

Abstract

Trends in Teledermatology Utilization in the United States

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Abstract

Background: Teledermatology is an effective health care delivery model that has seen tremendous growth over the last decade. This growth can be attributed to a variety of factors, including but not limited to an increased access to dermatologic care for those with socioeconomic or geographic barriers, a reduction in health care costs for both the patient and the physician, and the delivery of high-quality dermatologic care. However, the associated barriers include practice reimbursements, interstate licensing, and liability. Despite these apparent barriers, the emergence of COVID-19 afforded teledermatology a surge of demand and loosened regulations, allowing dermatologists to see higher volumes of teledermatology patients. In this paper, we analyzed the American Academy of Dermatology's DataDerm registry teledermatology utilization and patient demographic trends throughout the COVID-19 pandemic.

Objective: The aim of this paper was to characterize national-level teledermatology demographic data in the setting of the COVID-19 pandemic.

Methods: National-level data were curated for all practices enrolled in the American Academy of Dermatology's DataDerm registry from April 1, 2020, through June 30, 2021. Encounter utilization rates were collected for visit type (ie, teledermatology versus in person), sex, race, age, insurance provider, and location (ie, in state versus out of state). The aggregate total data, as opposed to individual encounter data, were collected.

Results: The proportion of women who utilized services via teledermatology (65,023/98,642, 65.9%) was greater than that of those who utilized in-person services (29,40,122/50,48,450, 58.2%). Non-White patients made up a higher percentage of teledermatology utilizers (8920/62,324, 15%) when compared with in-person utilizers (3,94,580/35,08,150, 11.7%). Younger patients (aged <40) contributed more to teledermatology service utilization (62,695/75,319, 83.2%) when compared with in-person services (13,29,218/33,01,175, 40.3%). Medicare was a larger payor contributor for in-person services (8232/1,53,279, 25.2%) than for teledermatology services (10,89,777/43,30,882, 5.4%). Utilization by out-of-state patients was proportionally higher for teledermatology services (19,422/1,33,416, 14.6%) compared with in-person services (5,80,358/1,38,31,400, 4.2%).

Conclusions: Teledermatology services may reach and benefit certain populations (female, younger patients, those with non-White racial backgrounds, and out-of-state patients) more so than others. These baseline demographics may also serve to highlight populations for potential future teledermatology outreach efforts.

Conflict of Interest: None declared.

(*iproc* 2021;6(1):e35439) doi: [10.2196/35439](https://doi.org/10.2196/35439)

KEYWORDS

teledermatology; telehealth; DataDerm; COVID-19

Multimedia Appendix 1

Teledermatology utilization data by demographic.

[PNG File , 433 KB-Multimedia Appendix 1]

Edited by T Derrick; this is a non-peer-reviewed article. Submitted 03.12.21; accepted 03.12.21; published 16.12.21.

Please cite as:

Patel AD, Rundle CW, Kheterpal M

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iproc 2021;6(1):e35439

URL: <https://www.iproc.org/2021/1/e35439>

doi: [10.2196/35439](https://doi.org/10.2196/35439)

PMID:

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