PATIENTS ARE WAITING

America’s Dermatology Appointment Wait Times Crisis

GAPP
Greater Access for Patients Partnership
ACKNOWLEDGEMENTS

TABLE OF CONTENTS

Executive Summary 3
Appointment Wait Times: A Worsening Crisis 5
The Consequences of Waiting 9
Solutions to Increase Access 12
Key Takeaways 17
EXECUTIVE SUMMARY

Appointment wait times for dermatology services have increased by 46% since 2009. In many cities, such as Philadelphia (78 days on average) and Cedar Rapids, Iowa (91 days), lengthy delays for both new and returning dermatology patients have become the norm. Waiting months for care has unintended physical, emotional, economic and lifestyle impacts on patients, caregivers and health systems at large.

According to a 2018 survey, nearly all patients (91%) said their skin condition impacted their daily life, and half of those surveyed experienced sadness due to activities that they missed because of their skin condition and wait for a dermatology appointment. Wait times were also found to be a significant cause of anxiety. More than half (54%) reported anxiety while waiting for an appointment, and 58% worried that their skin condition would worsen while waiting.

The Greater Access for Patients Partnership (GAPP), a coalition of leading professional and patient organizations, aims to improve the dermatology wait times crisis and support access to quality care.
Summary: Dermatology Patients are Waiting and Worried

The average wait time to receive a dermatology appointment is 32.3 days, which is a 46% increase since 2009.

- 2017: 32.3 Days
- 2014: 28.8 Days
- 2009: 22.1 Days

Among caregivers whose loved ones did not visit a dermatology provider, long wait times were the #1 REASON.

4 IN 10 PATIENTS report that they had to wait a month or longer for a dermatology appointment.

8 IN 10 PATIENTS would likely see a PA or NP over a dermatologist if they could get a quicker appointment.

Major U.S. cities with the longest wait times:

- **Philadelphia**: 78 DAYS
- **Boston**: 52 DAYS
- **Denver**: 51 DAYS
- **Seattle**: 42 DAYS

Waiting for dermatology appointments takes an emotional toll on patients:

- **Philadelphia**: 54% said waiting for a dermatology appointment causes anxiety, 50% felt self-conscious while waiting for an appointment.
- **Boston**: 58% worried that a skin issue would get worse while waiting for a dermatology appointment, 48% reported using over-the-counter (OTC) treatments while waiting for an appointment, with 53% feeling the treatments were too costly.
Appointment Wait Times: A Worsening Crisis

According to a 2017 Merritt Hawkins Survey, the average wait time to receive a dermatology appointment is **32.3 days**, which is a **46% increase** since 2009.¹

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Wait Time</th>
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<tbody>
<tr>
<td>2017</td>
<td>32.3 Days</td>
</tr>
<tr>
<td>2014</td>
<td>28.8 Days</td>
</tr>
<tr>
<td>2009</td>
<td>22.1 Days</td>
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There is a strong inverse correlation between the number of dermatologists in an area and waiting time for appointments. Over the past decade, the average wait time for a dermatology appointment in a metropolitan area has significantly increased. Outside of major cities, wait times can be several months, as many areas in rural America have limited access to dermatology services.

**Average wait time for a dermatology appointment¹**

**32 DAYS**

Average wait time for a dermatology appointment in a large metropolitan area

**35 DAYS**

Average wait time for a dermatology appointment in a midsize city
A 2017 JAMA Dermatology study found that of the 933 three-digit zip codes across the U.S., 23.7% had no dermatologists. Among the areas with at least one dermatologist, 70% had fewer than the recommended ratio of dermatologists to provide adequate care to a community. According to the study, communities need four dermatologists per 100,000 persons to adequately care for the population. Even those zip codes that numerically appear to have enough density to provide adequate care may be impacted by neighboring zip codes with inadequate density.

In a survey by the American Academy of Dermatology (AAD), 33% of dermatologists (and 48% in rural areas) reported that the number of dermatologists in their community is not enough to meet patient demand.

As far back as 2001, long wait times have been a concern in the dermatology community. It is well documented that the supply of dermatologists is both lacking and distributed unequally across the country. A recent study showed that the ratio of dermatologists older than 55 years to younger than 55 years increased 170% in metropolitan areas and 75% in non-metropolitan and rural areas. While the increase in the national density of dermatologists is positive, there is a disparity in terms of dermatologist density in metropolitan versus non-metropolitan areas, and that disparity has actually widened over time, impacting patient care.

