

# Teledermatology Triage in a State Safety Net Clinic System

A Collaborative Pilot  
between

Community Health Plan of Washington  
Sea Mar Community Health Centers  
and

The University of Washington



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# The Health Plan's Perspective

**Dorothy Hardin, JD**

Director, Provider Relations, Contracting and Credentialing  
Community Health Plan of Washington



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# Community Health Plan of Washington

- \* Founded in 1992 by Community Health Centers
- \* Only non-profit Managed Care Organization in Washington State
- \* Serving Medicaid, Medicare Advantage and, Health Benefit Exchange populations in Urban, Suburban and Rural areas throughout Washington State



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# Specialty Care Access

- \* Dermatology is one of the most difficult specialties to provide access to for Community Health Plan of Washington (CHPW) enrollees.
- \* Other specialties where access is difficult include: Rheumatology, Prescribing Mental Health and Orthopedic Care.



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# The PCP's Perspective

**Tony Stupski, DO, MS**

Clinic Director

Sea Mar Community Health Centers



# Sea Mar Community Health Center

- \* Founded in 1978 in Seattle
- \* Currently operating 28 medical clinics in 11 counties in Western Washington
- \* Started in Clark County in 2000 and added second clinic in 2008
- \* Mission to provide comprehensive, community based healthcare services to diverse communities



# Vancouver, WA – Clark County

- \* County population 465,000+ in 2010
- \* Vancouver City population 161,000+ in 2010
- \* Currently 110,000 adults and children enrolled in Medicaid in the county
- \* Sea Mar is the only Community Health Center in the county outside of tribal clinic
- \* Serious health care shortage for low income community



# Sea Mar – Clark County

- \* 3 Family Physicians
- \* 3 Ob-Gyns
- \* 2 Pediatricians
- \* 4 Physician Assistants
- \* 4 Part time Nurse Practitioners
- \* 1 Nurse Midwife
- \* 1 Cardiologist





# Dermatology Resources

- \* Silver Fall Dermatology
  - \* 40 miles away in Longview
- \* Dermatology Associates
  - \* 0.6 miles away
  - \* Announced they would no longer take Sea Mar patients and Medicaid in March 2014

# The Consultant's Perspective

Roy Colven, MD

Division of Dermatology

UW Medicine



# The Need

- \* High demand for specialist services.
- \* Growing population of un-/under-insured patients.



# The Problem

- \* Limited resources (space/provider FTE) for in-person referral.
- \* Limited training/experience of primary providers in certain specialties.
- \* Delay in care and feedback to referring provider.



# The Goal


- \* Provide timely care.
- \* Provide timely feedback.
- \* Enhance PCP management skill.
- \* Refer fewer, more complex patients.



# Teledermatology Triage Pilot

- Partnership between:
  - University of Washington
  - Community Health Plan of Washington
  - Sea Mar
- Utilize AccessDerm secure web site
- App on phone for ease of use
- Dermatology Associates agrees to take our pre-screened patients





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A Picture is Worth More Than a  
Thousand Words: Enhancement of a  
Pre-exam Telephone Consultation in  
Dermatology with Digital Images


TERESA MANN, MD, AND ROY COLVEN, MD, UNIVERSITY  
OF WASHINGTON SCHOOL OF MEDICINE

Search

Case ID

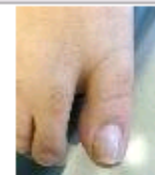
Case List Filter


Case List (All 281)

 **3640** **Maliheh Razavi** **Created on Feb 15, 2015 11:41 am**

35 (Female), Fungus

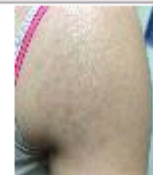
New




 **3639** **Maliheh Razavi** **Created on Feb 14, 2015 1:44 pm**

33 (Female), Macula papillae

New



 **3636** **Tony Stupski** **Created on Feb 12, 2015 7:49 pm**

39 (Female), 000361678

New



 **3635** **Tony Stupski** **Created on Feb 12, 2015 6:06 pm**

48 (Male), 3353780





Case list > Case 3636

Add Response



Case Details

Response

Case 3636 - Tony Stupski (Sea Mar CHC)

