

# Tele dermatology: Private Practice Possibilities versus Government funded systems

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\*  
Disclosures: Currently using Klara in  
my office

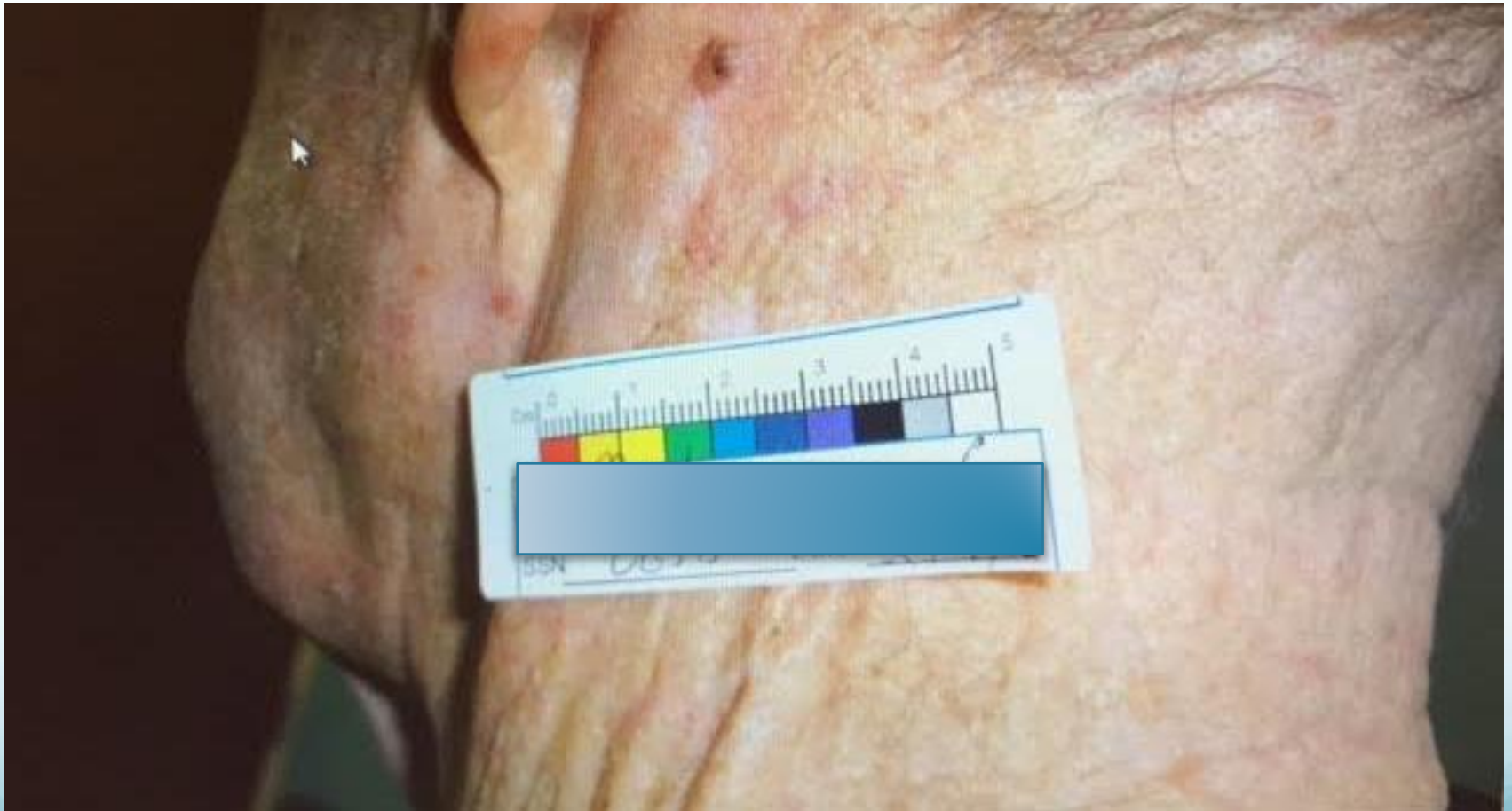
# Overview

- History of the VA teledermatology program
- Example cases from the VA
- Strengths/weaknesses of VA program
- Teledermatology in my practice
- Other teledermatology options

# Veterans Administration Teledermatology Systems

- The VA's teledermatology program began in 2002
- Consults with patients really began to take off in 2010 when there were about 7500 patient encounters
- By the second half of 2014, the number of patient encounters via teledermatology had risen to more than 30,000 annually.
- 70% were completed in 7 days, much shorter than the average wait for a dermatology appt at the VA

# Sample VA Case



# VA case closeup



URGENCY:

STATUS: COMPLETED

Store and Forward Tele dermatology consultation- Vista Images were uploaded by the health technician.

Per the consult request, the patient understands and consents to have images taken, viewed and interpreted using the Tele dermatology process. The patient understands that this consult is limited to a review of the patient's skin condition history with a review of photographic images rather than a face-to-face encounter with the physician.

S. Per consult note, PT with h/o melanoma and 6-12 month h/o asymptomatic lesion on the left post-auricular scalp.

O. The photos in telereader dated, 2/17/16 were used to make a clinical evaluation:

- Atrophic pink plaques with neighboring yellow/brown papules x 2

A. Neoplasm of Uncertain Behavior: BCC vs. resolving inflammatory papules vs. SK

P. Recommendations: Refer patient to dermatology clinic for in person evaluation and biopsy of lesion

This report is limited to descriptions of the lesions which are able to be visualized in Vista Imaging and specified by the consult. Tele dermatology is not a substitute for a full body skin examination. Pt should have total body skin examination yearly and be encouraged to use daily sunblock and sun avoidance and to report new or changing skin lesions.

# The good, the bad, and the ugly

- The Good
  - The VA teledermatology system has greatly increased response times for evaluation of suspicious spots
- The Bad
  - Wait times in some areas even after telederm consults can be months
- The Ugly
  - This relies on PCPs to be able to determine which are the most concerning areas

