Position Statement
on
The Cost Effectiveness of Dermatologic Care:
Support for Direct Access to Dermatologic Care
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The American Academy of Dermatology (Academy) believes that all Americans should have the freedom to choose their own physicians and the health insurance coverage that best meets their needs. It is this freedom of choice, coupled with the availability of specialty medicine, that has distinguished the American health care system. Specialized training and care have produced numerous medical advances resulting in lifesaving and life-enhancing treatments.

For most Americans, the health care system provides prompt and direct access to medical and surgical specialists. However, as managed care plans and utilization management programs predominate the health insurance market, some plans and programs restrict access to specialty care and patient choice. The Academy believes that health insurance plans should not set barriers or impediments to appropriate specialized medical services. Direct access to specialty care is essential for patients in both emergency and non-emergency situations and for patients with chronic as well as temporary conditions. Health insurance plans must not only provide a full range of physician specialists for their enrollees, but also ensure that appropriate specialty care is available for the full duration of illness and not limited by time or the number of physician visits.

The Academy supports efforts to make quality skin-related health care available to all Americans. Dermatologists provide dermatologic care of higher quality and lower cost than comparable services by other health care professionals. Furthermore, as skin manifestations frequently serve as a first sign of or worsening of an underlying internal disease, dermatologists are typically on the front line in identifying patients with high-risk medical conditions. Quality and cost considerations mandate that dermatologists be the first contact for cutaneous diseases.

The Academy supports all patients having direct access to dermatologic care delivered by board-certified dermatologists without “gatekeeping” or need for a referral from a primary care physician. The visible nature of skin disease allows patients to identify the presence of skin disease and the gatekeeping model adds unnecessary monetary and time expense. Several studies have consistently shown that dermatologists provide cost effective and higher quality care for skin disease than do any other health professionals.

Direct Access to Dermatology: Between 21% and 36% of primary care visits consist of at least one skin complaint, and for 58% to 72% of these patients a skin problem is the chief complaint. Proper diagnosis and management of these skin diseases allows for early diagnosis and prevention of morbidity. As dermatologic care is both more cost efficient and of higher quality when provided by a dermatologist than by any other medical professional, it is important that direct access to dermatologists and subspecialists of dermatology is preserved.

In addition, early detection of malignancies such as melanoma and efficient diagnosis of inflammatory skin disease by a dermatologist not only saves lives but also lowers overall costs for the health system as unnecessary tests, biopsies, or medications are more likely to be ordered and prescribed when there is less clinical diagnostic certainty.[1,2,3]

Diagnostic Accuracy of Dermatologists: Dermatologists are the most effective providers to diagnose malignant and benign skin disease. Several studies validate the diagnostic accuracy of dermatologists as

well as demonstrate that dermatologists were more able to determine when a skin biopsy should and should not be obtained, thus providing more cost-effective management. Dermatology residents receive three years of intensive study in dermatology, whereas other physicians only get several weeks of training in dermatology.

- Sellheyer and Bergfeld[4] studied the ability of non-dermatologists to accurately diagnose skin lesions, tumors, and rashes in comparison to dermatologists. Non-dermatologists accurately diagnosed neoplastic and cystic skin lesions 40% of the time. In comparison, dermatologists achieved 75% accuracy. Their study found family practitioners achieved the same clinical and histopathologic diagnosis in only 26% of neoplastic and cystic skin lesions. Similarly, the study found that when diagnosing inflammatory skin diseases non-dermatologists accurately diagnosed 34% of cases while dermatologists were more than twice as effective, correctly diagnosing 71% of cases presented.
- Nault et al[5] compared malignancy rates of skin lesions biopsied by dermatologists versus advanced practice professionals (APPs). Dermatologists biopsied lesions histologically diagnosed as NMSC in 51% of cases examined, while APPs biopsied a malignant lesion only 32% of the time. In cases where melanoma was suspected, six percent of biopsied lesions were malignant when performed by a dermatologist and only three percent for APPs. This study indicates APPs biopsied twice as many lesions as dermatologists for each identified malignancy
- Enamandram, Duncan, and Kimball[6] found that in 32% of lesions biopsied by a dermatologist the specimen was malignant or consistent with malignancy. In a similar study, Jones, Bolko, and Piepkorn[7] found that only 10% of lesions biopsied by family physicians and other primary care providers were malignant or consistent with malignancy
- Lowell et al[1] evaluated the accuracy of primary care physicians by comparing the diagnosis of a dermatologist when the primary care physician referred a patient. Of the referred cases, the primary care physician was unable to render a diagnosis in 58% of patients. When a diagnosis was available both the primary care provider and dermatologist they agreed with the diagnosis in 57% of the cases. The study found that overall when a primary care provider referred a patient to a dermatologist, the primary care provider was accurate in diagnosis in only 24% of presented cases.
- Shlyankevich et al[8] examined the diagnostic accuracy of referring providers when a patient was referred to dermatology urgent care clinic with a provisional diagnosis of basal cell carcinoma (BCC), squamous cell carcinoma (SCC), melanoma or a rule-out plus BCC, SCC, or melanoma. The study found the diagnostic accuracy for BCC, SCC, or melanoma was 34% for the referring physicians
- Gaudi et al[9] compared the rate of diagnostic discrepancies between pathologists with and without dermatopathology fellowship training in evaluating skin lesions. The study found there were discrepancies between the original and referral diagnoses with major implications on patient treatment in 22% of cases. The study defined a major deficiency as a diagnosis “that would affect patient treatment and result in an altered report, diagnosis, or both.” Of the errors 40% were nonmelanocytic neoplasms, 33% inflammatory lesions, 25% melanocytic neoplasms, and 2% were classified as “other”. Of these cases, 92% were performed by pathologists with no formal dermatopathology training

Therefore, the Academy believes:

- Direct access to dermatologists is the easiest and most cost-effective method of providing quality dermatologic services in managed care settings.
- Studies have indicated that dermatologists are more cost-effective and provide higher quality of care than physicians of other specialties when treating patients with skin diseases.
- Improper diagnosis of skin diseases results in: additional costs from unnecessary diagnostic tests, unnecessary office visits or treatments; possible complications from unnecessary treatments; and prolonged patient suffering. There may even be increased morbidity and potential mortality from delayed diagnosis and treatment.
- Patients experience loss of income and productivity from missed work due to misdiagnosis.
- It is critical; therefore, that every patient in a managed care setting have direct access to

dermatologic services delivered by a dermatologist.

References

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