

### Support:

- Access to quality care from a board-certified dermatologist both in-person and using telemedicine as warranted.
- Fair reimbursement for telemedicine, understanding that in-person care is preferred and able to diagnose more complex issues.
- An existing patient-physician relationship to optimally utilize telemedicine.
- Liability protection for physicians providing telemedicine and in person care during public health emergencies (PHEs).

### Oppose:

- Telemedicine when a doctor-patient relationship has not been established.
- Telemedicine in lieu of care delivery led by board-certified dermatologists.
- Direct access to medical care by non-physician providers via telemedicine unless direct and adequate oversight by a physician is provided.
- Using Telemedicine to replace in-person care when in-person care would result in improved patient care and is available.

**In-person patient encounters by a board certified dermatologist are the gold standard for dermatology diagnosis. While telemedicine may help to fill crucial gaps during PHEs it does not serve as an equal substitution.** Telemedicine may be helpful for board certified dermatologists for triage and follow up. During PHEs, telemedicine can temporarily fill a gap in care by allowing patients to see and communicate with their physician and there is no doubt that flexibilities related to telemedicine can maintain a baseline of care until patients may safely see their physicians. Likewise, telemedicine should be reimbursed at a level that is commensurate with the care provided; in-person care from a physician is more time-intensive and allows the physician to be able to do a full evaluation of the patient. States that have private payer parity laws disregard the complexity, time and follow up that does not always occur with a telemedicine visit.<sup>i</sup>

**Telemedicine does not serve the best interest of patients when they virtually see a dermatologist who is unfamiliar with their history and presenting complaint.** It is entirely possible that during PHEs, an individual may find a mole they think is concerning and require a biopsy or develop a skin disease that may require a prescription. Attempting to use video technology or sending photos to a dermatologist is not a replacement for in-person care.<sup>ii</sup> In-person visits by a dermatologist are the gold standard to find and diagnose skin conditions that are benign, serious or malignant. Telemedicine should only be used in dermatology when a doctor-patient relationship has already been established.

**Those with chronic conditions or who live in areas with a shortage of specialists should have the option to utilize telemedicine.** After a doctor-patient relationship has been established, telemedicine serves the dual purpose of allowing patients to check in frequently with their dermatologist without making long trips to a doctor's office. A dermatologist can monitor a chronic condition via telemedicine by discussing any changes in the patient's condition. A doctor-patient relationship that begins with an in-person encounter allows a dermatologist to be intimately familiar with the patient and makes the use of telemedicine to monitor the condition safer and more effective.<sup>iii</sup> If clinically appropriate, those with chronic conditions or in areas of specialist shortages should be able to utilize telemedicine.

**Non-physician providers are not a substitute for board-certified dermatologists.** Physicians have much more advanced training than physician assistants, nurse practitioners and other non-physician providers, although we understand their contribution to the medical care of patients and respective roles on the physician-led healthcare team. The delivery of telemedicine services must be consistent with state scope of practice laws. Additionally, patients receiving telemedicine services must have access to the licensure and board certification qualifications of the health care practitioners who are providing the care in advance of their visit. Multiple studies have shown greater accuracy of board-certified dermatologists performing telemedicine compared to non-dermatologists.<sup>iv</sup> Any physician supervision state laws must be followed, even in a virtual setting, and providers should not provide care that is outside their scope of practice.<sup>v vi</sup>

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<sup>i</sup> Federation of State Medical Boards Telemedicine Policies: Board by Board Overview. Accessed September 24, 2020.

[https://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine\\_policies\\_by\\_state.pdf](https://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf)

<sup>ii</sup> Bastola M, Locatis C, Fontelo P. Diagnostic Reliability of In-Person Versus Remote Dermatology: A Meta-Analysis. *Telemed J E Health*. 2020 Jul 8. doi: 10.1089/tmj.2020.0043. Epub ahead of print. PMID: 32639856.

<sup>iii</sup> Building a Modern Healthcare System. Accessed Nov. 1, 2020.

<https://www.ehdc.org/sites/default/files/resources/files/Building%20a%20Modern%20Health%20Care%20System%20FIN1.pdf>

<sup>iv</sup> Resneck J S, Abrouk M, Steuer M, Tam A et al. Choice, Transparency, Coordination, and Quality Among Direct-to- Consumer Telemedicine Websites and Apps Treating Skin Disease. *JAMA Derm* 2016;152:768-775.

<sup>v</sup> American Medical Association 50-state survey: Establishment of a patient-physician relationship via telemedicine. Accessed September 24, 2020. <https://www.ama-assn.org/system/files/2018-10/ama-chart-telemedicine-patient-physician-relationship.pdf>

<sup>vi</sup> ASDSA Position Statement on Delegation. Accessed September 24, 2020. <https://www.asds.net/Portals/0/PDF/asdsa/asdsa-position-statement-delegation.pdf>