# Private Practice

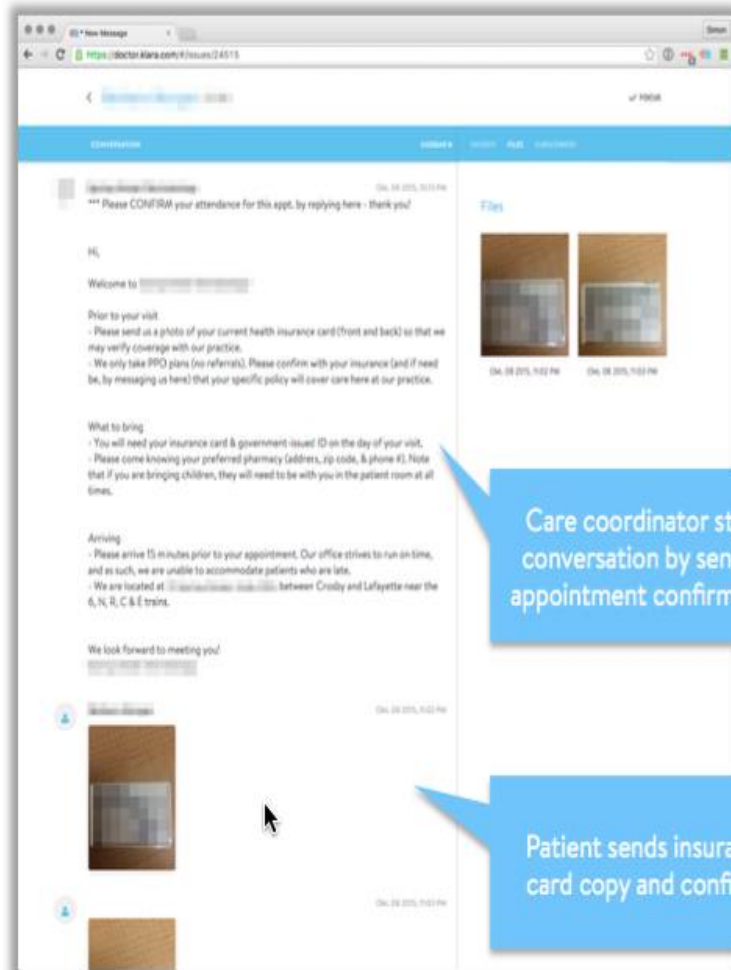
- MU: The government requires we use an EMR at this time, or face a penalty
- Teledermatology is an easy way to have access to your own patients like never before, and many products can seamlessly integrate into existing EMRs



# KLARA™

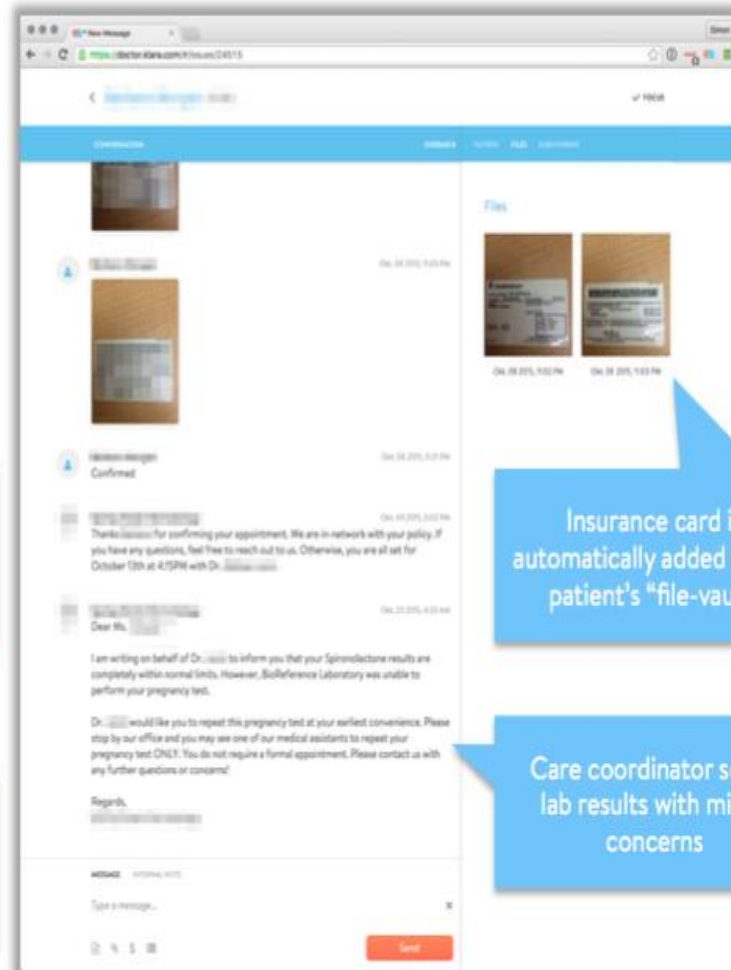
- This is one product I have been using in my office
- Low cost, easy use, integrates with existing EMR
- Many products exist at this time, and more are in the works, I will briefly explore two of them today

# Appointment confirmation, sending of insurance card, sending of lab results



Care coordinator starts conversation by sending appointment confirmation

Patient sends insurance card copy and confirms



Insurance card is automatically added to the patient's "file-vault"

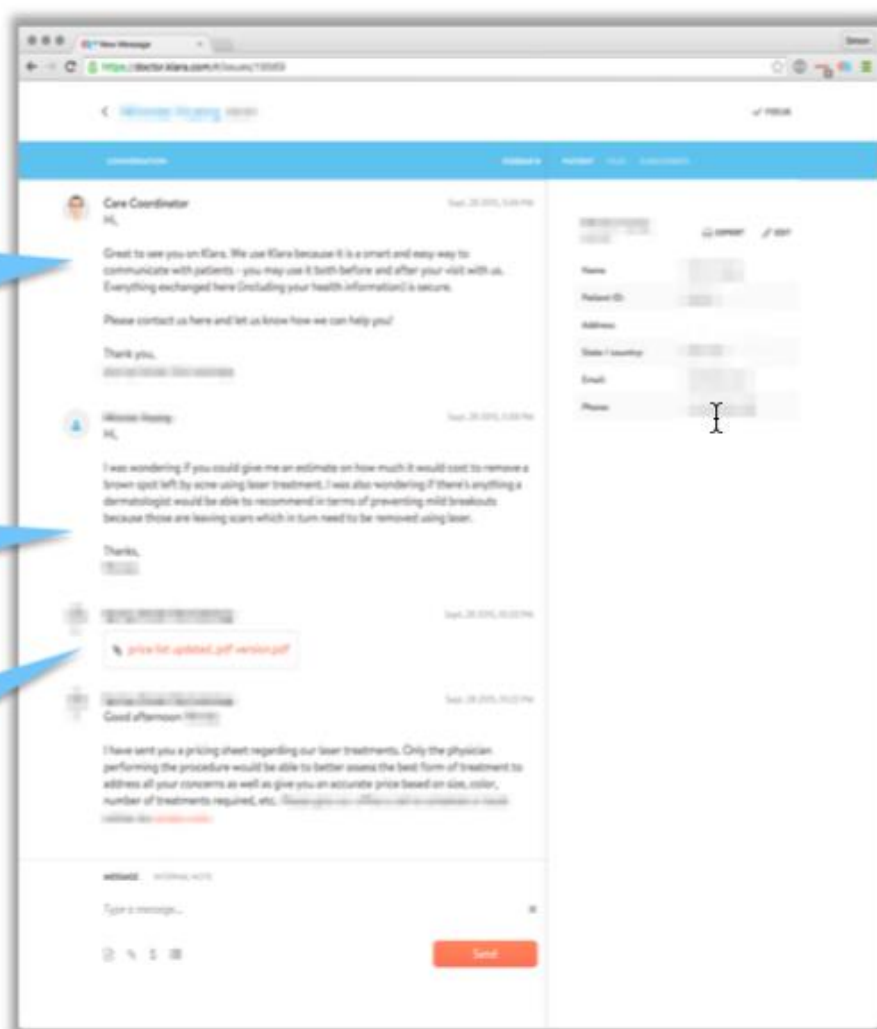
Care coordinator sends lab results with minor concerns

