

numbers, Blacks/African Americans were overall less likely to be diagnosed with TE compared with other groups. Further research is needed to explore this discrepancy. Of note, in the year before the arrival of COVID-19 we had not recorded a single case of TE in a man. However, during the pandemic, 5 cases were identified in men in our clinics.

The etiology of TE is multifactorial. As such, it is unclear if the surge in cases is more closely related to stress associated with the pandemic or the physiological toll of infection. Due to a shortage of reagents at the time, only 2 patients had been tested for COVID-19 (both negative). Importantly, hair loss is one of the most reported complaints of people with persistent symptoms after infection with COVID-19.<sup>4</sup> Thus, the possibility exists that some degree of underlying inflammation may be a factor in a subset of patients.<sup>5</sup> To that end, it is advisable to assess for systemic symptoms and monitor for resolution. The management of TE consists primarily of removal or treatment of the underlying cause and reassurance.

Limitations of this study include the possibility of coding errors and potential for bias because of public knowledge of the association of hair loss with COVID-19. Nonetheless, dermatologists may well see an influx of TE in communities significantly impacted by COVID-19.

Abigail Cline, MD, PhD,<sup>a,b,c</sup> Abraham Kazemi, MD,<sup>a,b,c</sup> Janet Moy, MD,<sup>b,c</sup> Bijan Safai, MD,<sup>b,c</sup> and Shoshana Marmon, MD, PhD<sup>a,c</sup>

From the Departments of Dermatology at Coney Island Medical Center;<sup>a</sup> Brooklyn, Metropolitan Medical Center,<sup>b</sup> New York, and Department of Dermatology, New York Medical College,<sup>c</sup> Valhalla, NY.

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Correspondence to: Shoshana Marmon, MD, PhD, Department of Dermatology, Coney Island Medical Center, 2601 Ocean Pkwy, Brooklyn, NY 11235

E-mail: [Shoshana.Marmon@nychbc.org](mailto:Shoshana.Marmon@nychbc.org)

#### Conflicts of interest

None disclosed.

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#### Impact of the Paycheck Protection Program on dermatology practices during the COVID-19 pandemic



*To the Editor:* In addition to life losses and health care system collapse, the COVID-19 pandemic caused a profound economic impact. Social distancing and isolation were advised as preventative measures to limit COVID-19 spread but caused worldwide economic slowdown. In the United States, the major outbreak in March 2020 prompted the government to declare a national state of emergency, which came with substantial economic detriment.<sup>1</sup> Many dermatologists had to close their practices to reduce the risk of transmission, a rational decision from a public health standpoint but financially devastating. In response, the US Congress passed the Paycheck Protection Program (PPP) to provide financial support for small businesses, including dermatology practices.<sup>2</sup>

We analyzed the economic impact of COVID-19 on dermatology practice by identifying practices that benefited from the PPP. We identified 1066 dermatology practices that received loans of \$0.15 million or greater, representing 5% of medical practices included in this program. The number of dermatologists who benefited from this program was 3719, representing 19.7% of all dermatologists. The majority of loans went to corporations, limited liability companies (LLCs), and subchapters. More than 75% of the loans benefited practices located in the US Southeast, Northeast, and West regions. More than 80% of the loans went to practices with

