

House Energy and Commerce Committee
Health Subcommittee
Telehealth to Digital Medicine: How 21st Century Technology Can Benefit Patients
May 1, 2014
Written Statement submitted by Carrie Kovarik, MD, FAAD
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Chairman Pitts and Ranking Member Pallone, as Chair of the Telemedicine Task Force (Task Force) of the American Academy of Dermatology Association (Academy), which represents more than 13,000 dermatologists nationwide, I commend you for holding a hearing on how new technologies and advances in telemedicine can further efficiency, quality, and access to health care. We applaud you for raising awareness of this emerging care delivery model and look forward to working with you to ensure that our patients can benefit from advances in telemedicine, while also receiving high-quality, efficient care.

Reflected in its Position Statement on Telemedicine, the Academy supports telemedicine as a means of improving access to the expertise of board certified dermatologists, as well as maintaining patient safety. Additionally, we support telemedicine as a means to encourage professionalism, via patient care coordination and communication between other specialties and dermatology. In order to optimize safety and efficacy, we expect all telemedicine practitioners to have a maximal understanding of the culture, and other relevant characteristics, of the site from which the telemedicine encounter originates.

In my role as an associate professor at the University of Pennsylvania, I have seen first-hand how patients in our own community can gain access to specialty care through telemedicine. The Academy sponsors AccessDerm, a volunteer teledermatology platform, with which I and many colleagues volunteer. AccessDerm allows Board-certified dermatologists to provide care to underserved populations in the United States. By participating in the program, we consult remotely on dermatology cases using a web-based platform and mobile devices. The AccessDerm program gives trained primary care providers (PCPs) who work in participating clinics efficient access to dermatologists' expertise via a HIPAA-compliant mobile application that allows for secure transmission of photos and other relevant clinical information. The Academy volunteer teledermatology efforts have provided over 1,000 consultations to underserved patients, with notable diagnoses such as melanoma and other malignant conditions. AccessDerm is currently utilized in nearly 20 states across the country with the goal to set-up connections in every state.

The use of teledermatology fosters a robust collaboration between the dermatologist and the primary care provider. This type of collaboration ultimately benefits the patient, as it results in increased access to dermatologic care, without necessarily requiring an in-person visit to the specialist. The benefits of collaborative care via teledermatology are on full display in the AccessDerm volunteer program. In 75 percent of AccessDerm cases, where the PCP would have sent the patient for an in-person dermatology consultation (absent teledermatology), the consulting dermatologist did not consider the in-person



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consultation necessary. By providing our clinical advice via teledermatology, we enable the PCPs to apply these specialty recommendations at the patient's medical home, leading to more efficient and cost-effective care. On the other hand, in AccessDerm cases where the PCP would not have sent the patient for an in-person consultation, the dermatologists, based on the information received, recommended an in-person consultation in 12 percent of cases. Whereas teledermatology allows PCPs, acting on the advice of dermatologists, to provide needed dermatologic care directly to their patients, it can also help to ensure that the patients who truly need to see a specialist have the opportunity to do so if their medical care requires it.

Teledermatology has myriad benefits, but it is not the same as, nor a substitute for, an in-person physical examination by a board certified dermatologist. Teledermatology services are best seen as a valuable means of improving patient care in underserved patients with limited access to specialty care, as a triage tool to determine which cases need to be seen in person most urgently, or as a platform to deliver care to those who are unable to receive the benefits of face-to-face dermatology visits. Teledermatology is limited in its utility because some types of information relevant to diagnosis and treatment of patients is poorly transmitted through a non-face-to-face interaction. These limitations apply both to "store and forward" teledermatology, as well "live interactive" teledermatology. Some of these elements that may be difficult to convey through teledermatology include: nonverbal communication with the patient, such as prolonged discussion which may reveal the patient's state of mind, anxieties, and other relevant impressions; the additional diagnostic clarity provided by sensory information unavailable in video, like touch, and even smell; and finally, the color and lighting of a skin eruption, which may differ in video, as versus face-to-face interaction. A pertinent example of the limitations of teledermatology is the not uncommon situation when a patient's chief complaint is secondary in importance to additional findings of which the patient was unaware, but that are revealed during the course of an examination (e.g., a patient presenting with "dandruff" diagnosed as seborrheic dermatitis is also diagnosed with a previously unseen melanoma on the back, and the latter is a life-threatening cancer requiring immediate treatment). With teledermatology, the routine use of limited clinical examination would reduce the likelihood of detection of such incidental, but critical diagnoses.

As we embrace new technology to deliver patient care, it is crucial to maintain the same criteria we require for all face-to-face visits. When providers are not in the same room, patients are less able to judge the quality and training of their providers. There is the potential for telemedicine to be abused or misused if provided by an untrained healthcare provider or by a health care provider practicing outside of their scope. Clear rules are therefore needed to ensure that providers of teledermatology are appropriately trained, so that patients receive the best care. This proper training includes board eligibility or certification in dermatology by the person who is providing the care and full disclosure of these credentials to the patient. While we applaud efforts to formalize and regulate telemedicine to ensure patient safety, we must ensure that the provision of telemedicine is held to the same standards as a face-to-face visit. Telemedicine will be appropriate when the training, qualification, and supervision of the providers who are delivering telemedicine care is of a high level, and equivalent in all respects to that of providers delivering face-to-face care.

From a liability standpoint, special considerations may be needed to make teledermatology feasible and successful for patients. Teledermatology may be perceived as having incremental liability risks that require protections for physicians and others involved with the delivery of teledermatology. Since teledermatology is designed to provide access to care in resource-poor environments at some distance from dermatologists' offices, dermatologists who provide teledermatology services will generally have less control over the patient-physician interaction

than they would in a face-to-face setting. As such, dermatologists participating in teledermatology will require modified legal protections, especially when there are circumstances affecting the teledermatology process that are beyond the reach of the dermatologist.

We look forward to future discussions with you on how to best regulate telemedicine to ensure that patients receive the highest quality care in a timely and cost-efficient manner. Teledermatology offers patients who cannot currently access dermatologic care the prospect of timely, high quality care by an appropriately trained dermatologist. Yet, teledermatology has limitations that prevent it from being an appropriate routine replacement for face-to-face dermatology visits. All patients should therefore have the option to receive face-to-face dermatologic care.

We appreciate your continued leadership on this issue and look forward to working with you to ensure that patients can benefit from high-quality, efficient telemedicine. The Academy would like to serve as a resource for you and your subcommittee, as you continue to address these important issues. If you have any questions or if we can provide any additional information, please contact Katie Jones, the Academy's Assistant Director of Political and Congressional Affairs, at kjones@aad.org or (202) 609-6333.