

Conclusions and Recommendations: United States Dermatologic Health Care Need Assessment

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KEYWORDS

- Health care needs • Skin disease • Supply • Demand
- Reform • Recommendation • Workforce

This needs assessment attempted to identify gaps between current and desired outcomes for skin diseases in the United States. The authors address these 3 questions: (1) What is the burden of a skin disease in the United States? (2) What impact does the disease burden have on quality of life, the economy, and the health care system as a whole? and (3) How can the health care system best address the burden to reduce the impact of skin disease?

Defining health care need can be challenging. The authors used the model presented in the recently published UK dermatologic health care needs assessment, where need, supply, and demand overlap.¹ Supply is defined as all health care provided to society and demand is defined as what patients ask for.² Supply and demand encompass both health care needs and health care wants because not all dermatologic care is medically necessary. The authors emphasize skin conditions determined to be health care needs. An article on cosmetic dermatology, which the

authors consider a health care want, is also provided due to the high demand in society for elective procedures. This publication provides health care providers and policy makers an evidence-based, up-to-date tool during this important era of health care reform in the United States.

SUMMARY

Presented here are summary points from each article, written by the authors of each respective section. For a more thorough discussion, readers should refer to the corresponding full-length articles.

The Burden of Skin Disease in the United States and Canada

- Skin conditions are frequently cited among the most common health problems in the United States and Canada.
- The burden of skin disease has avoided accurate estimation because of many

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obstacles, including defining skin disease, *International Classification of Diseases* version 9 codes being unreliable, and lack of epidemiologic data on skin disease as well as difficulty in calculating total costs of skin disease.

- Improved collaboration focusing on the burden of skin disease at an international level has allowed for better estimation of the burden of skin disease during the past decade.

Services Available and Their Effectiveness

- The benefits of dermatologists' expertise include greater cost-effectiveness and more training and experience treating common skin conditions. Patients increasingly recognize the benefits of specialist care, and the demand for dermatologists' services continues to rise. The supply of dermatologists has not kept up with the demand despite increases in use of nonphysician clinicians.
- The role of self-care and primary care in skin disease remains significant. Efficacy of self-care depends on patients' ability to understand and carry out appropriate self-treatment regimens. Primary care doctors are frequently called on to treat common skin problems, so a solid grounding in basic dermatology topics for all primary care trainees is essential.

Models of Care

- Patients enrolled in a health maintenance organization are more likely to see a nondermatologist and less likely to see a dermatologist for a skin complaint than those enrolled in a preferred provider organization.
- Dermatologist supply has been shown to positively correlate with improved skin disease outcomes. The increasing wait times and shortage in the dermatology workforce have created the need for physician extenders in dermatology practices.
- The Department of Veterans Affairs health care system's nationwide centralization allows for comprehensive comparative effectiveness research and has recently undertaken a mission to evaluate teledermatology.

Dermatologic Health Disparities

- Although racial and socioeconomic disparities are evident in diseases, such as melanoma, nonmelanoma skin cancer (NMSC), and atopic dermatitis, a paucity of data

exists on the overall impact of health disparities on dermatologic diseases.

- The recent passage of health care reform and the impending increased patient load may exacerbate dermatologic health disparities given the dermatology workforce shortage.
- Additional investigations exploring disparities in dermatologic education and research are needed.

A Review of Health Outcomes in Patients with Psoriasis

- Health outcomes unique to psoriasis includes major impacts on health-related quality of life due to physical discomfort, impaired emotional functioning, and negative body image and self-image as well as limitations in daily activities, social contacts, and work. Furthermore, there is growing literature on the association between psoriasis and cardiovascular, rheumatologic, endocrine, malignancy, and psychiatric comorbidities.
- The costs of health care maintenance and medications for the treatment of psoriasis continue to increase. Research in developing novel agents to treat psoriasis remains one of the greatest areas of future need because access and affordability is a main prohibitive treatment factor for the uninsured or underinsured.

Health Outcomes in Atopic Dermatitis

- Multiple disease-severity and quality-of-life instruments exist to assess atopic dermatitis, but only selected instruments have been validated.
- Treatment of atopic dermatitis includes a variety of therapies, from medications to nutritional supplements to psychotherapy. Large randomized controlled trials are needed for the treatment categories of oral antihistamines, probiotics, and psychological counseling.

Contact Dermatitis in the United States: Epidemiology, Economic Impact, and Workplace Prevention

- Contact dermatitis is the most common work-related skin disorder and hands are the most frequently affected site.
- Occupation is a key factor in the development of contact dermatitis.
- Occupational contact dermatitis is more likely to be allergic than irritant in nature.

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