# Patient initiated inquiry via Klara widget on doctor website

Automated welcome message to patient after she signed up through the Klara widget on the provider's website

Patient has pricing inquiry

Front desk sends pricing list (and has now a direct channel to the patient)



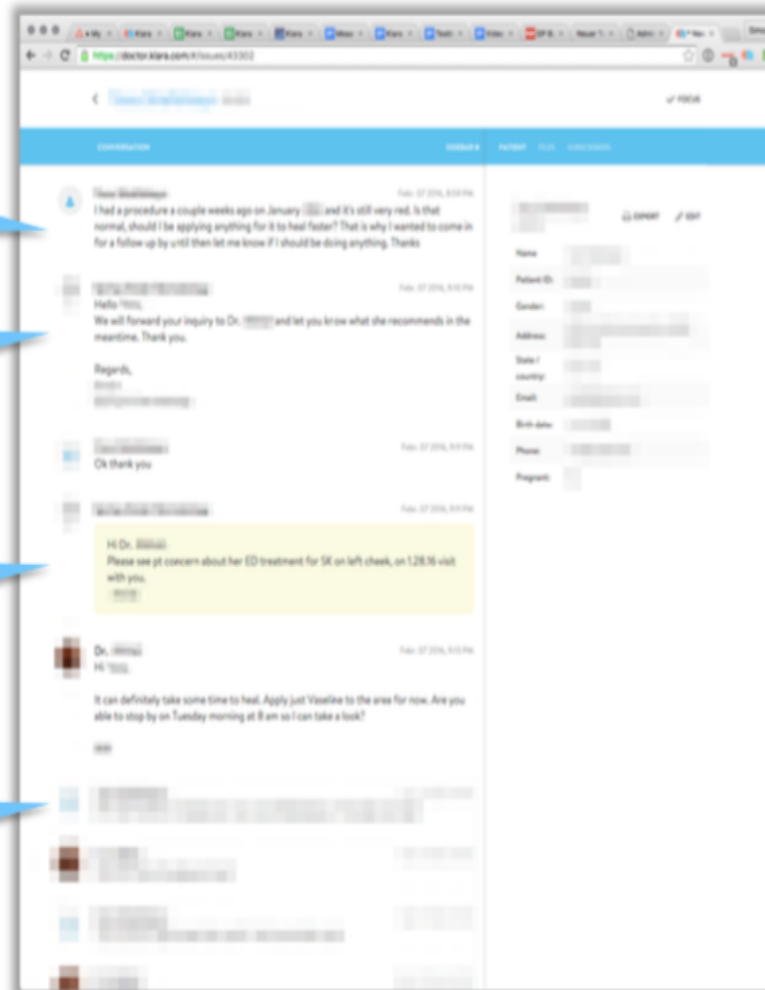
# Patient initiated follow-up questions + internal notes to triage within team

Patient contacts practice with follow-up question about a concern

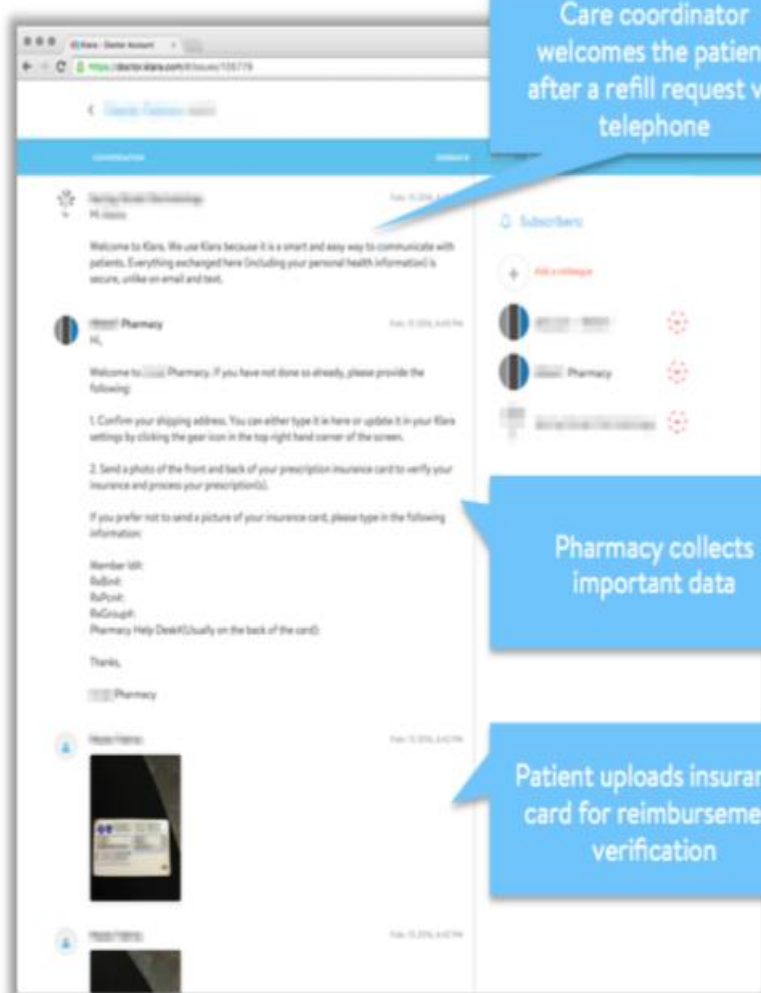
Care coordinator triages the request and adds the doctor to the convo

Care coordinator sends important info to the doctor via internal note (not visible to the patient)

