

Fig 1. Providers' responses when asked, "Will you continue using any of these interventions?"

Table III. Top 5 characteristics of physicians with strong productivity and satisfaction

Conveys warmth and respect from the start of the encounter
Focused on teaching and planning
Conveys familiarity with patient's story
Extremely personable and sits at patient's eye level
Familiarizes patient with care team and flow of visit

meaningful improvements to both interpersonal and workflow-related characteristics of the patient encounter. Per our survey, the most successful interventions are those that afford warmth and respect from the start of the encounter, focus on teaching and planning, and provide structure to the visit (Table II), corresponding to a number of broad communication characteristics in physicians with strong productivity (Table III). All of these measures required adding only a brief dialogue or behavioral modification to the visit; highlighting the ease with which this quality improvement model can be used by providers across institutions.

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Dermatologist appointment access and waiting times: A comparative study of insurance types



To the Editor: The current relationship between patient insurance type and dermatologist access has not been evaluated. In 2004, lower dermatologist acceptance rates and higher waiting times were documented for patients with Medicaid compared with private insurance or Medicare.¹ Since 2004, there have been several notable changes to government health care plans, including the 2010 Affordable Care Act, which expanded Medicaid coverage and enhanced primary care access for its beneficiaries.² However, recent data suggest that greater primary care demand from this expansion has increased waiting times for all patients.³ As such,

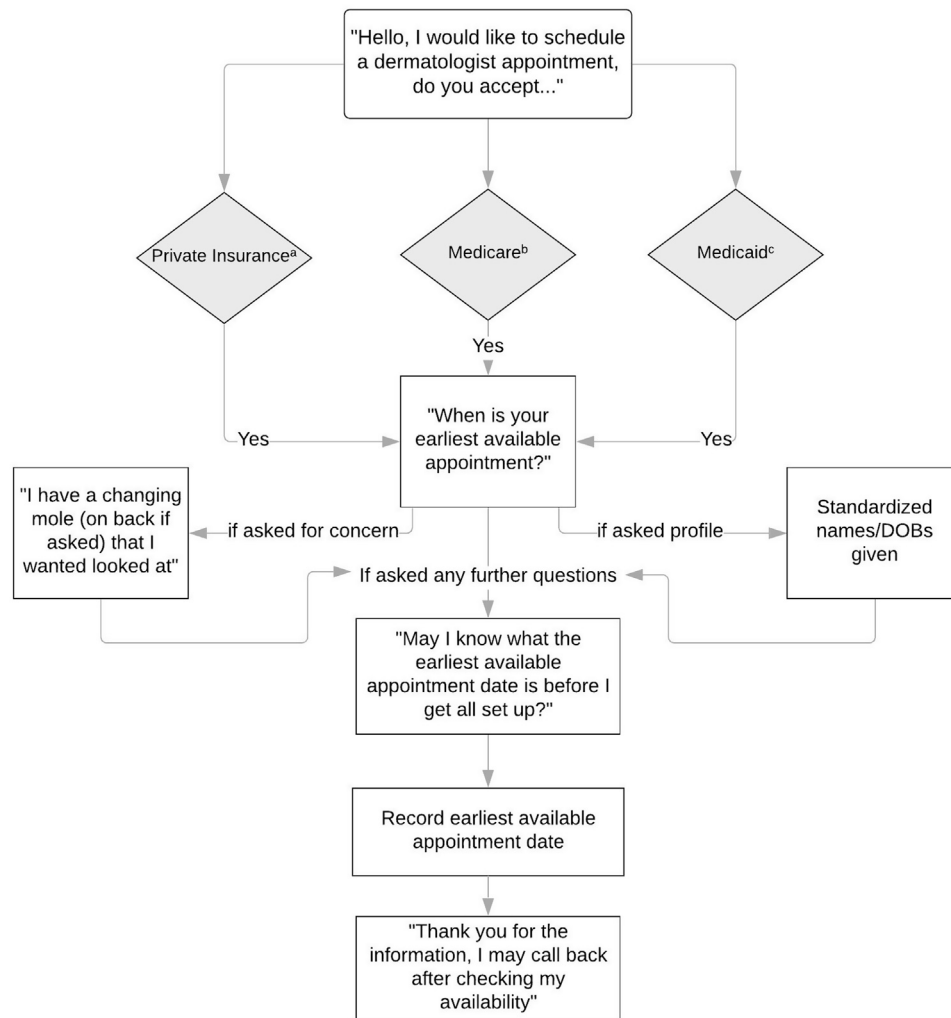


Fig 1. Sample phone call algorithm flowchart. ^aPrivate insurance: Anthem Blue Cross Blue Shield Participating Provider Option (PPO). ^bOriginal Medicare. ^cMedicaid State Plan (adult, by state). *DOB*, Date of birth.

