

## The influence of teledermatology on health care access and equity



*To the Editor:* We commend the article, Understanding the Impact of Teledermatology on No-Show Rates and Healthcare Accessibility: A Retrospective Chart Review, in discussing telemedicine's influence on health access during the COVID-19 pandemic.<sup>1</sup> The study retrospectively compared no-show rates for in-person and televisit appointments at UMass Memorial Hahnemann Campus during 2019 and 2020. Categorizing these results by demographic factors that included race and ethnicity, the authors inferred that no-show rates decreased among minority patients, and that a significantly higher proportion of Medicaid patients used telehealth over in-person services.<sup>2</sup>

Here we provide additional context. We agree with the authors that telemedicine may benefit attendance rates for urban communities. Additionally, our review of national data suggests that failure to offer telemedicine to rural communities and lower socioeconomic individuals could contribute to their low usage.

Despite a recent resurgence, telemedicine's history spans decades; remote medical practice showed promise for extending care to patients of lower socioeconomic status or in geographically isolated areas.

However, data published in the 2011 Census Bureau's Computer and Internet Use Supplement of the Current Population Survey<sup>3</sup> showed that these and other demographics were least likely to use telemedicine. The Census data included responses from over 53,000 US households and found the individuals who used telemedicine least (1) had low income (<\$25,000), (2) were older than 65, (3) had no high school diploma, or (4) lived in rural areas. The responses also uncovered comparatively low internet access rates among Black and Hispanic respondents.

Researchers duplicated these findings.<sup>4</sup> From 2013 to 2016, the Association of American Medical Colleges commissioned a survey of telehealth usage, collecting more than 22,000 responses. Using that data, researchers at George Washington found that Medicaid beneficiaries and low-income and rural populations were among the least likely populations to use telemedicine. Another survey by the American Telemedicine Association in 2016 found the most frequently cited barrier to using telehealth was lack of offerings by providers; only 38% of surveyed community health centers offered telemedicine.<sup>4</sup> It is a limitation in our review that these surveys encompassed telemedicine generally,

not teledermatology specifically. Further population studies are needed to evaluate national scale teledermatology use.

Nonetheless, the UMass study adds possible insights. The year 2020 corresponded with a significant increase in televisit attendance at UMass, particularly among Blacks or African-Americans, LatinX, and patients whose primary language was not English. In contrast to data from the Census and Washington University's study, which indicated low overall use of telehealth services by Medicaid enrollees, Franciosi et al<sup>1</sup> found transitioning to telehealth increased the percentage of Medicaid enrollees served at their clinic. Therefore, the UMass study may demonstrate that Medicaid patients are, in fact, likely to accept telehealth when offered.

The degree to which telemedicine improves access to medical services varies among communities. Patients of lower socioeconomic status within urban communities, like at UMass, may benefit most. We encourage the academic community to explore where else to expand telemedicine, particularly by assessing changes in no-show rates at academic institutions and community medical centers serving rural communities.

*Edward Hadelor, BA,<sup>a</sup> Jacob Beer, BS,<sup>b</sup> and Keyvan Nouri, MD<sup>a</sup>*

*From Dr Phillip Frost Department of Dermatology and Cutaneous Surgery, Miller School of Medicine, University of Miami, Florida<sup>a</sup> and Perelman School of Medicine, University of Pennsylvania, Philadelphia.<sup>b</sup>*

*Funding sources: None.*

*IRB approval status: Not applicable.*

*Reprints not available from the authors.*

*Correspondence to: Edward Hadelor, University of Miami Miller School of Medicine, Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery, 1600 N.W. 10<sup>th</sup> Avenue #1140, Miami, FL 33136*

*E-mail: [ehadeler@med.miami.edu](mailto:ehadeler@med.miami.edu)*

### Conflicts of interest

None disclosed.

### REFERENCES

1. Franciosi EB, Tan AJ, Kassamali B, O'Connor DM, Rashighi M, LaChance A. Understanding the impact of teledermatology on no-show rates and healthcare accessibility: a retrospective chart review. *J Am Acad Dermatol.* 2021;84(3):769-771.

2. Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. *J Community Health*. 2013;38(5):976-993.
3. Exploring the Digital Nation: America's Online Experience. Available at: [https://www.ntia.doc.gov/files/ntia/publications/exploring\\_the\\_digital\\_nation\\_-\\_americas\\_emerging\\_online\\_experience.pdf](https://www.ntia.doc.gov/files/ntia/publications/exploring_the_digital_nation_-_americas_emerging_online_experience.pdf). Accessed September 27, 2020.
4. Park J, Erikson C, Han X, Iyer P. Are state telehealth policies associated with the use of telehealth services among underserved populations? *Health Aff*. 2018;37(12):2060-2068.

<https://doi.org/10.1016/j.jaad.2020.12.036>