Doctor replies with diagnosis



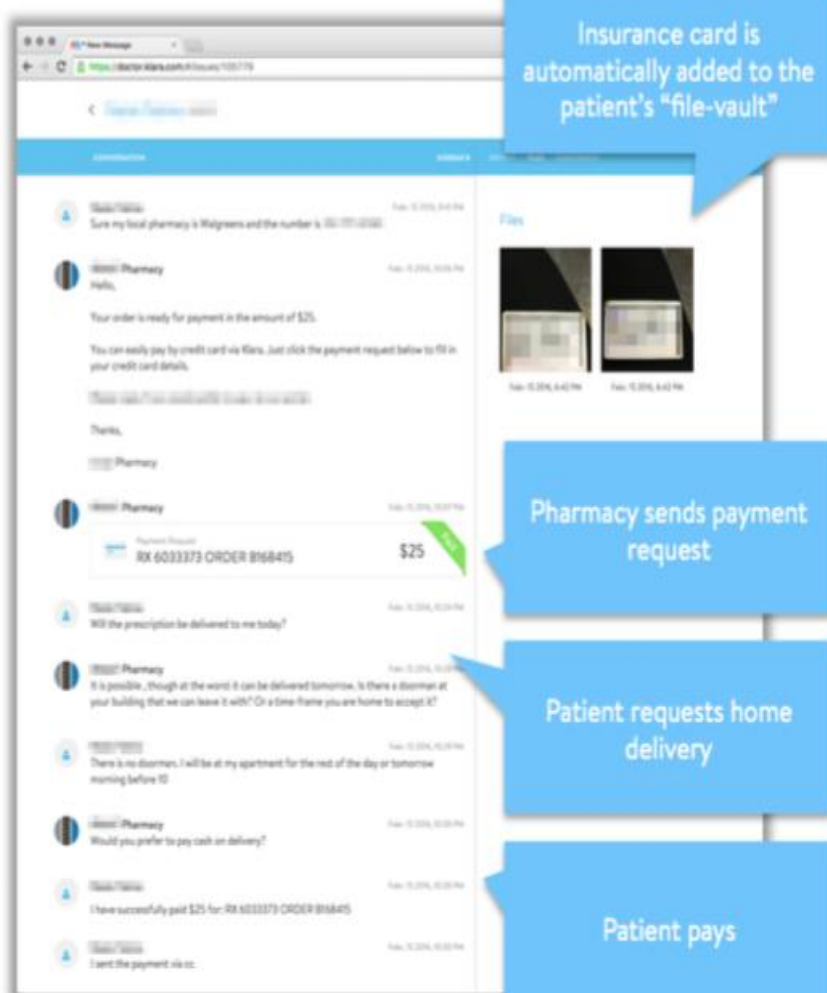
# Pharmacy takes patient's order and directly bills



Care coordinator welcomes the patient after a refill request via telephone

Pharmacy collects important data

Patient uploads insurance card for reimbursement verification



Insurance card is automatically added to the patient's "file-vault"

Pharmacy sends payment request

Patient requests home delivery

Patient pays

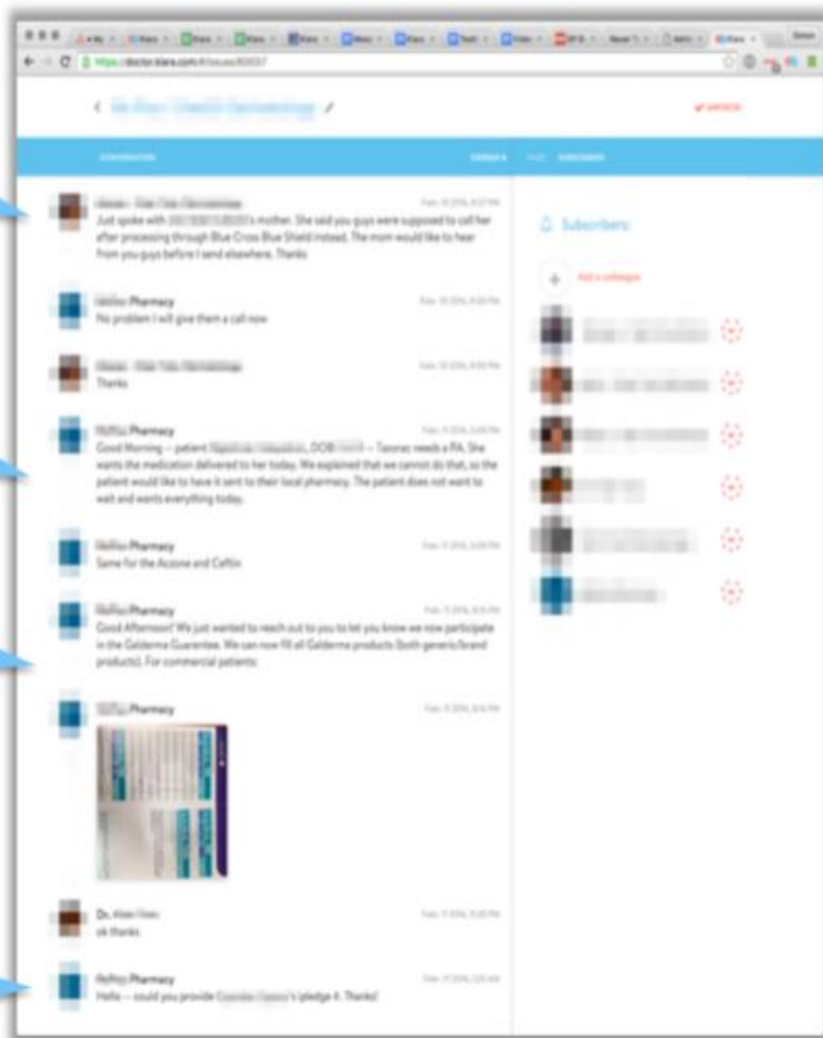
# Direct channel between practice and pharmacy

