Teledermatology Could Be Answer to Access Problems

It’s getting harder for patients to make the trip to see William Dunagin, MD, the only dermatologist in rural Venango County.

Dr. Dunagin said he typically sees business at his practice pick up in the summer but the summer of 2008 has been different.

As gas prices have risen and the economy has slowed, rural patients have had to make a tough choice to forgo some health care because they can’t afford to travel to the doctor’s office. About 800,000 Pennsylvanians live more than 20 miles from the nearest Pennsylvania-based dermatologist.

“I’m finding that even people that have pre-malignant lesions and a personal history or a family history of skin cancer aren’t coming in, and they’re a high risk group,” he added.

One possible answer to this access problem is teledermatology.

A growing movement in dermatology, teledermatology can be through a live video consultation or the more popular “store and forward,” in which images and text are emailed to the dermatologist for review.

Stephen M. Schleicher, MD—a dermatologist with offices in Hazleton, Pottsville, and Reading—is one of the state’s leading proponents of teledermatology. Involved in teledermatology since 1999, Dr. Schleicher currently works with 28 Pennsylvania prisons, diagnosing prisoners’ skin conditions remotely. “It is the wave of the future,” he said.

Dr. Schleicher said studies have shown that remote diagnosis is as accurate as in-person diagnosis. It can save patients the time and expense of driving long distances to a dermatologist and waiting weeks to be seen for a potentially serious problem.

“The fact that there are only some 10,000 dermatologists in the whole country who service a population of 300 million people means there is a severe shortage,” Dr. Schleicher said.

“I have patients travel for miles because they are in a panic because they have a mole that’s changed and it’s three months to get in to see their local dermatologist,” he added.

Store and forward teledermatology requires very little technology—just an inexpensive digital camera and an Internet connection. Dr. Schleicher said broadband is preferred, but dial-up also works.

Adoption of teledermatology has been slowed by some resistance from doctors, but Dr. Schleicher attributes that to unfamiliarity with the technology. In addition, there are some questions about insurance reimbursement and medical liability.

Nevertheless, Dr. Schleicher is confident that teledermatology is the answer to the specialty’s access problems, especially for rural patients like Dr. Dunagin’s.

“It will provide access to thousands of individuals who before didn’t have access to dermatologists. The implications are global,” he said.