As dermatologists tend to practice in or near large cities or academic centers, many rural patients must travel between one to two hours to visit a dermatologist. Less than 10% of dermatologists practice in rural areas, with 40% practicing in the 100 densest U.S. areas. This unequal distribution may cause patients to postpone or forgo care, leading to treatment delays and disease progression.
Dermatology patients are waiting too long for care\textsuperscript{2}

In 2018, the Society of Dermatology Physician Assistants (SDPA) conducted a national survey of 1,000 people who have experienced or who care for someone with a skin condition. The survey assessed lifestyle, emotional, economic, and physical impacts of appointment wait times to treat skin conditions.

This survey confirmed the average wait time for a dermatology appointment was 32 days, the same average found by the 2017 Merritt Hawkins Survey.\textsuperscript{1}

<table>
<thead>
<tr>
<th>PATIENTS REPORTED</th>
<th>CAREGIVERS OF PATIENTS REPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>An average wait time of approximately one month for a first appointment</td>
<td><strong>4 IN 10 PATIENTS</strong> report that they had to wait one month or longer for a dermatology appointment</td>
</tr>
<tr>
<td>An average wait time of about 6 WEEKS for a follow up appointment</td>
<td>Among caregivers whose loved ones did not visit a dermatology provider, long wait times were the <strong>#1 REASON</strong></td>
</tr>
<tr>
<td>An average wait time of about 5 WEEKS for a follow up appointment</td>
<td><strong>OVER 70%</strong> of patients and caregivers wished their wait time was shorter</td>
</tr>
</tbody>
</table>

| 1 MONTH |
Dermatology services are in high demand

The demand for dermatology services will continue to rise, due to an aging U.S. population, increasing rates of skin cancer and other skin diseases, such as psoriasis and eczema.¹

<table>
<thead>
<tr>
<th>Skin conditions affect millions of Americans²,⁸,⁹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
</tr>
<tr>
<td>50 million</td>
</tr>
<tr>
<td>Atopic dermatitis (commonly known as eczema)</td>
</tr>
<tr>
<td>30 million</td>
</tr>
<tr>
<td>Rosacea</td>
</tr>
<tr>
<td>16 million</td>
</tr>
<tr>
<td>Psoriasis</td>
</tr>
<tr>
<td>7.5 million</td>
</tr>
<tr>
<td>Skin cancer</td>
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<tr>
<td>5.4 million</td>
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The number of dermatology residency and fellowship positions for medical school graduates is lower than many other specialties. Though the number has increased in recent years, it is still not enough to meet demand.¹⁰

Almost 500 dermatologists enter the workforce post-residency each year, with approximately 325 leaving.³ The number of retiring dermatologists will continue to rise over the next decade, with research showing that most dermatologists retire at approximately age 70.⁴,¹¹ For all specialty categories (including dermatology), physician-retirement decisions are projected to have the greatest impact on supply, and more than one-third of all currently active physicians will be age 65 or older within the next decade. Statistical modeling by IHS Markit shows that the shortage in supply of dermatologists will be increasingly unable to meet the demand of a growing U.S. population.¹¹

In 2018, out of more than 33,000 residency spots in the U.S. available to graduating medical students, 472 were in dermatology.¹⁰

Skin conditions affect millions of Americans³

- Acne: 50 million
- Atopic dermatitis (commonly known as eczema): 30 million
- Rosacea: 16 million
- Psoriasis: 7.5 million
- Skin cancer: 5.4 million

In 2018, out of more than 33,000 residency spots in the U.S. available to graduating medical students, 472 were in dermatology.¹⁰
The Consequences of Waiting

Lengthy waiting periods to receive a dermatology appointment are more than a nuisance to patients. Increased dermatologist density is associated with decreased waiting time for appointments, lower melanoma mortality rates, and improved diagnosis of skin disease.\(^2\)\(^,\)\(^12\)

Consider that one in 74 Americans will develop melanoma, the deadliest skin cancer, during his or her lifetime.\(^13\) Providing specialty care to patients with possible melanoma within 14 days of referral is associated with a 20% increase in survival.\(^14\) However, many patients in metropolitan areas wait on average more than double this time, and rural patients may wait several months.\(^1\)

Skin cancers are not the only conditions that may require rapid treatment. The number of patients seeking treatment for serious skin infections is also increasing. From 2005 to 2011, there was a 17% increase in hospital admission rates due to skin infections.\(^15\) If left untreated, some skin infections can become life threatening and some of these infections, such as MRSA and necrotizing fasciitis, may require the urgent administration of antibiotics to avoid fatality.\(^15\)\(^,\)\(^16\)

Patients are waiting more than a month to have their suspected melanoma checked

**35 DAYS**
Average wait time in a midsize city for an appointment to examine suspected melanoma.\(^1\)

**91 DAYS**
Cedar Rapids, Iowa

**71 DAYS**
Fargo, N.D.

**47 DAYS**
Hartford, Conn.

**43 DAYS**
Lafayette, La.

**Treatment**
Providing specialty care to patients with possible melanoma within 14 days of referral is associated with a 20% increase in survival.\(^14\)

**Surgery**
Twenty percent of Medicare patients with melanoma had to wait an average of 1.5 months, according to a 2015 study published in JAMA Dermatology; 8% had to wait more than three months.\(^17\)
Worried, sad, avoiding activities: The emotional toll of waiting

Nearly all patients (91%) in the 2018 SDPA survey say their skin condition impacts daily life, and half experience sadness related to activities they have avoided due to their skin condition. Wait times were also found to cause anxiety. More than half (54%) report anxiety while waiting for an appointment, and 58% worry that their skin condition will worsen.