Doctor requests pharmacy to contact a patient to clarify reimbursement

Pharmacy contacts practice about a patient refill request

Pharmacy sends reimbursement info (marketing) to the practice

Pharmacy requests medication approval for a patient



# Recurring online follow-up visits (paid)

**Doctor sends questionnaire and payment request for an online follow-up visit**

**Patient pays, answers questionnaire and posts photos.**

**Doctor gives diagnosis & treatment plan**

**Doctor starts next follow-up visit one month later (paid)**

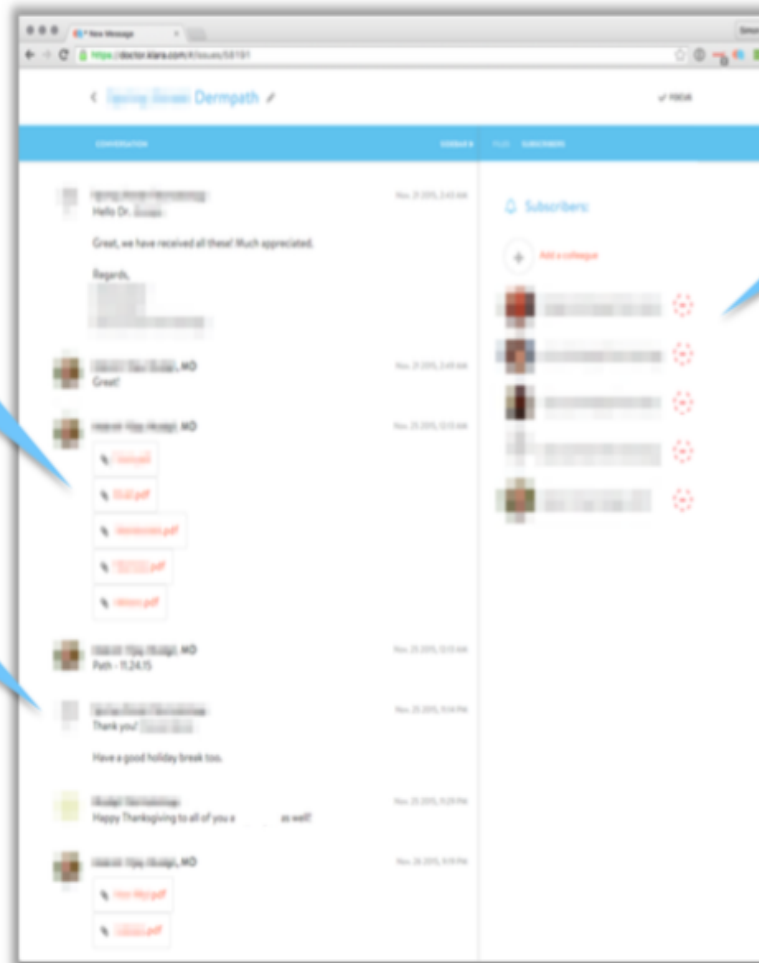
The screenshots show a patient portal interface with a blue header. The first screenshot displays a message from the doctor: "I already had 3 done this morning because it was the only time I was free. Do I have to redo it today?" followed by a payment request for "Acoutane FIU Visit" for \$50. The patient's response includes a questionnaire with questions like "Are you using your medication as prescribed?" and "How many days a week are you using your medication?". The second screenshot shows the patient's payment confirmation and a grid of photos of their skin. The third screenshot shows the doctor's response: "The acoutane continues to work very nicely on your skin. You have much less acne and your acne seems to be decreasing. Did you get the lip balm that I suggested last month? If you used it and it did not work then we can suggest something else." and a "Next Follow-Up Visit" scheduled for one month later.

# Secure sending of pathology results between Dermatopathologist and Practice

Dermatopathologist sends  
pathology reports to  
treating doctors

Doctors confirm

All relevant doctors of the  
practice are part of this  
COLLEAGUES convo







**DID YOU MAKE SURE TO TAKE TWO  
PICTURES**



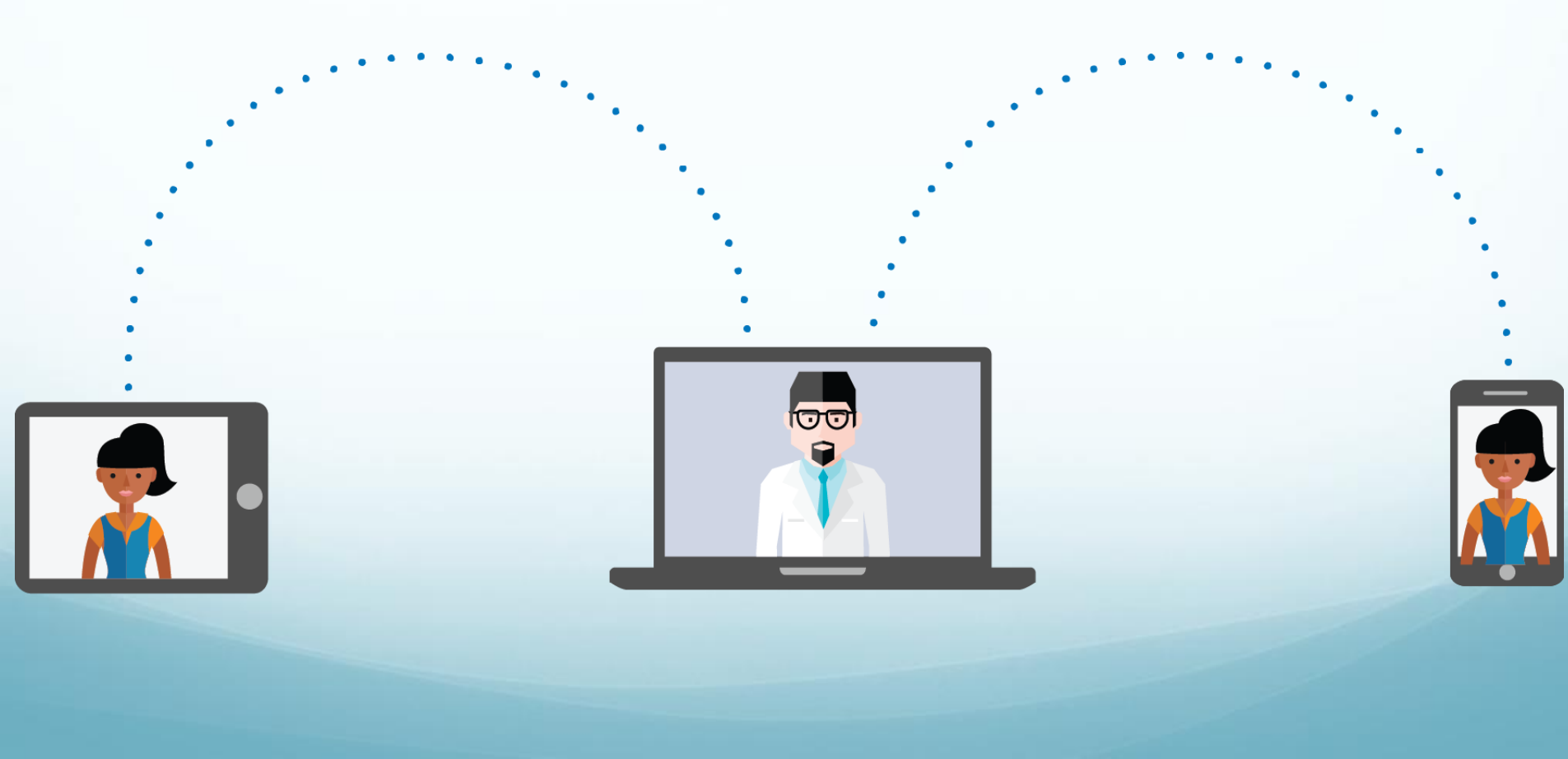
**SO YOU CAN GIVE ONE TO ME?**

# DermatologistOnCall

- Another widespread teledermatology program
- Higher cost to provider ~\$2000 a year
- All companies include marketing of their service in the package

# What is **DermatologistOnCall**<sup>®</sup>

An online teledermatology platform that enables board-certified dermatologists and mid-levels to engage with and provide care for new and existing patients.



