-Kels⁵ explore the ethical angles of this approach. To avoid being inundated with applications, we have already taken their advice by requiring applicants to answer supplemental questions asking why they are particularly interested in our program.

As we zoom into 2021, literally and figuratively, dermatologists can take pride in all we have learned and how we have adjusted as a community for the betterment of our patients. When the coronavirus disease 2019 (COVID-19) pandemic becomes tamed, the teleworld will remain integrated in our practices. Regardless, I look forward to seeing you in person at an American Academy of Dermatology conference,

From the Division of Dermatology, Cooper Medical School of Rowan University, Marlton.

Funding sources: None.

Conflicts of interest: None disclosed.

IRB approval status: Not applicable.

Reprints not available from the author.

Correspondence to: Warren R. Heymann, MD, 100 Brick Rd, Ste 306, Marlton, NJ 08053. E-mail: wrheyman@gmail.com.

J Am Acad Dermatol 2020;83:1579-80.

0190-9622/\$36.00

© 2020 by the American Academy of Dermatology, Inc.

<https://doi.org/10.1016/j.jaad.2020.09.070>

shaking your hand, and giving you a genuine hug.
Happy New Year!

REFERENCES

1. Su MY, Das S. Expansion of asynchronous teledermatology during the COVID-19 pandemic. *J Am Acad Dermatol*. 2020; S0190-9622(20)32446-4.
2. Solomon ZJ, Ramachandran V, Kohn TP, et al. The association of broadband internet access with dermatology practitioners: an ecologic study. *J Am Acad Dermatol*. 2020; 83(6):1767-1770.
3. Simpson CL, Kovarik CL. Effectively engaging geriatric patients via teledermatology. *J Am Acad Dermatol*. 2020;83(6):e417-e418.
4. Wang RF, Trinidad J, Lawrence J, et al. Improved patient access and outcomes with the integration of an eConsult program (teledermatology) within a large academic medical center. *J Am Acad Dermatol*. 2020;83(6):1633-1638.
5. Alvarado S, Grant-Kels JM. Ethical issues related to the virtual interviews process faced by applicants and programs. *J Am Acad Dermatol*. 2020;83(6):1845-1846.