



INNOVATIONS IN TECHNOLOGY
TELEDERMATOLOGY
PAVING THE WAY FOR CHCs

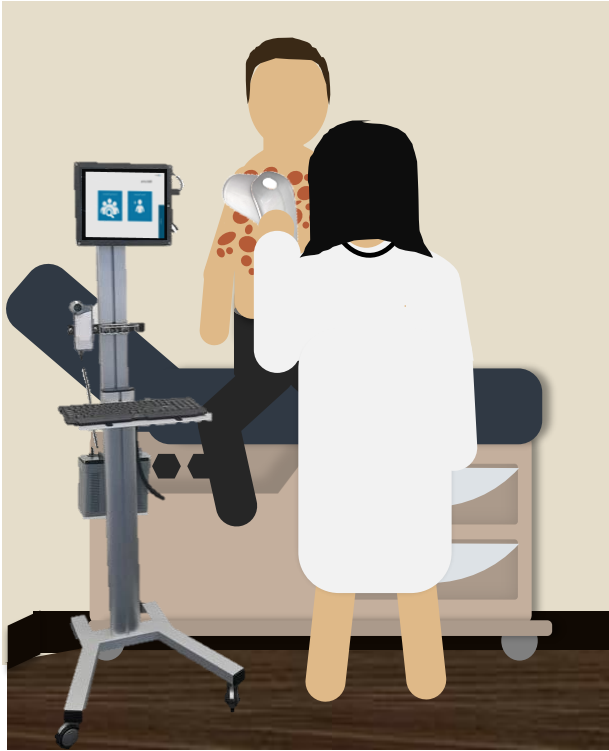
MAY 16, 2018

CARLA BETTANO, PROGRAM DEVELOPMENT DIRECTOR

SAVING LIVES

1

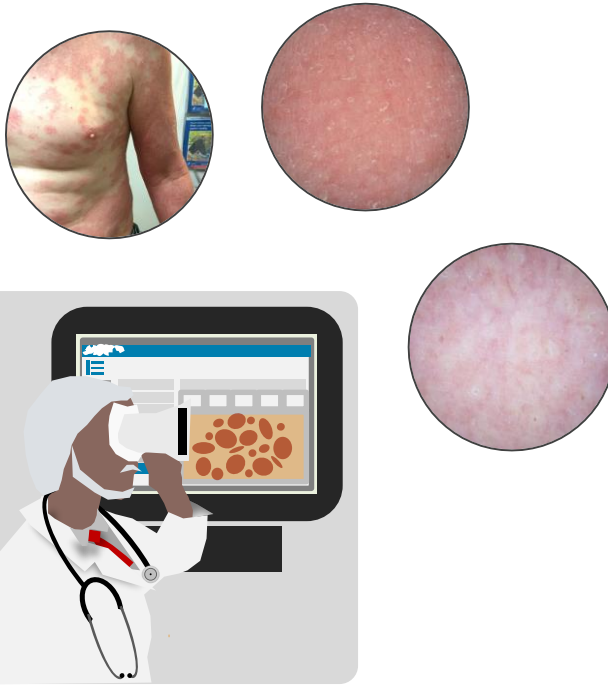
IMAGE PATIENTS
AT PRIMARY CARE



JOHN DOE, 56 Y/O MALE
PRESENTS AS ECZEMA

2

REVIEW CASES AT
DERMATOLOGY



12 HOURS LATER
POSSIBLE T-CELL LYMPHOMA

3

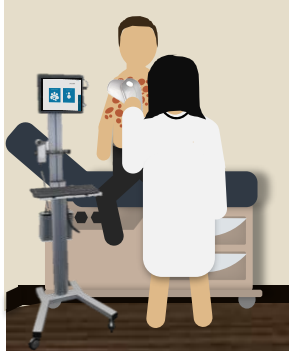
SEE URGENT CASES
IN-PERSON



TREATMENT STARTED 4 DAYS
LATER AT DERM VISIT

INNOVATION GRANT TO INCREASE DERMATOLOGY ACCESS

Community Health Centers



EDWARD M.
KENNEDY
COMMUNITY
HEALTH CENTER