# Diagnosis Overview



170+ Providers



34  
States



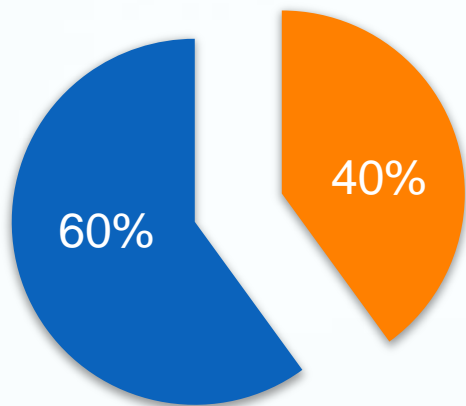
98%

# Value to Practice

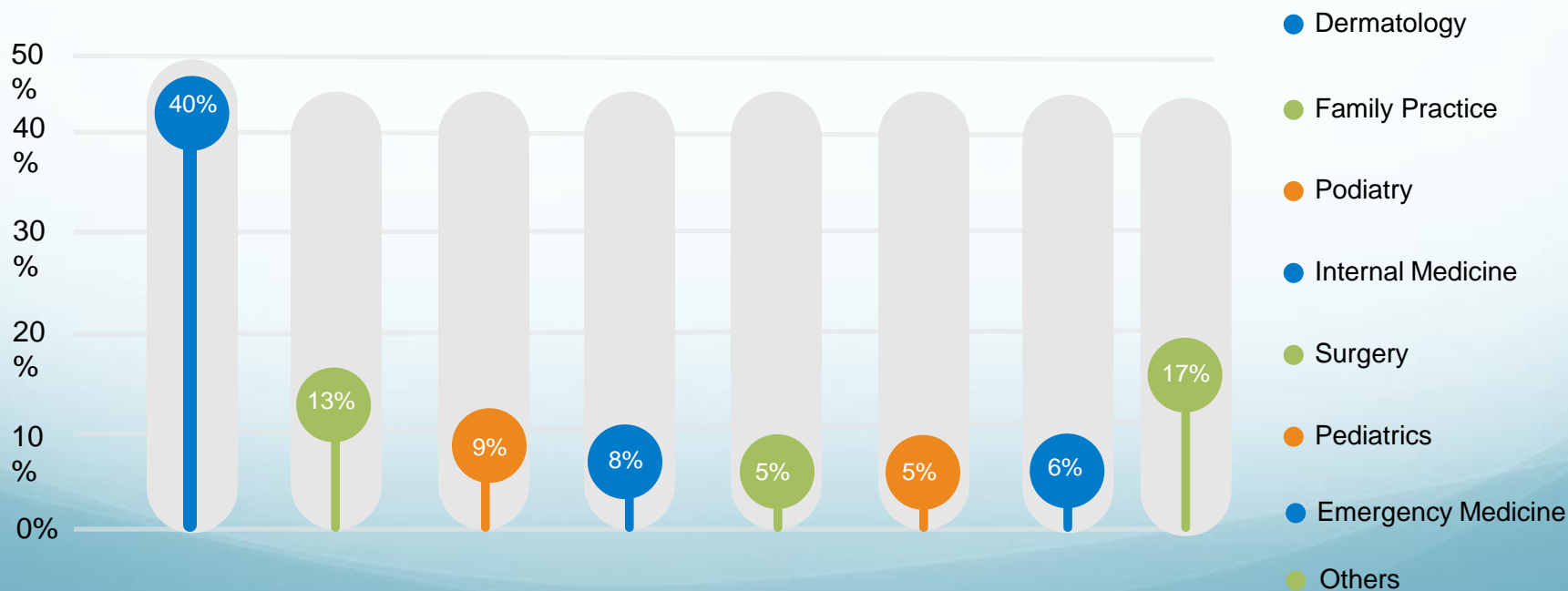
## Visit Fees, Procedural Follow Up, Teletriage, Patient LTV



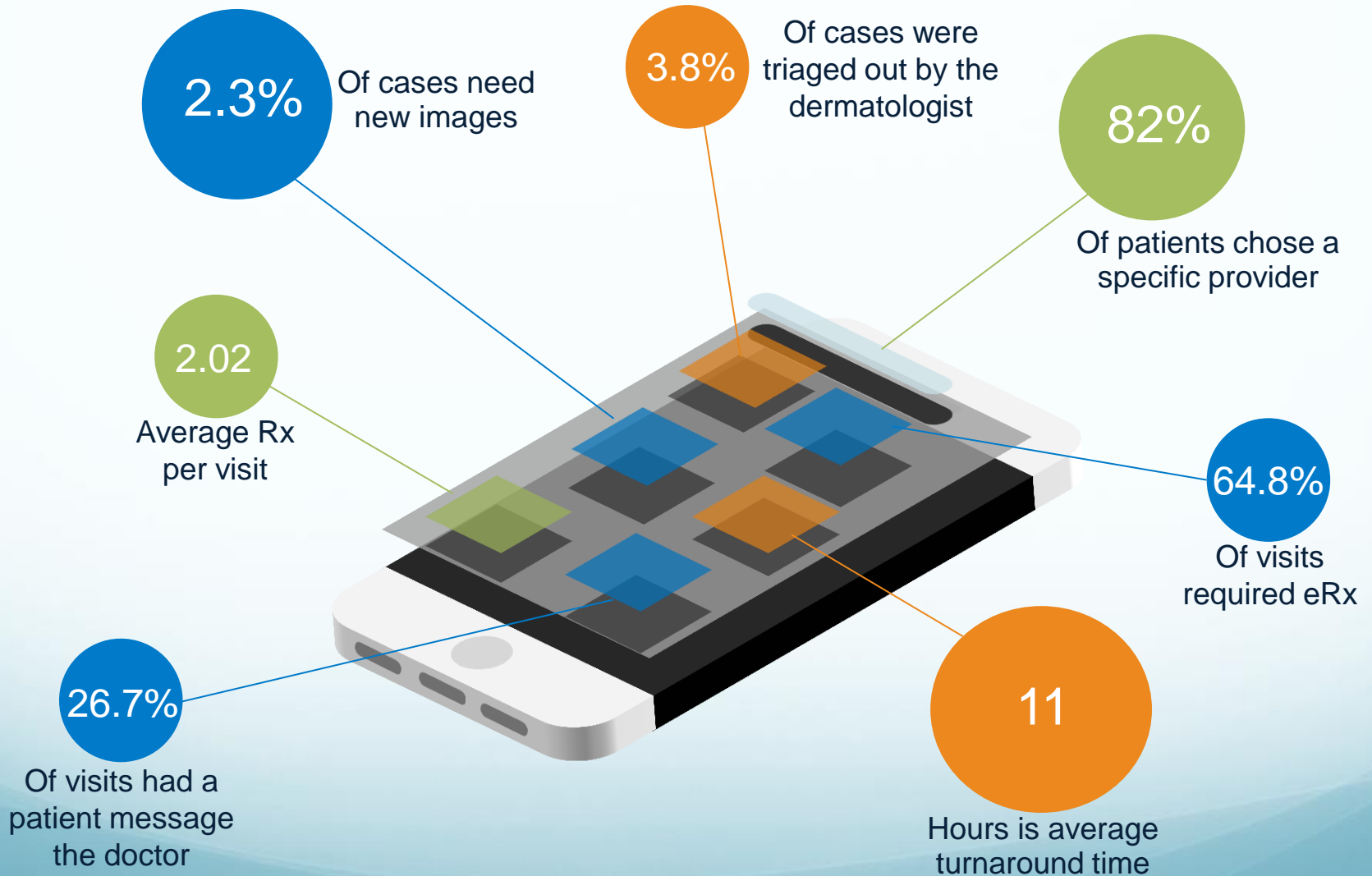
# Patients Going Elsewhere for Dermatology Care



