Countless blockbuster movies, such as “Outbreak,” the 1995 film starring Dustin Hoffman, and more recently, Steven Soderbergh’s “Contagion,” center around viruses of epidemic proportions. And while theaters were prepared to handle the wild popularity surrounding a fictional pandemic scenario, no one—including health care professionals or the US government—could have anticipated a real-life pandemic that would infect millions, shut down schools, and shutter businesses.

Many dermatologists encountered difficulties providing timely, in-person appointments during the pandemic because of social distancing requirements. Doctors coming straight out of residency had offers rescinded, scientific activities came to a halt, several small private practices were sold to become part of larger organizations, and a lot of practices fired employees. Even a year later, COVID-19 has been a challenge for the treatment of dermatologic patients, either with skin cancer or severe inflammatory skin disease. Many patients skipped their annual skin cancer screenings in 2020 because of the pandemic. Now, dermatologists are playing catch up, trying to find those patients and make sure they get back on track for annual check-ups.

There is no doubt that many of the effects of COVID-19 on the dermatology industry have been negative, however, the diligent efforts dermatologists made during the last year and a half to adjust to unprecedented conditions have unexpectedly uncovered new efficiencies to help doctors and office staff improve patient experiences and health outcomes. During this critical time, dermatologists have not only focused on ensuring the treatment of high-risk cancers during the crisis, but have also played a significant role in identifying bottlenecks in clinical processes and implementing new measures to ensure all patients continue to have access to essential skin health services.

LEANING IN TO TELEHEALTH

Seeing patients was a challenge for most physicians—not just dermatologists—in the spring and early summer of last year, and the majority of us turned to telehealth. According to Amwell’s 2020 Physician and Consumer Survey, the percentage of physicians using telehealth to see patients spiked from 22 percent in 2019 to 80 percent in 2020. Dermatology is a visual and tactile specialty, and while telehealth offered a better-than-nothing solution for concerned patients who

The COVID-19 pandemic had many effects on dermatology practices. Among them, it created an opportunity to identify bottlenecks in clinical processes and implement new measures to ensure all patients continue to have access to essential skin health services. For some practices, strategies such as continued use of telehealth, integration of new technologies, and disaster preparedness are ingredients for long-term success.

Experts from one of the country’s largest dermatology practices show how the pandemic uncovered new efficiencies to improve healthcare access and patient experiences.

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The bottom line

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needed to be seen during lock down, is it a dealbreaker?

Considerable study is necessary before we have a good understanding of the effects and effectiveness of telemedicine. More often than not, the first five minutes of each virtual appointment is spent training non-tech savvy patients (and doctors) on how to appropriately use their cameras and/or the video platform. Successful normalization of telehealth will require greater understanding of what it means to patients in the context of their experiences of disease and the parameters of their lives. Since the implementation of mandatory mask orders, social distancing in April 2020, and the recent widespread adoption of vaccines to reduce the spread of COVID-19, in-person dermatology appointments, for the most part, have once again replaced online appointments altogether. But dermatologists’ reluctant thrust into telehealth brought to light key benefits of teledermatology in the long term.

While telemedicine can’t always replace an in-person visit with your patients, it can help in times when they can’t get to your office. Despite their limitations, virtual appointments will likely retain a role in modern dermatology practices post-COVID to facilitate greater self-management of chronic disease. Teledermatology has the potential to allow existing patients living with common skin conditions, such as acne, psoriasis, and eczema, to be evaluated from the convenience of home, and to quickly renew prescriptions or adjust therapeutic choices. In addition, teledermatology offers patients who are constantly on the go or who often struggle with childcare the flexibility to take care of their skin while also juggling work and family.

From a practice management standpoint, telehealth is a feasible option for providers who want to expand their practices to remote areas without having to relocate or expand the footprint of their practice. Teledermatology not only expands essential skin health services for patients who live in remote rural areas and don’t have access to a dermatologist, but virtual appointments also offer physicians who are interested in exploring subspecialties, like aesthetics or Mohs and dermatologic surgery, the opportunity to conduct initial consultations or follow-ups during non-traditional office hours.

**ENHANCED PATIENT EXPERIENCE VIA TECHNOLOGY**

Technology played a huge role in redefining patient experience prior to 2020. A nationwide poll released by Ernst and Young in 2018 found almost all of the participants—91 percent—had or were planning to undertake a technology adoption initiative. Seventy percent cited improving patient experience as a key factor driving the initiative, 58 percent cited clinical outcomes, and 59 percent cited customer relationships. This technology trend rapidly accelerated as dermatologists struggled to continue to see patients amidst the COVID-19 pandemic.

We have experienced this first-hand at U.S. Dermatology Partners. Our practice’s increased reliance on technology over the past year understandably focused on reducing the number of humans in the office at one time and reducing in-person interactions. These efforts gave way to online scheduling and registration, digital insurance verification, in-car waiting rooms, and electronic medical record systems. We also pivoted our marketing content to highlight relevant topics like stress-related skin conditions and skin cancer identification. Our goal during this time was to simply stay in touch with our patients to keep them abreast of closings and reopenings and to also offer education and support. We used email and social media to communicate with patients, and we received a really good response.

