

Trends in dermatology practices and the implications for the workforce



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Background: The American Academy of Dermatology (AAD) practice profile surveys have been conducted for more than a decade to gauge trends in our workforce supply and demand.

Objective: To update the trends and current workforce issues for the field of dermatology.

Methods: The AAD Practice Profile Survey is sent by both e-mail and postal mail to a random sample of practicing dermatologists who are AAD members.

Results: Shifts are noted in the primary practice setting; fewer dermatologists are in solo practice and more are in group practices than in previous years. Teledermatology use trended upward from 7% to 11% between 2012 and 2014. The implementation of electronic health records increased from 51% in 2011 to 70% in 2014.

Limitations: There is potential for response bias and inaccurate self-reporting. Survey responses collected may not be representative of all geographic areas.

Conclusion: The demand for dermatology services remains strong. Shifts in the practice setting may be related to increases in overhead costs that are partially associated with the implementation of technology-based medical records. Integration of electronic health records and utilization of telemedicine are increasing. (J Am Acad Dermatol 2017;77:746-52.)

Key words: electronic medical records; nonphysician dermatology providers; perceived supply of dermatologists telemedicine; workforce.

The forces that drive dermatologic demand in the United States will change with advances in technology and the evolution of our health care system. Peyton Weary stated in 1984 that cost-effective delivery of quality skin disease care, combined with honing our dermatologic skills, is required for dermatology to remain competitive as a specialty.¹ Today, cost-efficient health care must be provided under the evolving structural constraints of electronic health care records (EHRs) and government-mandated programs. Potential constraints for dermatologists include implementation of EHRs and participation in the Physician Quality Reporting System and accountable care organizations (ACOs). Many of these driving forces are

Abbreviations used:

ACO: accountable care organization
EHR: electronic health record
NPC: nonphysician clinician

relevant to the discussion of dermatology supply and demand.

Resneck pointed out in his AAD 75th anniversary article that dermatologists must remain experts in varied areas to maintain demand for their services.² In that spirit, dermatologists' ability to adapt to the changes in this complex health care system and to technologic advances is critical to our specialty's future success.

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In this article, we will review the results of the AAD 2014 Dermatology Practice Profile Survey. The results of the newer questions and comparisons with results from previous years are discussed. In particular, trends in the dermatology workforce, including technology-driven changes, supply of dermatologists, practice settings, and nondermatologist physician extenders will be discussed.

MATERIALS AND METHODS

The AAD's Practice Profile Survey is a national survey of AAD members that is designed to collect information on the nature of and trends characterizing dermatology practice. Since 2002, 5 surveys have been administered every 2 to 5 years (2002, 2005, 2007, 2009, and 2014). The survey is administered to a random sample of AAD members from the Academy's membership database who have been identified as practicing dermatologists in the United States. Excluded from the sample were known retirees and those older than 72 years. AAD member surveys are sent only to members who have not opted out of e-mail and/or mail correspondence from the AAD. The 2014 survey was distributed to a representative sample of 7031 AAD members. The sample size was selected to achieve a margin of error within 2.5% with 95% confidence and assumes a response rate no less than 20%. The survey was sent both electronically and in a paper format.

Questions for the Dermatology Practice Profile Survey were designed and developed by the AAD survey research staff and a committee of practicing dermatologists who are active AAD members. The survey instrument includes a set of core questions that have been used every survey year. Other questions are included in selected survey years, as based on emerging workforce trends. New questions in the 2014 survey focused on topics such as scope of practice of physician extenders, integration of EHRs, and the variety of dermatologic conditions treated. The 2014 survey comprised 40 main questions focusing on the following topics: practice characteristics, workforce issues, patient care, reimbursement sources, EHRs, and volunteerism.

Chi-square tests were used when comparing the supply of dermatologists by community served and when comparing the use of teledermatology by practice settings. A *Z* test for 2 population proportions was used to compare the percentages of dermatologists employing physician assistants

and nurse practitioners. Comparisons across survey years are presented as descriptive statistics.

RESULTS

Survey respondents

Of the random sample of 7031 members, 2001 completed the survey, for a response rate of 28.5%. Response rates have remained stable over time: 31% in 2007, 28.6% in 2009, and 34.1% in 2012.

Potential response bias was investigated by comparing the respondents' age, sex, and geographic location with that of the survey population (the AAD's US membership of practicing dermatologists). Survey respondents were, on average, 1.3 years older and included 3.1% more male dermatologists than in the survey population. Geographically, the differences in the percentages of respondents from each US Census region are less than 1.4%. These differences between the 2 groups are small, suggesting that the respondent group is highly representative of all members who met criteria for inclusion in the study. Thus, the survey respondents are likely to be representative of the AAD's US membership of practicing dermatologists. The representative sample of 2001 respondents yields a margin of error of approximately plus or minus 2.0% with 95% confidence. The highest concentration of responders are from the East and West coasts, which mirrors the distribution of the survey population (Fig 1).

Thus, the survey respondents are likely to be representative of the AAD's US membership of practicing dermatologists. The representative sample of 2001 respondents yields a margin of error of approximately plus or minus 2.0% with 95% confidence. The highest concentration of responders are from the East and West coasts, which mirrors the distribution of the survey population (Fig 1).

Workforce survey shifts

The composition of the dermatology office has gradually changed over the survey years (Table I). The sex ratio between female and male dermatologists steadily shifted from the 2002 to the 2014 survey: from 30% female (2002) to 45% female (2014).

The percentage of those in solo practice dropped from 44% in 2005 to 35% in 2014. Solo practice dermatologists are more likely to be 50 or older, whereas dermatologists age 49 and younger are more likely to be in a dermatology group or multispecialty group or be academics. Solo practitioners represent 46% of dermatologists in rural areas and 31% of those in urban areas. (Fig 2) Thirty-four percent of dermatologists work in more than 1 office and 66% work out of just 1 office. The majority of nonprimary additional sites (48%) are located in suburban communities. Dermatology

CAPSULE SUMMARY

- The dermatology workforce has changed over time.
- Technology has had a significant role in evolution of the practice of dermatology.
- The perceived supply of dermatologists has in general remained stable.

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