60% of skin care visits going to non-dermatologists leads to delays, misdiagnosis and increased costs

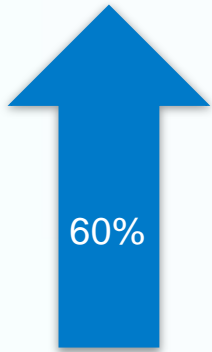


# What Virtual Visits Look Like





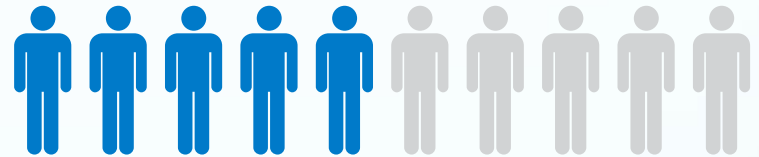
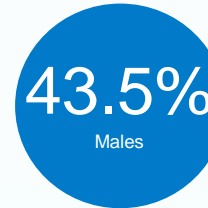
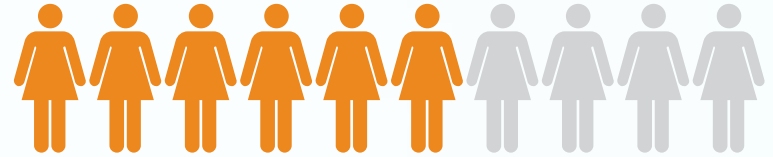
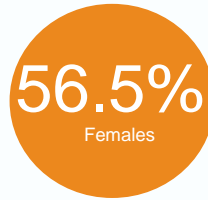
# Demographics