Similarly, our physicians and staff appreciated that we supplied them with a regular feed of policies and protocols as to what we should be doing in our clinics day-to-day amid fluctuating state guidelines and executive orders from the Centers for Disease Control and Prevention. In addition, we transitioned our practice’s annual medical summit, which was historically an in-person event, to an all-virtual format to allow us to continue to interact with and inform the company. We developed a leadership council made up of our Chief Medical Officer and regional presidents that enabled us to be constantly plugged in and internally responsive, which took the burden off the doctors so they could focus on caring for patients.

As dermatologists, it was important to us to ensure that our patients—especially those who suffer from other non-skin related chronic medical conditions and were at high risk for contracting COVID-19—continued to keep up with their annual skin cancer screenings. As we all know, regular screenings can potentially impact early detection of melanoma, resulting in a reduction of morbidity, mortality, and cost of treatment. We implemented “senior clinic hours” to protect our elderly patients, so that they could come into the clinic for screening without having to worry about COVID exposure. But even when our clinics began to open back up completely, a lot of patients still did not feel 100 percent comfortable coming into the office for face-to-face check-ups.

A year later, we have thankfully been able to reach many patients by word-of-mouth via their spouses—scheduling Mr. Smith’s appointment while Mrs. Smith is checking out at the front desk, or vice versa. When all else has failed, we also found success using our electronic medical record system and scheduling software to run reports to screen long-term
patients and calling and/or emailing patients who haven’t been seen by a dermatologist in our office within the last one to two years.

A NEW NORMAL

While we anticipated getting “back to normal” once the COVID-19 threat subsided, the majority of these new patient and practice management processes have been so efficient that they’re here to stay. Implementation of technology to enhance patient experience has allowed our patients to get to their in-person visits more efficiently, which in turn, has enhanced patient satisfaction, boosted appointment attendance, and consequently improved health outcomes.

Waiting rooms aren’t as crowded as they used to be, and patients generally feel more comfortable when there are fewer people waiting in the clinic. Patients also enjoy the convenience of being able to read or listen to the radio in their cars instead of thumbing through old copies of Field and Stream and Better Homes and Gardens that may or may not be contaminated with low levels of bacteria. In lieu of paper reading materials, a number of our clinics have digital ads and other informative marketing materials airing on flat screen televisions mounted on waiting room walls.

Prior to the pandemic, fall was a big time for open houses, where patients would come to learn about aesthetic treatments or meet our cosmetic physicians and providers. We shifted all of that to virtual open houses and moved sales online to supplement folks walking through our clinics and shopping for product discounts. We weren’t entirely confident in how these strategies would go over with current and prospective patients, but they have been so successful that they will be a permanent part of our marketing strategy.

LESSONS LEARNED

In our efforts to move forward to build a better practice post-pandemic, we will continue to bolster our stocks of personal protective equipment (PPE), including eye and face protection and respiratory protection.

PPE stocks aside, our decision to retain the leadership council and emergency preparation plan created at the start of the pandemic proved prudent when in February 2021, providers, staff, and patients at our Texas practices experienced a once-in-a-lifetime winter storm that dumped prolific amounts of snow on the state and left nearly 5.2 residents without power. Due to extreme freezing temperatures, burst pipes, and contamination concerns, many Texans also were without water. We used the same process we implemented during the pandemic to ramp up and wind down clinic operations during and after the storm and saw a permanent lift.

We’ve weathered the pandemic by working as a team to make decisions on the fly on the regular. As a company, we’ve been incredibly nimble and flexible. We strove to partner with our employees to help them maximize their benefits in a difficult situation, while also ensuring that patients with serious skin conditions had access to essential care even during the worst of times. Without a dependable leadership infrastructure, solid compliance plan, and ample resources, we would never have been able to reopen our clinics or get back to full strength. And not only did we do it, but we did it because we value our employees and care about the health of our patients and their families.

Taylor Enabnit is Chief Operating Officer at U.S. Dermatology Partners. Enabnit is an experienced, multifaceted Operations and Development Executive with a demonstrated history of working in the medical practice industry. Strong business development professional skilled in Leadership, Operations Management, Growth, Customer Relationship Management, and team development.

Dr. Jay Wofford grew up in Lubbock, Texas, and graduated summa cum laude with a bachelor’s degree in biology from Texas Tech University. Additionally, he earned his medical degree from Texas Tech University Health Sciences Center School of Medicine. He completed his internal medicine internship at Texas Health Presbyterian Hospital in Dallas and then completed his dermatology residency at Baylor University Medical Center. He recently completed his dermatopathology fellowship at ProPath. Dr. Wofford’s primary clinical interests include psoriasis, atopic dermatitis, and other inflammatory skin diseases.

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