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Participant Satisfaction of a Community-Based Telehealth Clinic for Atopic Dermatitis

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INTRODUCTION

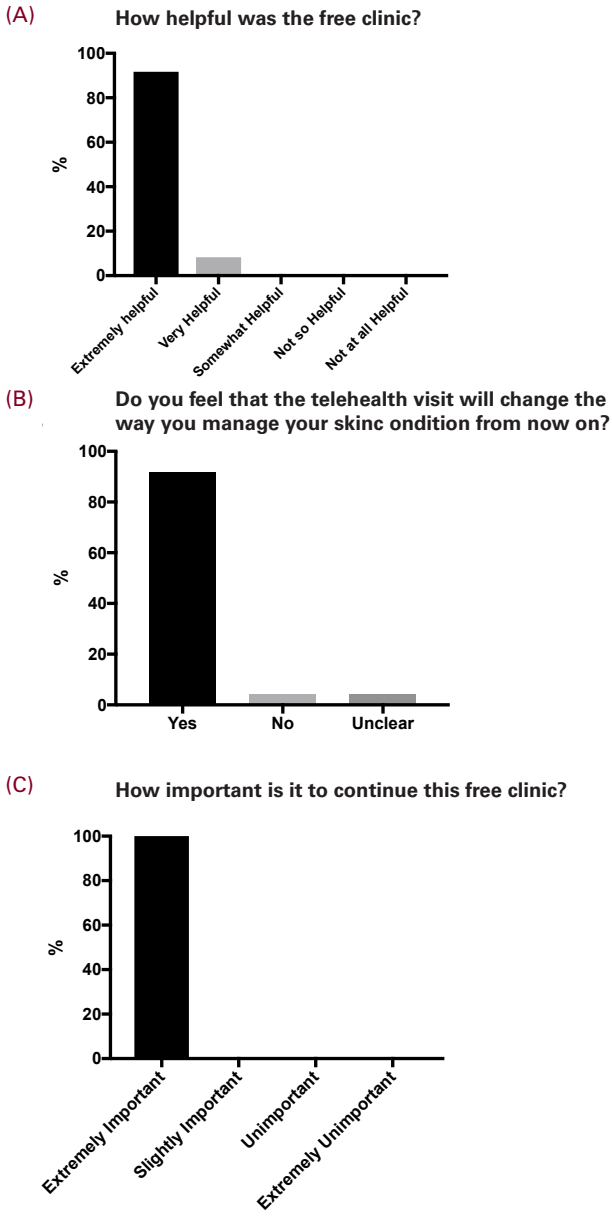
Atopic dermatitis (AD), a chronic, relapsing inflammatory disease that affects more than 30 million children and adults in the US, disproportionally impacts African American (AA) and Hispanic children, with a higher prevalence of severe AD in these populations than in white children.[1,2] Visits to urgent care, emergency departments, and hospitalizations for AD in the United States were more common among AA and Hispanic adults, and those with lower socioeconomic status.[1,3] In Washington DC, outcomes and access to care among the District's poor and underrepresented minorities lag far behind other groups. Ward 8, for example, which is 89% Black, has the District's highest per capita rate of coronavirus-related deaths—6 for every 10,000 residents.[4] These disparities have been long-lived and pervasive in all areas of medicine, including dermatology.[5]

MATERIALS AND METHODS

To address disparities in access to dermatologic care, a monthly, free telemedicine help desk/clinic focusing on AD was established at a well frequented church in Ward 8, Washington DC. Patients were recruited through flyers and targeted social media advertisements in partnership with church and community stakeholders. In addition to their tele-visit, attendees received training on telemedicine best practices, basics of AD care, were provided with skincare samples, coupons, and follow-up appointments as needed. An IRB approved (#NCR191669) satisfaction survey was emailed to patients following the completion of the pilot clinic.

RESULTS

In total, 46 patients were treated, 33 of whom completed the satisfaction survey (71.7% response rate). Among respondents, 84.9% were female, 97% identified as AA and or Black, and 70% were not under the care of a dermatologist. 97% responded that scheduling and finding transportation to the clinic was easy and that the dermatologists were exceptionally knowledgeable. 94% responded that the clinic was extremely helpful and 100% responded that they benefitted from the free products and education. 90.9% of patients felt the visit changed their skin



management. 97% of patients responded that continuing the clinic was extremely important and 100% were interested in similar clinics (Figure 1).

DISCUSSION

Satisfaction survey results indicated that AD patients who attended the free telemedicine help desk/clinic significantly benefitted from the education and virtual care provided as well as the improved accessibility offered. Notably, the overwhelming majority of patients responded positively regarding their experience and confirmed that the maintenance of this clinical program is extremely important. These data suggest that telemedicine clinics that match education with care, strategically placed in areas impacted by decreased healthcare access, could significantly improve the care of AD patients. Further research could include employing validated measures for AD outcomes such as Eczema Area and Severity Index (EASI) scores or Dermatology Life Quality Index (DLQI) scores before and after attending similar clinics to analyze objective measures of AD in addition to subjective satisfaction. Further research could also investigate how similar clinics impact trust in healthcare systems, and how that trust affects access to care.

DISCLOSURES

The authors have no conflicts of interest to declare.
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