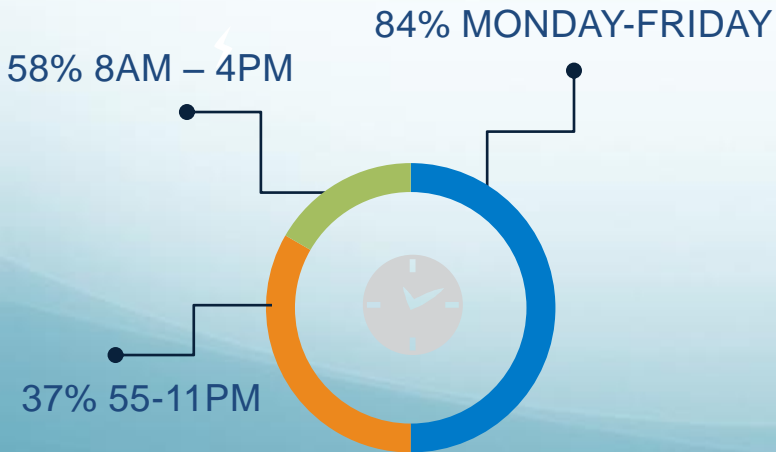
Patients Under  
40 Years Old



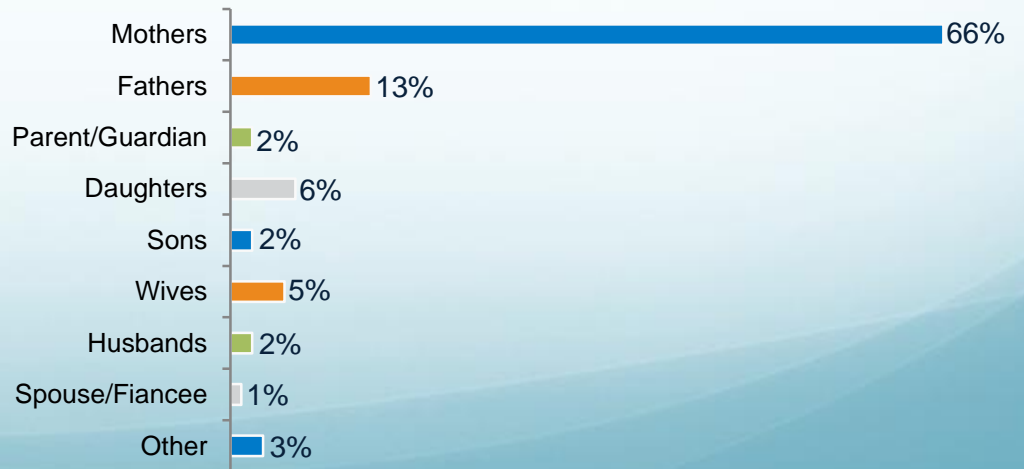
Patients 40  
Years and Over



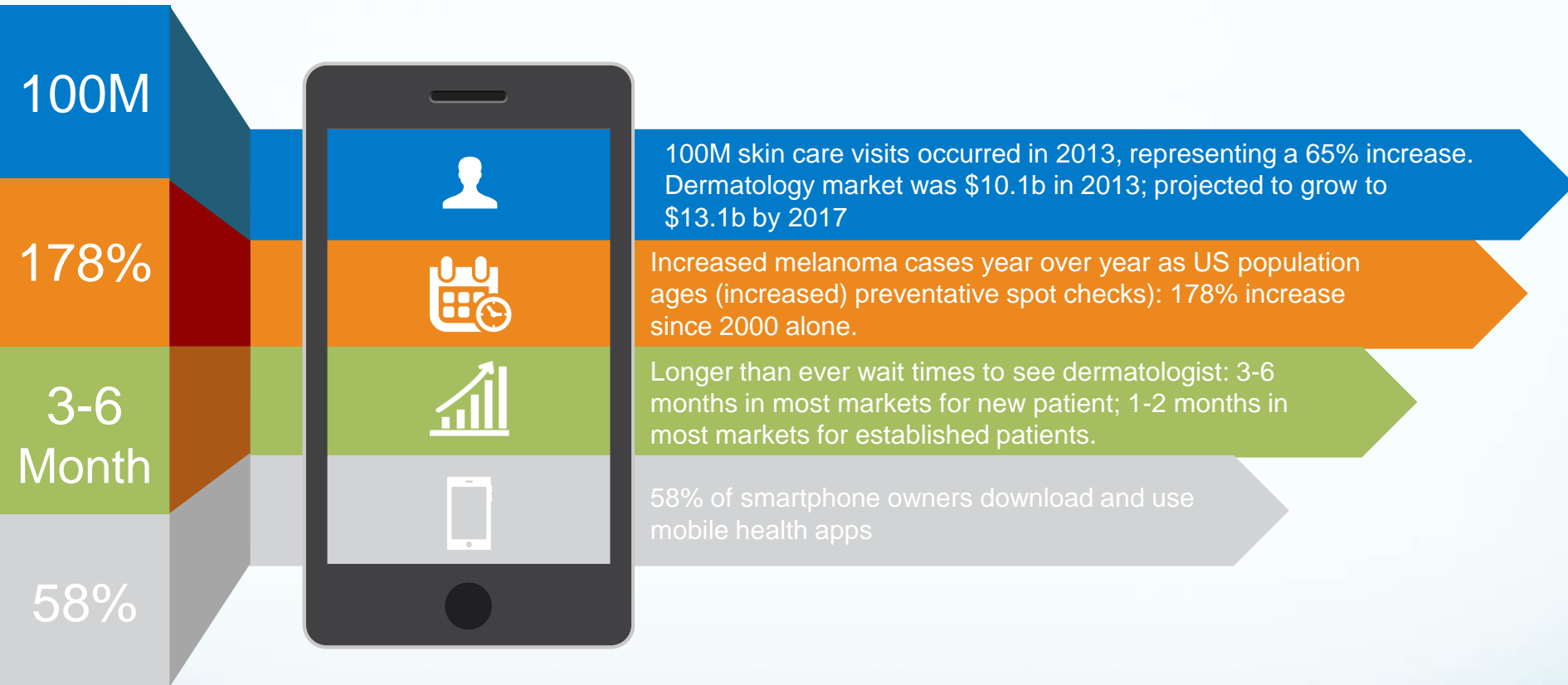
## When Patients are Visiting



## 26% of Patients Have a Surrogate



# Demand is Growing



*A Towers Watson 2014 study of 1,000 employers highlighted the anticipated growth of telemedicine. The results showed **37% will formally integrate telemedicine into their employee health plans in 2015**, and an estimated **\$6 billion saved annually** by reducing unnecessary trips to emergency departments or urgent care facilities.*

# Patients Want Convenient, Quality Care

82% of adults 18-34 would prefer a telehealth visit

Eliminate long wait times for appointments



88% want online ability for reminders, preventative or follow-up care

Responsibility for health care costs continue to rise



Access to health records and information online

72% of consumers are more likely to choose a healthcare provider that offers the ability to interact via online, mobile, telephonic and other self-service channels



Online visits save approx. 2 hours for patients

# Marketing Your New Service

## Your Website

- Online Dermatology Landing Page
- Webpage Content
- SEO

## Patient Communications

- Staff trainings
- Signage & Handouts
- Phone message system
- Patient communications

## Social Media

- Twitter
- Facebook

## Media / Community Relations

- Press release
- Communications



## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2016	<ul style="list-style-type: none"><li>• Revised reimbursement guidelines; added language to indicate:<ul style="list-style-type: none"><li>○ Oxford will consider reimbursement for a procedure</li></ul></li></ul>

Telemedicine Policy: Reimbursement Policy (Effective 01/01/2016)

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	<p>code/modifier combination using modifier GQ to report Asynchronous Telecommunications only when the modifier has been used appropriately</p> <ul style="list-style-type: none"><li>○ For a complete list of codes that Oxford recognizes when reported with modifier GQ refer to the list <i>Codes Recognized with Modifier GQ</i></li><li>• Revised Q&amp;A; removed Q6A6 pertaining to telehealth services billed with GQ modifier</li><li>• Revised list of <i>Codes Recognized with Modifier GT</i> (attachment file listing codes recognized when reported with modifier GT); added 90845, 90846, 90847, 90963, 90964, 90965, 90966, 99354, 99355, 99356, 99357, G0438 and G0439</li><li>• Added list of <i>Codes Recognized with Modifier GQ</i> (attachment file listing codes recognized when reported with modifier GQ)</li><li>• Archived previous policy version ADMINISTRATIVE 114.23 T0</li></ul>
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# CURRENT CPT CODES TERMINOLOGY(CPT) CODES: EXAMPLES

Code/ Modifier	Description
GQ	Via Asynchronous Telecommunications systems
GT	Via Interactive Audio and Video Telecommunications systems
Q3014	Telehealth originating site facility fee
99490	chronic care management and remote monitoring of chronic conditions.

**Table I.** Advantages and disadvantages of existing teledermatology technologies\*

	Store-and-forward	Real-time	Hybrid
Advantages	More efficient for physicians practicing across time zones	May save time by clarifying consultant's questions Greater opportunity for patient education	Combines time-saving aspects of RT with quality of digital still images May improve patient satisfaction compared to S&F alone
Disadvantages	May require repeat consultation if clinical histories are incomplete Less opportunity for patient education	Requires significant bandwidth Less convenient for practice across time zones Video images have lower quality/resolution than still images	Requires significant bandwidth Less convenient for physicians practicing across time zones

S&F, Store-and-forward; RT, real-time.

\*The three technological modalities of teledermatology are store-and-forward, real-time, and hybrid. The selection of a teledermatology modality depends upon a variety of factors, including patient and provider convenience, equipment cost, and access to high-speed Internet service.

# Weaknesses

- Relies on a strong, secure connection
- May have poor image resolution
- Cannot examine full body
- Legal issues



# References

- Slides courtesy of Klara, Ronand Aman
- Slides courtesy of DermatologyOnCall, Vince Palermo
- Coates, Kvedar and Gransetin, Teledermatology: From historical perspective to emerging techniques of the modern era; April 2015, JAAD; Vol 72(4), pg 567

THANK YOU!

**WHEN YOU'RE UPSET**



**JUST IMAGINE A T-REX MAKING A BED**