Created by Tony Stupski  
[TonyStupski@seamarchc.org](mailto:TonyStupski@seamarchc.org)  
 Primary Phone: 360-566-4402  
 On Feb 12, 2015 7:49 pm

Status: New  
[TonyStupski@seamarchc.org](mailto:TonyStupski@seamarchc.org)  
 Primary Phone: 360-566-4402  
 On Feb 12, 2015 7:49 pm

Aae. aender. case title

How long has the patient had this condition?  
 2 1/2 weeks currently, comes and goes 4 years

What are the symptoms of this condition?  
 painful, itchy at night

Does anyone in the family have a similar condition?  
 no

Where on the body did the rash/lesion first appear?  
 legs, in past arms

Which areas of the skin are currently involved?  
 arms and legs



leg



leg 2



leg3

Does anything make the skin problem worse?

sun,

Does anything make the skin problem better?

lidex

Has the rash been treated with anything?

lidex

What other medications is the patient taking?

topamax, insulin, effexor, gabapentin

Please list any relevant past medical history.

dm

What do you think the most likely diagnosis is?

psoriasis

What is the treatment plan for the patient?

lidex again

Please list when the patient will be seen in follow up in your clinic:

In the absence of this teledermatology service, how would this patient have otherwise received care for this condition?

(Check all that apply)

- I would take care of the issue myself
- Urgent Care or emergency room
- In-person dermatologist referral
- Patient would not have received care
- Other (please specify)

Additional comments:



Case list > Case 3636

Add Response



Case Details

Response

### Case 3636 - Tony Stupski (Sea Mar CHC)

Created by Tony Stupski  
[TonyStupski@seamarchc.org](mailto:TonyStupski@seamarchc.org)  
Primary Phone: 360-566-4402  
On Feb 12, 2015 7:49 pm

Status: New  
[TonyStupski@seamarchc.org](mailto:TonyStupski@seamarchc.org)  
Primary Phone: 360-566-4402  
On Feb 12, 2015 7:49 pm

▼ Response History (1)

#### Diagnosis

My differential: Xerotic (dry skin) dermatitis, tinea, possibly psoriasis.

#### Treatment

The main management branch point here is determining whether this is fungus or not. If you've done a KOH or fungal culture of scale and it's negative, great. Fluocinonide (Lidex) would be appropriate strength topical steroid for this location. Tinea will improve with topical steroids; it won't go away, though, and will spread with fewer symptoms ("tinea incognito").

Dry skin care: no soap use to involved skin and routine non-medicated moisturizer are very helpful.

Is an in-person dermatologist evaluation recommended at this time? No

# Benefits for Referring Provider

- Gaining knowledge for providers



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Case list > Case 3307



Case Details

Response

**Case 3307 - Tony Stupski (Sea Mar CHC)**

▼ Response History (1)

**Roy Colven, Dermatologist On: Aug 14, 2014 1:09 pm**

Diagnosis

These look like piezogenic pedal papules, which are areas of fat herniation through the dermis related to pressure pushing out against subcutaneous fat. Can occur more often in obese patients, athletes and in Ehlers-Danlos syndrome. Usually asymptomatic. Differential diagnosis MIGHT include epidermoid cysts.

Treatment

Reassurance. No treatment is required.

Is an in-person dermatologist evaluation recommended at this time? No

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# Benefits for Referring Provider

- Gaining knowledge for providers
- Management of Conditions in Primary Care



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# Benefits for Referring Provider

- \* Gaining knowledge for providers
- \* Management of conditions in primary care
- \* Differential diagnosis



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Case list &gt; Case 3382



## Case Details

## Response

## Case 3382 - Tony Stupski (Sea Mar CHC)

## ▼ Response History (1)

**Nic Compton, Dermatologist On: Oct 09, 2014 12:29 pm**

## Diagnosis

I see generalized but fairly discrete pink papules and plaques w/ white scale. the scale takes urticaria off of your ddx

papulosquamous differential:

