FACTS:

- UCC refers the greatest number of patients to Parkland Dermatology Clinic
- Teledermatology has increased access to Dermatologic care at COPC

### 2014 PILOT STUDY

- Decreased wait time to evaluation
  - Telederm: Mean 0.59 days vs. Traditional: 68.7 days, p Value < 0.0001
  - Prevention of 8 additional PCP visits
- Capture of greater percentage of patients through telederm VS previous year (83.3% vs. 64%)

<table>
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<tr>
<th>Referring Site</th>
<th>Derm clinic FY 2017 referrals</th>
<th># of referrals actually seen or currently scheduled</th>
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2014 PILOT STUDY

- Diagnoses and treatment plans concordant between two teledermatologists
- High adherence to telederm recommendations:
  - PCP’s followed recommendations in 55/59 cases when medications prescribed

FACTS:

- FY 2016: 358 CONSULTS
  - 4 clinics
- FY 2017: 592 CONSULTS
  - 6 clinics
- FY 2018: approved for 1,500 CONSULTS
  - 9 clinics
  - 65 per month since Oct. 1

PROJECT AIMS:

- Evaluate efficacy of a Store-and-forward telederm workflow involving Urgent Care
- UCC providers will submit store-and-forward telederm consult for ANY dermatology-related case for which they need assistance
PROJECT AIMS:

• Determine sustainability of project over a 6-month period (Jan 8 – June 30 2018).
  • Cost-effectiveness
  • Obtain funding - external or internal
  • Obtain support for staffing from UTSW Dept of Dermatology
    • Resident integration

WORKFLOW: UCC PROVIDER

• Patient meets consult guidelines for Telederm
  • UCC Hours 7 AM – 12:00 AM (M-Saturday)
  • UCC Telederm only: 7 AM – 5 PM (M-Fri)

TELEDERM CONSULT GUIDELINES

• Triage, diagnosis, management
  • Rashes:
    • Known and unknown for workup and treatment recommendations
    • Non-melanocytic skin neoplasms for biopsy recommendations
  • Wounds
  • Alopecia
  • Any patient who would otherwise be referred to the Derm clinic

TELEDERM CONSULT GUIDELINES

• Exclusions:
  • Melanocytic lesions (R/o melanoma)
  • Emergencies and unstable patients
WORKFLOW: UCC PROVIDER

- Receiving automated page from EPIC
- Carried by inpatient consult attending (Dominguez & Mauskar)

- Consult review and response within 2 hours
**WORKFLOW: TELEDERMATOLOGIST**

**PILOT STUDY OUTCOMES**

- Control group: Referrals from year prior to telederm
  - Dwell time in UCC
  - Treatment and Diagnosis concordance between UCC provider vs Teledermatologist

- Reduction in system utilization
  - ED, PCP, Dermatology clinic visits or Hospitalizations related to reason for FTF or telederm referral
  - 6 month period prior to referral
  - 0-6 month after referral
  - 6-12 months after referrals
PILOT STUDY HYPOTHESIS

• Telederm reduces the number of patient encounters prior to initial referral being placed

• Telederm reduces the number of patient encounters in the time period (0-6 months) after initial referral

• Telederm might increase dwell time for individual visits but OVERALL dwell time (sum of all UCC visits) will be reduced

QUESTIONS?

• Variation between acute vs chronic conditions
  • More effect in acute conditions

• Workable model
  • Urgent care centers with telederm backup?
  • Safety-net hospital systems
  • Inpatient dermatology

• Fair pricing given fast turnaround?

QUESTIONS?

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