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Invited Commentary on the letter "The COVID-19 crisis: A unique opportunity to expand dermatology to underserved populations."

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PII: S0190-9622(20)30777-5

DOI: <https://doi.org/10.1016/j.jaad.2020.04.155>

Reference: YMJD 14592

To appear in: *Journal of the American Academy of Dermatology*

Received Date: 29 April 2020

Accepted Date: 30 April 2020

Please cite this article as: Kovarik C, Lee I, Tejasvi T, Lipoff JB, Invited Commentary on the letter "The COVID-19 crisis: A unique opportunity to expand dermatology to underserved populations.", *Journal of the American Academy of Dermatology* (2020), doi: <https://doi.org/10.1016/j.jaad.2020.04.155>.

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**Invited Commentary on the letter "The COVID-19 crisis: A unique opportunity to expand dermatology to underserved populations."**

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**Funding sources:** None

**Conflicts of Interest:** Dr Lipoff is the current chair, Dr Tejasvi is vice chair, and Drs Lee and Kovarik are past chairs/advisors of the American Academy of Dermatology Tele dermatology Task Force.

**Manuscript word count:** 498

**References:** 5

**Figures:** 0

**Tables:** 0

1 To the Editor:

2

3 We thank authors Ashrafzadeh and Nambudiri for their response to our article, “Telehealth:  
4 Helping your patients and practice survive and thrive during the COVID-19 crisis.” Their letter  
5 emphasized opportunities and challenges associated with expanding access to underserved  
6 populations using teledermatology.

7

8 Recent collapse of community hospitals and local clinics has left millions of Americans at risk of  
9 losing healthcare access.<sup>1</sup> Access is particularly limited for patients with skin disease who have  
10 Medicaid or other public insurance, as many dermatologists are not accepting these patients.<sup>2</sup> In  
11 addition, some states with substantial Medicaid expansion programs, such as New Mexico, were  
12 recently reporting member care organizations below access standards in dermatology for both  
13 rural and urban areas.<sup>3</sup> Virtual care has been identified as a strategy to ensure access to essential  
14 health care services in vulnerable communities.<sup>1</sup> Among states with a large Medicaid population  
15 and store-and-forward reimbursement prior to COVID-19, e.g. California, teledermatology has  
16 been shown to improve access to dermatology care among Medicaid enrollees.<sup>2</sup>

17

18 In many states with limited teledermatology reimbursement, volunteer programs have attempted  
19 to bridge the gap in care. For example, AccessDerm began in 2010 as an American Academy of  
20 Dermatology Presidential Initiative and has provided free teledermatology care to > 2400  
21 underserved patients throughout the United States. These programs\* allow for partnerships to be  
22 created between local clinics and dermatologists who understand cultural needs of the patient

23 population, community resources, and insurance (or lack of) restrictions that may make  
24 necessary in-person referrals challenging.<sup>4</sup>

25

26 Although the recent 1135 Waiver lifted many restrictions on telemedicine, at risk populations  
27 still face obstacles. Medicaid patients may seek primary care via telemedicine in some cases, but  
28 subspecialist referrals such as dermatology remain difficult. Many dermatologists may neither  
29 take Medicaid nor accept new patients through telemedicine. Many vulnerable patients have  
30 severe acute and chronic dermatologic diseases, and Medicaid and residence in low-income  
31 communities have been associated with skin disease-related readmissions.<sup>5</sup>

32

33 Tele dermatology has improved access to dermatology services for many vulnerable populations;  
34 yet it has been difficult to build sustainable, long-term programs given lack of widespread  
35 reimbursement. We hope that new temporary changes will bring significant attention to the  
36 importance of establishing telemedicine as a cornerstone of excellent medical care for all  
37 patients. Practice may finally catch up to what research has proven: tele dermatology improves  
38 access to care.

39

40 What will telemedicine look like post-COVID-19? A quote attributed to Mahatma Gandhi says,  
41 “The true measure of any society can be found in how it treats its most vulnerable members.”

42 Likewise, whatever shape telemedicine takes in the future, we must leverage its power to expand  
43 access to care to help those who need it most. Indeed, tele dermatology is more than technology  
44 and infrastructure – it is workflow, collaboration, and partnership. We hope that lessons learned,  
45 partnerships built, workflows implemented, and new reimbursement models created during

46 COVID-19 will align all stakeholders in caring for the underserved. Tele dermatology must be  
47 created based on relationships with other local providers to provide patients with the most  
48 relevant, culturally competent, and community based care.

49  
50 \*Prior to COVID-19, programs such as AccessDerm and AZOVA Volunteer Peer to Peer Network allowed for free use to  
51 volunteer programs. During COVID-19, many vendors have an option available for no fees:  
52 <https://www.aad.org/member/practice/telederm/vendors>

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## References

1. Bhatt J, Bathija P. Ensuring Access to Quality Health Care in Vulnerable Communities. *Acad Med*. 2018 Sep;93(9):1271-1275.
2. Uscher-Pines L, Malsberger R, Burgette L, Mulcahy A, Mehrotra A. Effect of Tele dermatology on Access to Dermatology Care Among Medicaid Enrollees. *JAMA Dermatol*. 2016 Aug 1;152(8):905-12.
3. Section 1115 Quarterly Report Demonstration Year <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nm/Centennial-Care/nm-centennial-care-qtrly-rpt-jan-mar-2018.pdf> Accessed April 27, 2020
4. Chansky PB, Simpson CL, Lipoff JB. Implementation of a dermatology teletriage system to improve access in an underserved clinic: a retrospective study. *J Am Acad Dermatol*. 2017; 77(5):975-977.
5. Arnold JD, Crockett RM, Kirkorian AY. Hospital readmissions among patients with skin disease: A retrospective cohort study. *J Am Acad Dermatol*. 2018 Oct;79(4):696-701.