**Table I.** Characteristics of loan recipients

| Characteristics                                | n   | %    |
|--|-----|------|
| <b>Business type</b>                           |     |      |
| Corporation                                    | 404 | 37.9 |
| Limited liability company                      | 281 | 26.4 |
| Subchapter corporation                         | 276 | 25.9 |
| Professional association                       | 42  | 3.9  |
| Partnership                                    | 31  | 2.9  |
| Sole proprietor                                | 16  | 1.5  |
| Limited liability partnership                  | 11  | 1    |
| Cooperative                                    | 3   | 0.3  |
| Nonprofit organization                         | 2   | 0.2  |
| <b>US geographic region</b>                    |     |      |
| Southeast                                      | 347 | 32.6 |
| Northeast                                      | 236 | 22.1 |
| West   | 220 | 20.6 |
| Midwest  | 152 | 14.3 |
| Southwest                                      | 111 | 10.4 |
| <b>Race</b>                                    |     |      |
| White  | 94  | 8.8  |
| Asian  | 16  | 1.5  |
| Black  | 1   | 0.1  |
| Hispanic                                       | 8   | 0.8  |
| American Indian or Alaska Native               | 1   | 0.1  |
| Unanswered                                     | 946 | 88.7 |
| <b>Sex</b>                                     |     |      |
| Female   | 83  | 7.8  |
| Male   | 180 | 16.9 |
| Unanswered                                     | 803 | 75.3 |
| <b>Number of medical providers in practice</b> |     |      |
| 1  | 327 | 30.7 |
| 2-5  | 566 | 53.1 |
| 6-10   | 135 | 12.7 |
| >10  | 38  | 3.6  |
| <b>Jobs retained</b>                           |     |      |
| <10  | 116 | 11.7 |
| 10-49  | 708 | 71.4 |
| 50-250   | 160 | 16.1 |
| >250   | 7   | 0.7  |

5 or fewer physicians and 49 or fewer employees (Table I).

The majority of loans were \$0.35 million or less, and more than 90% were less than \$1 million. The loans of \$2 million and more exclusively benefited LLCs, corporations, and subchapter corporations. Sole proprietor businesses received loans of only \$0.35 million or less. More than 50% of the loans of \$1 million to \$5 million went to the US Southeast and Southwest regions

(Table II). Spearman rank correlation coefficients were 0.49 and 0.45, respectively, for the number of physician providers and jobs retained in practice and the loan range, which shows a positive correlation.

In dermatology, a significant decrease of outpatients was registered during the pandemic.<sup>3</sup> This may be explained by the nonemergent character of most outpatient visits, which led to a significant drop in dermatologists' activity and, therefore, income. The necessity of close contact during dermatologic inspection also may have discouraged patients from seeking care.

Most loan recipients were corporations, LLCs, and subchapters, which may reflect the distribution of health care organizations business structures. The geographic distribution of loans mostly in the US East and West regions may be explained by the presence of major cities with greater numbers of practices. Another factor could be the stay-at-home order that was issued in all US West and East states, whereas it was not or was partially issued in states of the US Midwest and Southwest regions.<sup>4</sup> Loans of \$1 million and greater were surprisingly less distributed in the US West and Northeast. To support this finding, economic analysts noted that banks in major areas like New York City prioritized large food service companies to the detriment of smaller businesses like health care organizations.<sup>5</sup> Most of loan beneficiaries were small practices, which is consistent with the distribution of dermatology practices by size. Another factor to consider is that solo and small medical practices were disproportionately affected because of lack of financial resources to guarantee sustainability.

*Imene Benlagha, MD, and Bichchau Michelle Nguyen, MD, MPH, MBA*

*From the Tufts University School of Medicine/Tufts Medical Center, Boston, Massachusetts.*

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*Correspondence to: Imene Benlagha, MD, 25 Brooks Park, Medford, MA 02155*

*E-mail: imenebenlagha@gmail.com*

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**Table II.** Loan distribution, n (%)

