

## Outcomes of Virtual Dermatology Assessments, during the COVID-19 Pandemic, in a Primary Care Setting in the UK

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### Abstract

AccuRx is a virtual consultation platform, used in over 7000 General Practices in the UK1. Due to a reduced need for face-to-face reviews, and in light of the COVID-19 pandemic, our practice has adopted accuRx for Dermatological assessments. We report its impact on the volume of subsequent face-to-face appointments and its ability reach to a definitive diagnosis. Searches were conducted on EMIS for patients aged 4 to 40 years, with clinical codes 'eczema'/'psoriasis'/'rash'/'skin' between 01/11/19 to 31/01/20 for the Pre-COVID-19 group and between 01/11/20 to 31/01/21 for the COVID-19 group. 25 patients were randomly selected from each group. All pre-COVID-19 reviews were face-to-face. Those not using accuRx for their consultation were excluded from the COVID-19 group. 16%(4/25) of patients required a further face-to-face appointment within 3 months of initial presentation, for the same dermatological problem, in the pre-COVID-19 group, compared to 4%(1/25) in the COVID-19 group. A definitive diagnosis was reached at first assessment in 96%(24/25) of patients in the pre-COVID-19 group compared to 84%(21/25) in the COVID-19 group. AccuRx may reduce the number of face-to-face appointments which has clear advantages during a pandemic. However, this reduction may also be attributable to reduced availability of face-to-face appointments in Primary care and reluctance of vulnerable patients seeking healthcare interactions during this time. Moreover, consultations using this platform are less likely to result in a definitive Dermatological diagnosis, compared to face-to-face reviews. This may be related to the quality of images reviewed on the platform.

In addition to minimizing the spread of COVID-19, the implementation of TD during the COVID-19 pandemic has exposed unique benefits to both patients and dermatologists. In the US, an historical challenge dermatology has faced is access to care. Prior to COVID-19, a study of the nationwide distribution of dermatologists showed that metropolitan areas have 4.03 dermatologists per 100,000 residents, whereas rural areas have only 3.06 dermatologists per 100,000 residents.

This can be compared with a similar study that showed an average of just over 50 primary care physicians per 100,000 residents in both rural and urban areas. The comparison of these studies makes it hard to ignore a serious gap in access to in-person care that dermatology has faced, both before and during COVID-19. Although the social distancing restrictions put into place due to COVID-19 have further imposed a barrier to in-person dermatologic care, dermatologists have increasingly used TD in order to expand care. In fact, the US lifted restrictions on TD, allowing dermatologists to practice across state lines during the COVID-19 pandemic. In addition, the extended use of TD promises a greater access to care for patients who experience socioeconomic barriers such as lack of childcare, social anxiety, inaccessible transportation, and difficult work schedules, due to the fact that patients are able to access TD visits from the comfort of their home.

The rise of TD during the COVID-19 pandemic has illuminated a path for improved dermatologic care. TD has shown many benefits, such as time- and cost-effectiveness and high patient satisfaction. Despite these benefits, many detractors to TD have been exposed through the increased use of telemedicine in the COVID-19 era. Dermatologists have been faced with increased stressors, including lack of technological support and standardized training, as well as risk for incorrect or incomplete diagnoses due to low-quality images submitted by patients in store-and-forward dermatology. Solutions have been suggested (and implemented) for many of these challenges. Many of the ethico-legal challenges faced by TD before COVID-19 have also been resolved during the pandemic, such as payment parity for telehealth visits, legalities of practicing across state lines, and risk of HIPAA violations for using unsecure communication platforms.

This work is partly presented 21st European Dermatology Congress July 12-13, 2021 | Webinar

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