- psoriasis
- dermatitis: endogenous (atopic) vs exogenous (allergic contact, drug)
- P. rosea
- 2ndary syphilis
- tinea corporis
- mycosis fungoides
- 

## Treatment

- 4mm punch biopsy x 2 of different lesions
- prednisone OK but if this is psoriasis, you run the risk of a pustular flare when tapering
- triamcinolone 0.1% ointment bid
- once per day, soak in warm water x 15 min, apply triamcinolone, don cotton pajamas, wrap up in warm blanket for 30min. then ok to remove damp pajamas
- check RPR

Is an in-person dermatologist evaluation recommended at this time? Yes



# Benefits for Referring Provider

- \* Gaining knowledge for providers
- \* Management of conditions in primary care
- \* Differential diagnosis
- \* Diagnostic Procedures



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Case list > Case 3306



Case Details

Response

Case 3306 - Tony Stupski (Sea Mar CHC)

▼ Response History (2)

Roy Colven, Dermatologist On: Aug 14, 2014 1:03 pm

Diagnosis

Agree with differential of melanocytic lesion, including melanoma, seborrheic keratosis. Might add vascular lesion such as pyogenic granuloma.

Treatment

Scoop shave would be fine here. In worst case scenario, melanoma, this will remove virtually the entire lesion and give sufficient depth to assess this lesion to or beyond 4mm of vertical growth. If uncomfortable with this procedure, refer to dermatologist.

Is an in-person dermatologist evaluation recommended at this time? No

# Benefits for Consultant

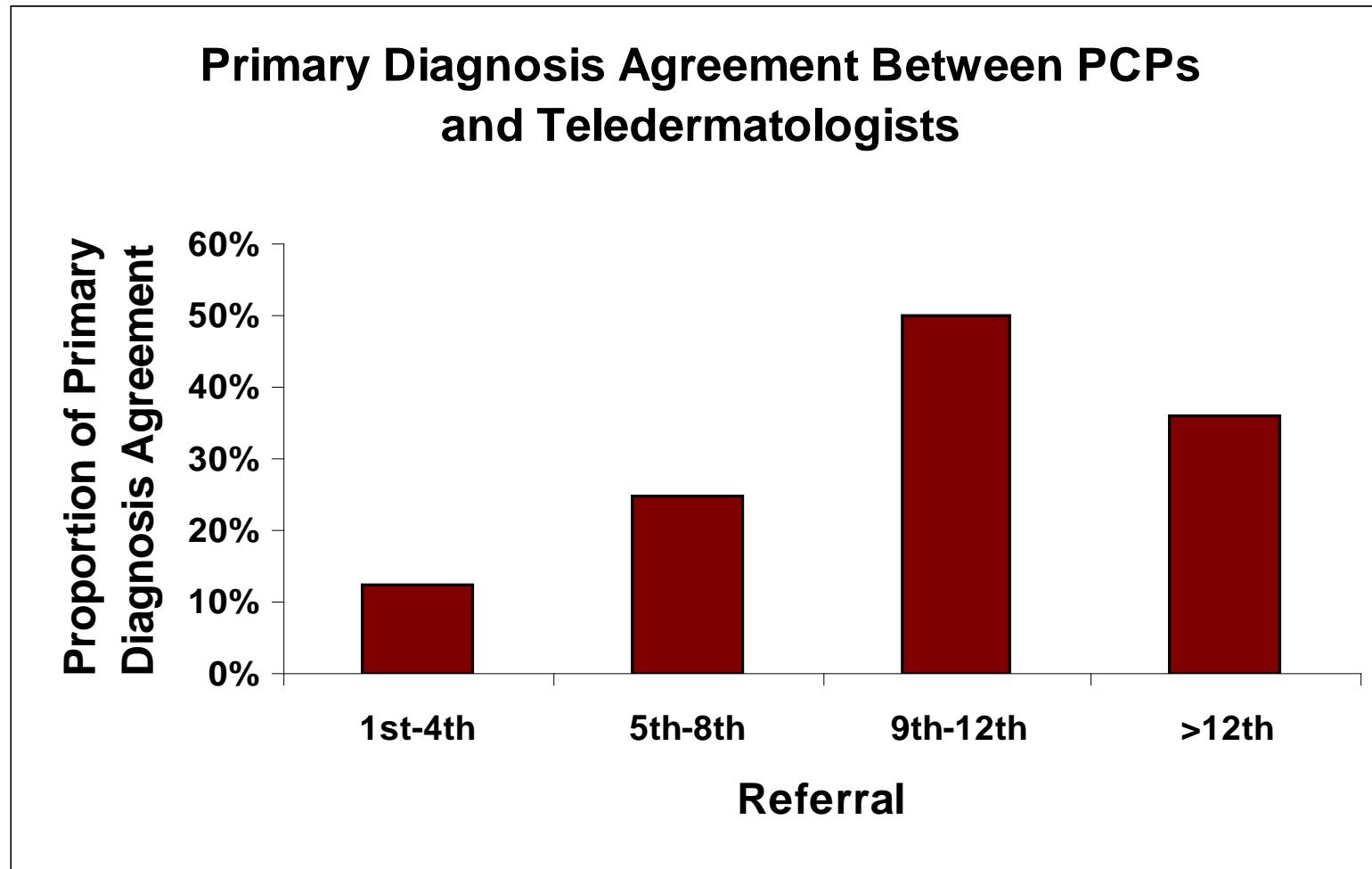
- \* Straightforward referral averted.
- \* Timely feedback.
- \* Precepted case management.



