



The Impact of COVID-19 on Teledermatology: A Review

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KEY POINTS

- Prior to COVID-19, teledermatology was limited due to limited insurance reimbursement for telemedicine visits, concern about liabilities, and licensing restrictions.
- COVID-19 prompted regulatory and policy changes, with corresponding new telemedicine growth and innovation; health systems created and adapted protocols to continue care, save personal protective equipment, and decrease unnecessary exposures.
- Teledermatology has been conducive to COVID-19 constraints, but limitations focus on access; dependence on telemedicine may actually worsen care for many patients who lack digital access.
- Expansion of telemedicine reimbursements favored synchronous video visits rather than store-and-forward teledermatology, which may be a missed opportunity for more efficient delivery of care.
- Policy changes established during COVID-19, though possibly temporary, have nevertheless set new precedents that will surely have long-term impacts on teledermatology use post-pandemic.

EXPANSION OF TELEDERMATOLOGY DURING COVID-19

A study of 168 patients found the most popular reasons for telehealth appointments to be new rash (12%), eczema (10%), and psoriasis (9%). A study of 153 U.S. dermatology practices operating during the pandemic found that 87% of practices offered teledermatology as an option to patients. Across 12 dermatology clinics affiliated with Massachusetts General Hospital, virtual visits rose from 0 in April 2019 to 1,564 in April 2020, while in-person visits for April 2020 represented less than 1% of the in-person visit volume from the year prior. Before March 11, 2020, when the WHO officially declared the COVID-19 pandemic, skin conditions were not listed among the most common telehealth diagnoses in the United States. However, by April 2020, skin conditions were ranked the fifth most common telehealth diagnosis in the U.S. Similarly, as of July 21, 2020, 13 of the top 50 ranked medical applications in the U.S. Apple App Store were usable for telemedicine, an increase of mean of 210.92 ranked positions from January 1, 2020.

LESSONS LEARNED DURING COVID-19

Teledermatology's efficacy may vary in different populations. The elderly may require assistance using digital devices. We must also consider the emerging American population whose first language is not English. Additional services could provide caregivers for the elderly and translators for non-English speakers to improve adaptation.

THE DIGITAL DIVIDE

Area of Concern	Suggestions for Improvement
Financial Assistance	Financial waivers could mitigate cost of devices and internet access
Interpretation Services	Modeled after interpretation services used in patient, can increase quality of communication during the visit.
Community Based Interventions	Community based Teledermatology programs can serve as an adjunct to assist with ease of use

CONCLUSIONS

In the long-term, the success of teledermatology will be dependent on federal and state policies and laws, as well as payers. Future policy must consider telemedicine expansion beyond geographic restrictions and further reimbursement increases and utilization of SAF. For sustained growth, government policy makers, physicians, insurance companies, and patient advocacy organizations must partner to create a system to fortify telemedicine with the many challenges of reimbursement, HIPAA compliance, and disparities in patient access to telemedicine.