

## Improving Community Health by Encouraging Remote Office Visits

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### ABSTRACT

The COVID-19 pandemic has affected patient access to healthcare in the field of dermatology. Due to efforts to minimize in-person healthcare visits, wait times for dermatology visits have increased, negatively affecting patients' finances and furthering concerns about their skin conditions. This commentary highlights how the pandemic will potentially change the future of dermatology by promoting the use of telemedicine to reduce office wait times during the pandemic and beyond.

**Keywords:** Telemedicine, Teledermatology, COVID-19, Dermatology, Remote, Wait Times

### INTRODUCTION

The COVID-19 pandemic has affected all aspects of the healthcare field, particularly in dermatology. Conditions presented in the field of dermatology may generally be considered non-emergent during a pandemic. Furthermore, patients with non-acute conditions such as alopecia and acne have had their visits and procedures postponed to maintain social distancing (1). The long wait times for appointments are problematic due to financial burdens for patients to self-maintain their skin conditions while waiting for appointments. There is also added fear and anxiety when waiting and concerns that skin conditions will worsen. The pandemic has proven that dermatology visits can proceed via telemedicine, and patients can have their skin conditions resolved with expedience through approved online platforms (2). The ability for telemedicine to present socially distanced skin findings in real time can be a way to resolve the long-wait times even after the pandemic (Fig. 1).

### DISCUSSION

In dermatology, there is a continued need to screen, monitor, and treat skin conditions that may affect the future health of a patient. Skin cancers (melanoma and non-melanoma types) and other progressive skin diseases

like atopic dermatitis, psoriasis, and impetigo can lead to morbidity and mortality if not detected in a timely fashion (2). Long wait times for in-person dermatology appointments were problematic even before COVID-19 and have further worsened for patients whose conditions are deemed 'non-emergent' amid office-visit restrictions brought upon by the pandemic (1). The extended wait times have led to quality-of-life issues and financial burdens such as paying for over-the-counter medications to maintain the conditions (2). However, the pandemic has shown that telemedicine is an effective resource to relieve the burdens experienced by patients and follow-up with them over time to see treatment progress (2).

Temporary policy changes in the United States have been implemented to allow physicians and patients to remain connected via telemedicine during the pandemic (3). These changes allow communication without violating HIPAA, provided that the encounters adhere to certain regulations. For example, dermatologists may communicate with patients over "non-public facing" applications such as FaceTime, Zoom, and iMessage (4). It is suggested for patients to establish telemedicine visits with in-state medical practices to allow for easier access to appointments after the pandemic (5).

Within the private media platforms that allow for telemedicine, there are several ways for the patient to present their skin condition to the dermatologist. One is through the exchange of pictures that target the lesion, and another is through video visits. This depends on the request of the dermatologist (6). Although dermatologists cannot physically examine skin lesions through a screen, being able to visualize the patient's general appearance and extent of disease is helpful in monitoring disease progression and guiding treatment.

Before the pandemic, there were barriers to telemedicine that prevented its widespread adoption. For example, physicians invested in costly HIPAA-compliant platforms to complete the telemedicine visits. Furthermore, the physician and patient were required to have previously established care before the telemedicine visit (7). The temporary cessation of regulations for telemedicine have shown that visits can still be effective for patient health and resolve the long wait-time issues for dermatology visits.

There are efforts to make long-lasting changes to regulations with telemedicine, which can change the future of dermatology visits and their long wait times (8). These efforts include expanding broadband networks, allowing insurers to provide reimbursement for remote visits, and increasing digital literacy (8). Insurance programs and healthcare providers have also supported the transition to telemedicine during the pandemic. They offer waivers, flexibility, and reimbursements state-by-state. It is imperative to view state guidelines for telehealth before beginning telemedicine visits. Also, it is important to be cognizant of patients' levels of comfort with technology. Low income and less educated populations may need resources to understand and utilize telemedicine. Hospitals can partner with public libraries and colleges to design educational programs and technology classes. These programs should be in multiple languages and offer 24/7 online help for those who may not know how to use these resources (9).

## CONCLUSION

Although the COVID-19 pandemic has brought along many uncertainties, it has addressed a long-standing issue with dermatology visits: a solution to the long wait times that patients experience when getting their skin conditions checked. This pandemic has shown that telemedicine is a valuable resource that should be adopted throughout the rest of the pandemic and beyond. With the ability to conduct virtual physical exams, observe skin lesions through video, and send pictures of skin conditions through online modalities, these visits can be effective and address patient concerns. Future legislative action to

allow a broader range of telemedicine services and provide appropriate physician compensation is currently being discussed to address these issues and allow for a more effective dermatological practice.

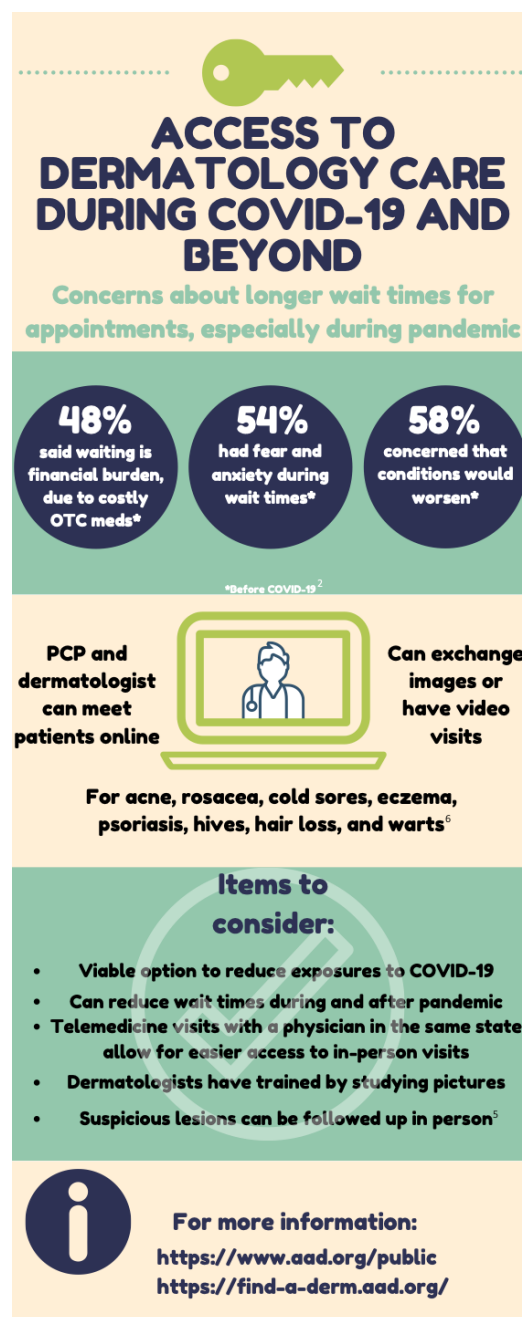


Figure 1. Access to dermatology care during COVID-19

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## CONFLICTS OF INTEREST

All authors declare no conflicts of interest.

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Methodology: EM

Project administration: RK, EM

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Visualization: RK

Writing – original draft: RK

Writing – review & editing: RK, EM