Table I. Insurance type on dermatologist acceptance rates and waiting times

Variable	Private insurance	Medicare	Medicaid
Practices called, No.	300	300	300
Practices included,* No. (%)	251 (83.7)	250 (83.3)	240 (80.0)
Practices accepting insurance type, No. (%)	244 (97.2)	233 (93.2)	71 (29.6)
Practices not accepting insurance type, No. (%)	7 (2.8)	17 (6.8)	169 (70.4)
Appointment waiting time			
Mean (range), d	37.1 (0-583)	46.3 (0-594)	49.9 (1-234)
Median (IQR), d	15 (4-48)	27 (8-63.5)	32 (8-63)

IQR, Interquartile range.

*Sample loss occurred due to wrong/discontinued phone numbers or no response after 3 calls on separate days. Other reasons included practices not currently accepting new patients, Veterans Affairs, or pediatric hospital only, or registration needed before appointment information release. Acceptance percentage calculations were made on the number of practices reached, not the initial sample of 300 practices. There was no significant difference in practices reached under each insurance type in our sample (χ^2 , $P = .43$).

the goal of this study was to provide updated 2019 estimates of acceptance rates and dermatologist waiting times for patients with private and government insurance.

A state-stratified random sample of 300 dermatology practices was generated by searching the *U.S. News & World Report Doctor Finder Database*. Six practices were chosen per state to ensure varying

state-policy coverage. This database contains a comprehensive list of physicians categorized by specialty and practice location. Dermatology practices were blinded to the study and called 3 times on different days in March 2019. The calls used a phone call algorithm to simulate a new patient with a standardized chief complaint (Fig 1). Insurance types included a private insurance plan (Anthem Blue Cross Blue Shield Participating Provider Option [PPO]), original Medicare, and the adult Medicaid state plan. We chose original Medicare because this plan represents a greater proportion of beneficiaries than Medicare Advantage. Insurance acceptance and earliest available appointments for physician dermatologists were recorded for each practice.

We used χ^2 and analysis of variance tests to evaluate acceptance rates and waiting times, respectively, for each insurance type. Data analysis was performed using SAS 9.4 software (SAS Institute, Inc, Cary, NC).

Dermatologist acceptance rates varied by insurance type ($P < .0001$; Table D). Patients with Medicaid had lower acceptance rates (29.6%) than patients with Medicare (93.2%) or private insurance (97.2%). Median waiting times were not statistically different for patients with private insurance (15 days), Medicare (27 days), or Medicaid (32 days) ($P = .14$).

This study reveals that dermatologist acceptance of Medicaid patients remains significantly lower than for patients with private insurance and Medicare, suggesting that further efforts to improve specialist access for patients with Medicaid are warranted. A better understanding of the role of insurance status and specialist access is increasingly important given ongoing discussion for future changes to Medicare physician reimbursement. Ultimately, improving dermatologist access to government insurance plans could result in improved outcomes for this growing patient population.^{4,5}

Waiting times were not statistically different for insurance types in our sample of 300 dermatology practices. All calls were made in the same month to reduce seasonal variations in waiting times, and we chose to call on separate days to ensure blinded responses. However, cancellations or day-to-day variations in physician availability may have influenced waiting times. Increased power of future studies may demonstrate a statistically significant variation in appointment waiting times.

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Dermatology Foundation award trends



To the Editor: Each year the Dermatology Foundation (DF) funds awards and research grants designed to encourage career development and advance patient care. Previous studies have explored National Institutes of Health (NIH) award recipient trends regarding sex and professional degree¹ and the impact of DF Career Development Awards.² However, there is a paucity of data describing overall DF award trends. Here, we explore DF awardees' demographics, project topics, and affiliated institutions.