While waiting for appointments, 75% of caregivers report their loved ones avoided activities because of their skin condition. Sixty-five percent of caregivers reported anxiety while waiting, and 67% worried that their loved one’s condition would worsen while waiting for an appointment.

- 54% say that waiting for a dermatology appointment causes anxiety
- 50% felt self-conscious while waiting for an appointment
- 58% worried that a skin issue would get worse while waiting for a dermatology appointment
- 48% reported using over-the-counter (OTC) treatments while waiting for an appointment, with 53% feeling the treatments were too costly
- 45% reported having to wait so long for a dermatology appointment that it disrupted daily life
- 61% say that their skin condition regularly interferes with their daily life
Despite living in the Research Triangle of North Carolina, an area renowned for medical scholarship, Tracy Callahan waited four months for an appointment to examine the small mole on her neck. Eventually, she received an appointment with a dermatology physician assistant who took multiple photos of Callahan’s mole and assured her that someone would call her later that day. At age 38, Callahan, a busy working mom of two children, received her first melanoma diagnosis.

Today, Callahan is a four-time melanoma survivor. After her third diagnosis, she began to write a blog that eventually led her to found the Polka Dot Mama Melanoma Foundation to fund research, raise awareness, and educate the public about melanoma.

“I was one of the lucky ones,” Callahan said. “My cancer was caught early. The survival rate for melanoma is extremely high for people with earlier stage cancers, but melanoma is still the deadliest form of skin cancer. Four months is too long to wait for an examination. It’s possible for melanoma to progress rapidly over a few months, which is why Polka Dot Mama Melanoma Foundation joined GAPP to implement solutions to fight the dermatology wait times crisis.”
Solutions to Increase Access

Evidence-based solutions may help reduce the serious issue of patient wait times for dermatology appointments. These include greater access to dermatology physician assistants (PAs) and nurse practitioners (NPs), dermatology-specific training for primary care physicians (PCPs), and telemedicine.

PAs and NPs are proven to reduce wait times

Dermatology appointment wait times are increasing, and the supply of dermatologists does not meet current demand. However, the number of dermatology PAs and NPs are growing at a significantly greater rate than the number of dermatologists. Statistical modeling by IHS Markit suggests that by 2025, the supply of PAs/NPs is projected to increase substantially, and this rapid growth could help alleviate the physician shortage. As further evidence of this trend, SDPA has reported a dramatic increase from 49 members in 1994 to more than 3,400 members in 2018.

There is strong evidence that the utilization of dermatology PAs/NPs decreases wait times. In a 2017 study in Ohio, the average wait time to see a dermatologist was 56 days. In 32% of the offices that had PAs/NPs, the average wait time to see the PA or NP was 19 days. When a PA or NP was available for patients, they were able to be seen in one third of the time.

It is estimated that less than half of dermatologists employ either a PA or NP, leaving these highly qualified medical professionals as an underutilized resource.

Though many rural areas remain underserved, there are more dermatology PAs/NPs in less populous regions. Including dermatology PAs/NPs in dermatology workforce calculations elevates the average provider density to greater than four per 100,000 people, the minimum ratio suggested for adequate care.
Patients are open to alternatives

The 2018 SDPA survey found that patients strongly indicate they would see a PA instead of a dermatologist if it meant getting an appointment more quickly. Openness to a PA is also high among caregivers, with 80% of caregivers indicating their loved one would see a PA if the wait time was shorter. Additionally, patients report being satisfied by the care they receive from a PA.