Family Health Center
of Worcester

Charles River
Community Health



Manet Community Health Center
www.manetchc.org



SOUTH BOSTON

Remote Dermatologists



UMassMemorial
Health Care

Dr. Mary Maloney
9 UMass Dermatologists



SOUTH BOSTON
Dr. Emmy Graber



MAVEN PROJECT

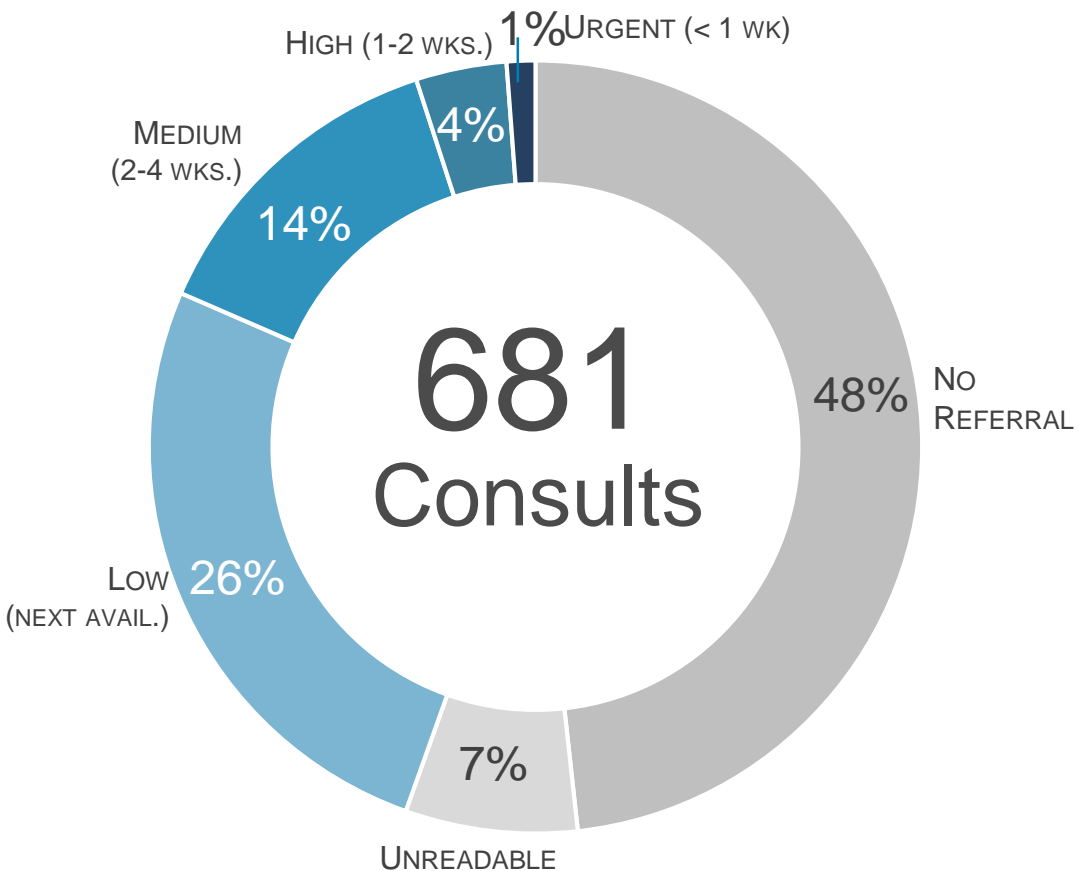
Strategic Partners

Partnership
for Community
Health



IMPRESSIVE OUTCOMES

TRIAGE RATES



OUTCOMES

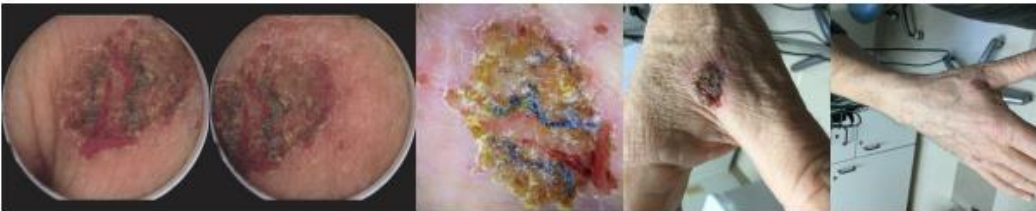
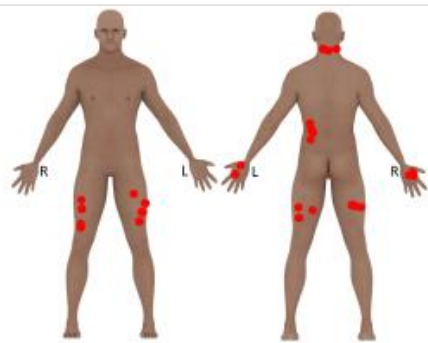
- 17 LIVES SAVED
- 89 PATIENTS WITH SIGNIFICANTLY IMPROVED OUTCOMES
- 330 DERMATOLOGY VISITS AVOIDED
- 212 EXPEDITED DERMATOLOGY VISITS
- 12_{HRS} AVG. WAIT FOR DERM REVIEW
- 96% DERM NOTES ENABLE CARE TO BEGIN AT PRIMARY CARE

CONDITIONS CAN BE MANAGED AT PRIMARY CARE

CONSULT REPORTS IN YOUR EMR

History of skin cancer	No
Family history of skin cancer	No
Allergies	PCN
Medications	lisinopril propranolol clobitrogeol atorvastatin
Other History	1 week worsening itchy tried bethamethosone on it 1 time a day for 4 days with no effect

Condition type	Rash
First seen	Unknown
Changed appearance	0 year(s), 0 month(s) and 4 day(s) ago
Has gotten worse	Unknown
Itches	Yes
Bleeds	Yes
Has a discharge	Yes
Raised	Unknown
Firmness	Unknown
Blanches	No
Notes	spreading