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# PCP Education: Concordance with Teledermatologist Increases with Use of a SAF Telederm Network



Colven, Shim, Brock, Todd. Telemed e-Health 2011;17:363.

# #s to date

## June 1, 2014 - March 16, 2015

- \* 10 SeaMar providers
- \* 3 UW specialists
- \* 169 cases
- \* Types of diagnoses
- \* Trends over time



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RC  
and/  
or TS

# Overall Benefit: Right Care, Right Time, Right Place

- Increase access to specialist consultation
- PCPs maintain more patients locally
  - Patients save unnecessary travel time and cost
- Appropriate in-person referrals to specialists
  - Reduce no-shows
  - Decrease wait times
- Case-based training/education
  - Increase professional satisfaction



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# “Devil’s in the Details?”

- Scheduling – “S&F” so done according to each person’s schedule
- Documentation – all via AccessDerm
- Credentialing – unnecessary for provider-to-provider consultations
- Billing – no billing at this time, contractual per-case payment
- Registration – triage, no billing, so no UW registration required



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CT

# Measurements of Success

- \* Pre-test for participating Primary Care Providers
- \* Post-test for participating Primary Care Providers
- \* Patient Satisfaction Surveys
- \* Number of avoided referrals for in office Dermatology consultations and appointments
- \* Overall Cost savings



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# Funding for Telemedicine

- \* In Washington State, funding for telemedicine is limited for Washington Apple Health, Medicaid products.
- \* This Pilot is funded by CHPW in collaboration with Sea Mar Community Health Center.



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# Washington State Legislature Proposed Bill – SB 5175

- \* Includes reimbursement for store and forward technology with an associated, in person office visit with the referring provider.
- \* Designated originating sites are proposed as:
  - \* Hospital
  - \* Federally qualified health center
  - \* Rural health clinic
  - \* Skilled nursing facility
  - \* Physician's or other health care provider's office
  - \* Community mental health center
  - \* Renal dialysis center, except an independent renal dialysis center



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# Teledermatology Triage in a State Safety Net Clinic System

## Summary

- \* Store and forward teletriage is efficient and well-suited for an otherwise underserved population.
- \* Benefits for patient, referring provider, consultant, and health care payer.
- \* Clinical care not compromised.
- \* Clinical queries answered in a timely fashion.
- \* Most referrals are averted.
- \* Fits well into an accountable care model.



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