8 IN 10
would likely see a PA over a dermatologist if they could get a quicker appointment

78% OF PATIENTS
would likely see a PA over a dermatologist if it meant they could have a shorter in-office wait time

81% OF PATIENTS
would likely see dermatology PA if it meant they could ask more questions about their skin issue during the appointment

88% OF PATIENTS
who have received care from a dermatologist report a positive experience, and this level of satisfaction remains the same for patients who have seen a dermatology PA (87%) or NPs (88%)
Diagnostic confidence in PCPs

PCPs are increasingly caring for patients with skin conditions. Overall, 6% to 7% of all outpatient visits are for skin complaints, and 60% of these patients are treated by non-dermatology professionals.24

Often the first point of contact for dermatology issues, it is important that these medical professionals are confident in their clinical decisions. However, many PCPs have expressed a lack of confidence in their ability to diagnose more serious skin conditions. These attitudes are consistent with studies demonstrating that many PCPs struggle to accurately diagnose benign and malignant skin conditions.25–27 Since the early detection of skin cancer is paramount to survival rates, it is essential that patients can immediately receive the potentially life-saving care they require.14

Continuing medical education courses in dermatology may help increase confidence of PCPs to improve patient care. Several studies have shown the positive long-term impact of postgraduate training courses with a focus on medical dermatology, particularly with regard to reducing the rate of unnecessary biopsies and referrals by PCPs.28–30 These findings suggest that even minimal increases in dermatology training at the medical school level or beyond may have a measurable impact on PCPs’ abilities in dermatology.

Telemedicine may extend dermatology services to more patients

With the rise of tablets, apps and other mobile technology, it is becoming easier to treat patients remotely.31 Telemedicine is an innovation on the rise that may enable patients to receive care without physically visiting a dermatology office. Patients send photos of their skin to a dermatology care provider who can then review the images and remotely instruct the patient on the best course of action.

Specific telemedicine models are shown as increasingly effective for managing many skin conditions. For example, an October 2018 study found that a telehealth platform provided online treatment for psoriasis that yielded equivalent improvement as in-person care.32

Evidence also suggests that telemedicine may increasingly be an option to decrease wait times and to give access to care in more remote areas of the U.S. A 2017 JAMA Dermatology investigation examined 21 studies related to teledermatology and found that such services consistently reduced wait times and yielded high patient satisfaction.33 A similar 2018 study found that when patients scheduled a telemedicine appointment, nearly 94% of patients received a consultation within two days and almost all patients were highly satisfied with their care.34
In her late 20s, AnnMarie MacDonald noticed that new moles had begun to appear on her skin over a short period of time. MacDonald knew her past use of tanning beds put her at greater risk for skin cancer. She called for a dermatologist appointment and ended up seeing a PA.

“I was able to get an earlier appointment,” MacDonald said. “I called at the beginning of the week for my first appointment and was able to be seen by a PA by the middle of the week. Waiting to see a dermatologist was going to take several weeks, and I felt very concerned about these new moles.”

During a follow-up appointment, her PA noticed that one of MacDonald’s moles had suspiciously changed in only a few months. A biopsy confirmed the mole was precancerous.

“I am grateful that my PA was cautious with my skin checks because of my tanning bed history,” MacDonald said. “The mole changed very quickly, but because it was still caught so early, I had a good prognosis and a great result.”
In 2012, dermatology wait times for new patients were at least one year. To decrease wait times, the clinic made five strategic changes.

1. Discharged patients with stable, low-intensity skin problems to follow up with their PCPs
2. Changed scheduling templates by establishing goal numbers for new and established patients to increase consistency
3. Hired a nurse and extended work shifts of support staff so that enough staffing was always available
4. Designated a resident and a nurse to perform all biopsies
5. Hired a PA to support increasing patient volume and maintaining short wait times

From May 2012 to September 2015, these interventions led to a significant decrease in new patient wait times from 377 days to 48 days, and established patient wait times from 95 days to 34 days.

“It’s critical that we can provide patients with the care they need when they need it. The dermatology clinic’s efforts have been tremendous—wait times have been reduced from a year to just several weeks. Based on the dermatology clinic’s success, we’ve expanded these initiatives to our cardiology and neurology clinics, and they have brought down their wait times too.”

Joseph Chang, MD, MBA, FACOG
Associate Chief Medical Officer for Outpatient and Ambulatory Services, Parkland Health and Hospital System
Key Takeaways

Health care delivery is undergoing fundamental changes at an increasingly rapid pace. These changes must include implementing evidence-based approaches to reducing appointment wait times, including those for dermatology, where the problem is particularly acute.

1. Dermatology appointment wait times are increasing, and the supply of dermatologists does not meet current demand.

2. This problem is complex. Causes include an aging patient population, rising rates of skin diseases, the geographic maldistribution of dermatologists, and the limited number of residency programs for new dermatologists.

3. Increased dermatologist density is associated with decreased wait times for appointments, lower melanoma mortality rates and improved diagnoses of skin disease.

4. New technologies, such as teledermatology, may help decrease wait times for patients in rural areas and for patients with non-urgent conditions.

5. Continuing medical education courses in dermatology may help increase the confidence of PCPs to improve patient care.

6. The number of dermatology PAs/NPs is increasing at a significantly greater rate than the number of dermatologists, yet PAs/NPs remain an underutilized resource. There is strong evidence that the greater utilization of dermatology PAs/NPs decreases wait times.