TRIAGED CONDITIONS

URGENT PRIORITY

- MELANOMA
- T CELL LYMPHOMA
- KAPOSI SARCOMA

HIGH PRIORITY

- INFECTIOUS RASH
- LUPUS
- FUNGAL INFECTION

MEDIUM PRIORITY

- BASAL CELL CARCINOMA
- SQUAMOUS CELL CARCINOMA
- VIRAL INFECTION
- VITILIGO

LOW PRIORITY

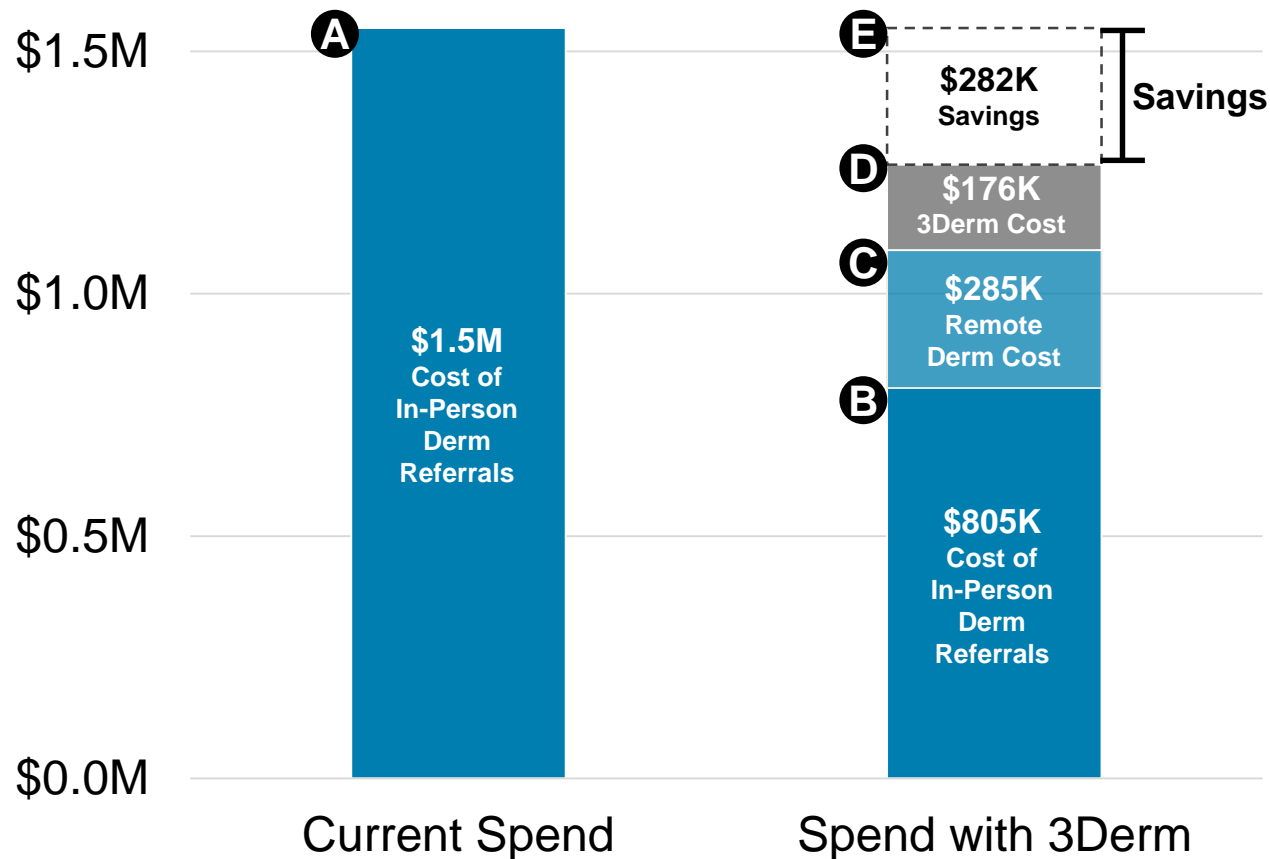
- ECZEMA
- ACNE
- ATYPICAL MOLE
- FUNGAL INFECTION