| Loan range                              | \$5-\$10 million | \$2-\$5 million | \$1-\$2 million | \$0.35-\$1 million | \$0.15-\$0.35 million | P value (chi-square test) |
|---|------------------|-----------------|-----------------|--------------------|-----------------------|---------------------------|
| Total                                   | 1 (0.09)         | 11 (1.03)       | 43 (4.03)       | 345 (32.36)        | 666 (62.48)           |                           |
| Business type                           |                  |                 |                 |                    |                       | .1339                     |
| Limited liability company               | 1 (100)          | 3 (27.3)        | 9 (20.9)        | 75 (21.7)          | 193 (28.9)            |                           |
| Corporation                             | —                | 6 (54.5)        | 19 (44.2)       | 145 (42)           | 234 (35.1)            |                           |
| Professional association                | —                | —               | 3 (7)           | 17 (4.9)           | 22 (3.3)              |                           |
| Partnership                             | —                | —               | 2 (4.7)         | 11 (3.2)           | 18 (2.7)              |                           |
| Sole proprietor                         | —                | —               | —               | —                  | 16 (2.4)              |                           |
| Subchapter corporation                  | —                | 2 (18.2)        | 9 (20.9)        | 91 (26.4)          | 174 (26.1)            |                           |
| Limited liability partnership           | —                | —               | —               | 6 (1.7)            | 5 (0.8)               |                           |
| Cooperative                             | —                | —               | —               | —                  | 3 (0.5)               |                           |
| Nonprofit organization                  | —                | —               | 1 (2.3)         | —                  | 1 (0.2)               |                           |
| US geographic region                    |                  |                 |                 |                    |                       | .4552                     |
| Southeast                               | —                | 5 (45.5)        | 19 (44.2)       | 112 (32.5)         | 211 (31.7)            |                           |
| West                                    | 1 (100)          | 1 (9)           | 4 (9.3)         | 64 (18.5)          | 150 (22.5)            |                           |
| Northeast                               | —                | —               | 11 (25.6)       | 81 (23.5)          | 144 (21.6)            |                           |
| Midwest                                 | —                | 2 (18.2)        | 6 (13.9)        | 54 (15.6)          | 90 (13.5)             |                           |
| Southwest                               | —                | 3 (27.3)        | 3 (7)           | 34 (9.9)           | 71 (10.7)             |                           |
| Number of medical providers in practice |                  |                 |                 |                    |                       | <2.2e-16                  |
| 1                                       | —                | 1 (9.1)         | —               | 48 (13.9)          | 278 (41.7)            |                           |
| 2-5                                     | —                | —               | 5 (11.6)        | 194 (56.2)         | 367 (55.1)            |                           |
| 6-10                                    | —                | 2 (18.2)        | 19 (44.2)       | 93 (26.9)          | 21 (3.2)              |                           |
| >10                                     | 1 (100)          | 8 (72.7)        | 19 (44.2)       | 10 (3)             | —                     |                           |
| Jobs retained                           |                  |                 |                 |                    |                       | <2.2e-16                  |
| <10 (micro)                             | —                | 2 (18.2)        | 4 (9.3)         | 30 (8.7)           | 80 (12)               |                           |
| 10-49 (small)                           | —                | —               | 1 (2.3)         | 176 (33)           | 531 (79.7)            |                           |
| 50-249 (medium)                         | —                | 6 (54.5)        | 36 (83.7)       | 114 (51)           | 4 (0.6)               |                           |
| >250 (large)                            | 1 (100)          | 3 (27.3)        | —               | 2 (0.6)            | 1 (0.2)               |                           |
| Unanswered                              | —                | —               | 2 (4.7)         | 23 (6.7)           | 50 (7.5)              |                           |

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**Retrospective study of trends in dermatology telemedicine and in-person visits at an academic center during COVID-19**



*To the Editor:* Many dermatologists have encountered difficulties providing timely in-person appointments during the COVID-19 pandemic because of social distancing requirements. While telemedicine may be effectively used for dermatologic care, triaging patients for in-person visits (IPVs) versus video visits (VVs) has not been adequately studied.<sup>1</sup> Our objectives were to analyze the characteristics of in-person and telemedicine dermatology visits to determine effective appointment allocation.

In accordance with New York State—mandated closures beginning March 22, 2020, Weill Cornell Dermatology limited in-person visits from March 23 through June 1 for patients requiring immediate in-person care. Patient visits March 16 through May 5