NO REFERRAL

- ACNE
- BENIGN SPOTS
- SEBORRHEIC KERATOSIS
- RINGWORM

GUARANTEED COST SAVINGS

HEALTH CENTER SAVINGS

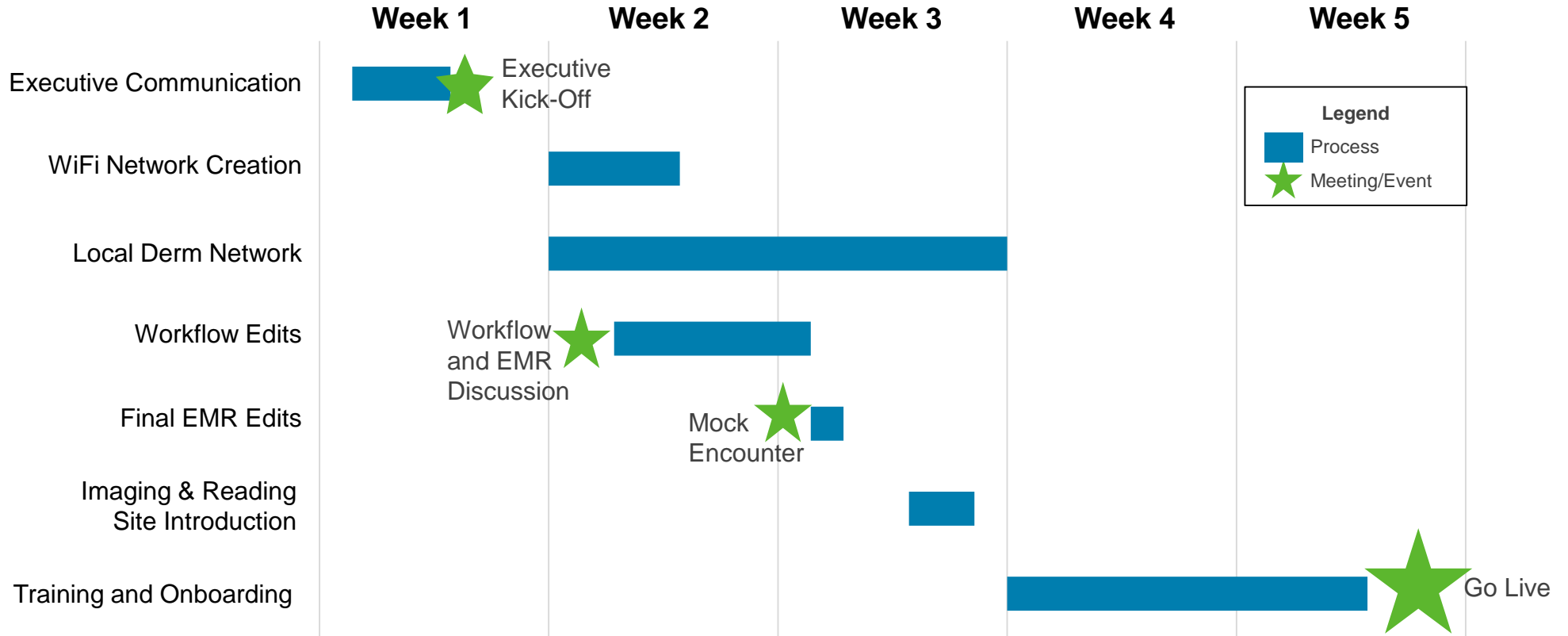


DETAILED ASSUMPTIONS

- Volume of dermatology appointments:**
- Aggregate patient population of 165,983, ~5.3% of whom (8,797 patients) will receive a dermatology referral from primary care.
- Current Spend: \$1.5M**
- A** 8,797 dermatology referrals cost an average of \$176 each, for an overall spend of \$1.5M
- Total Spend with 3Derm: \$1.3M**
- All 8,797 "would-be referrals" receive a remote consult
 - B** After the remote consult, 52% of the 8,797 patients will then require an in-person derm referral: (52% x 8,797 x \$176) = \$805K
 - C** Remote dermatologists are reimbursed \$32.40 per remote consult: (100% x 8,797 x \$32.40) = \$285K
 - D** 3Derm charges a \$20 subscription per consult: (100% x 8,797 x \$20) = \$176K
- Savings Generated: \$282K**
- E** Savings calculated as Current Spend minus the Spend with 3Derm: (\$1.5M - \$1.3M) = \$282K

37% actual savings achieved to date

5 WEEKS TO IMPLEMENT



Pre-planning with Project Lead and scheduling these 4 meetings at the start are key

TELEDERMATOLOGY WORKS

✓ Better for Patients

- 51% of patients do not need an in-person dermatology appointment
- 12 hour average wait for dermatology consult notes
- Increased patient satisfaction
- Early detection of critical diseases

✓ Better for CHCs

- 92% of dermatology consults include actionable feedback for primary care
- Educational opportunity for primary care providers
- MA engagement and excitement
- More efficient use of referral staff

✓ Better for Payers

- 51% of patients do not need an in-person dermatology appointment
- Early detection of critical diseases