



**AMERICAN ACADEMY of  
DERMATOLOGY | ASSOCIATION**

# **Preserving and promoting the discipline of dermatology: What can the ILDS do?**

*American Academy of Dermatology  
Patient Access to Dermatology in the U.S.*

# Finding: *Burden of Skin Disease*

## Did you know?



The report examined prevalence, economic burdens, and mortality for skin disease in the US using 2013 healthcare claims data drawn from insurance enrollment and claims databases and found that:

- 84.5 million Americans — one in four — were impacted by skin disease,
- which cost the US healthcare system \$75 billion in medical, preventative, and prescription and non-prescription drug costs, **and**
- One in three Americans were seen by dermatologists, who collaborate with other physicians throughout the health care system in caring for these patients.

## Skin Disease is Serious

- **One in Four** Americans see a physician for skin disease
- **Half** of skin categories analyzed were associated with mortality
  - Life expectancy decreased by 5 years for those with fatal diseases
- **Skin cancers = 60%** of skin-related deaths



# Effects are far-reaching

## Costs

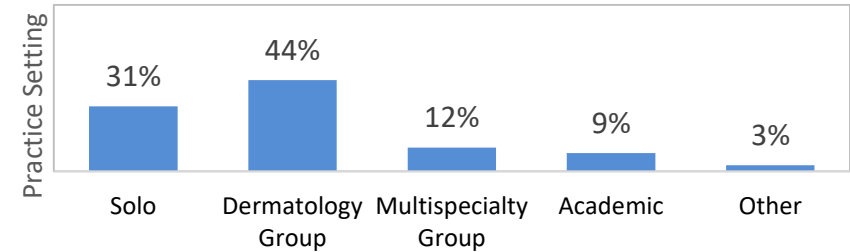
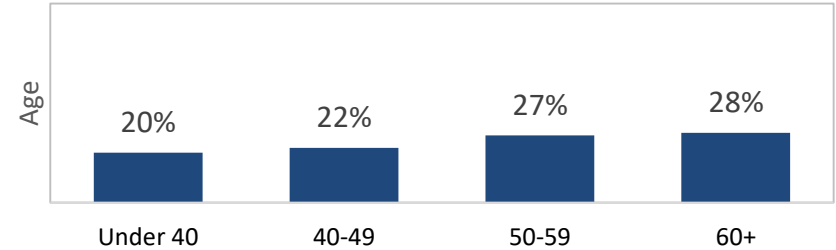
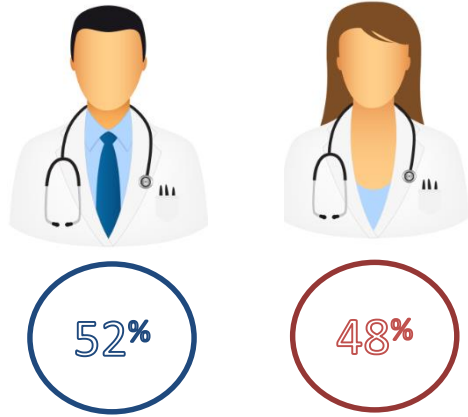
- **\$75 billion** total direct costs include:
  - Health care provider medical care: \$46 billion
  - Prescription drugs: \$15 billion
  - Over-the-counter treatments: \$10 billion
- Lost productivity: **\$11 billion**

## Access

- **2 in 3 patients** treated by **non-dermatologists**
- An estimated **20,000 clinicians** were needed to treat skin disease in 2013
  - Only 10,000 board-certified dermatologists



# Demographic Profile



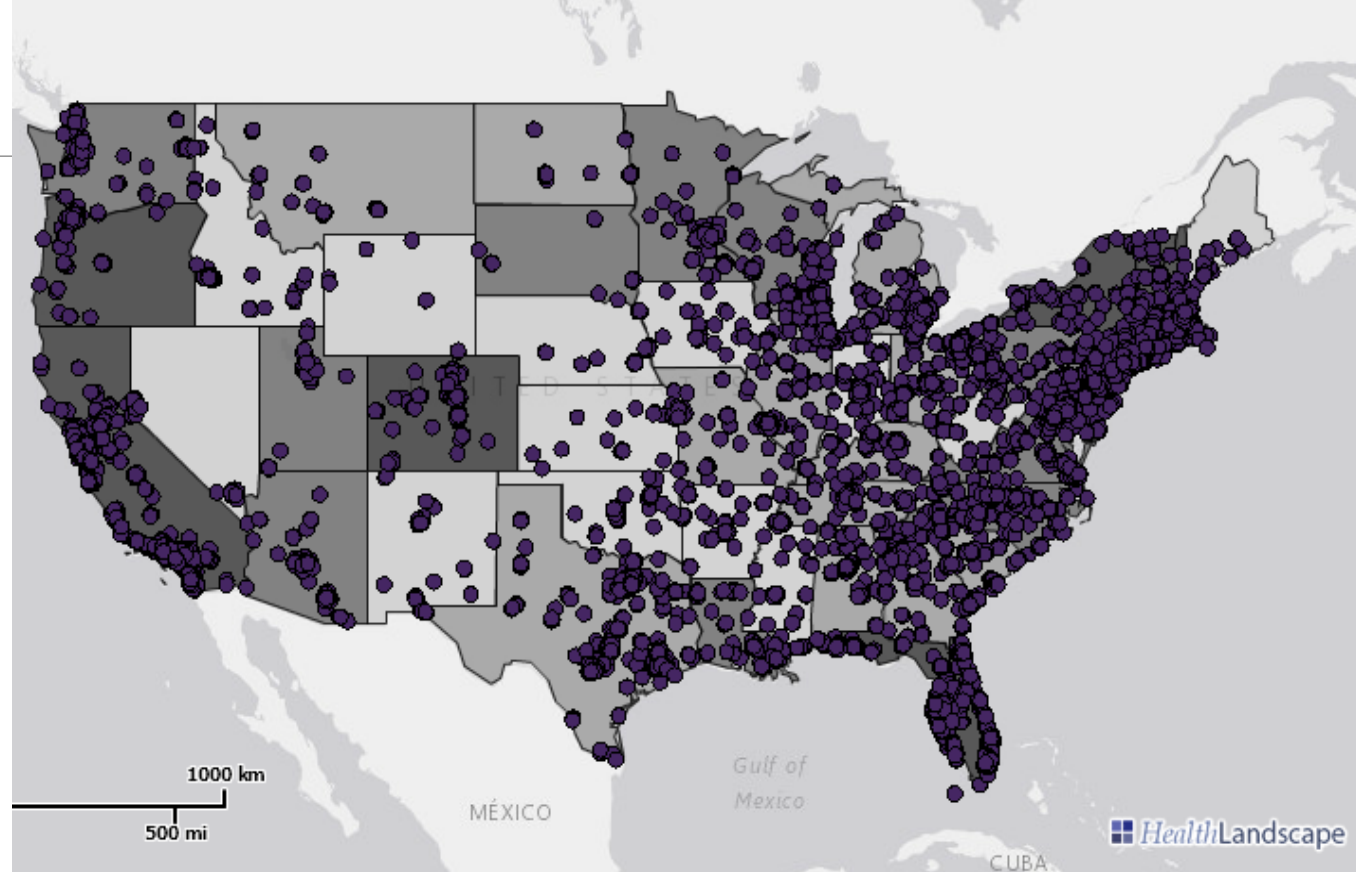
# Geography of Dermatologists in the United States

## Population per Provider



## Providers

● Dermatology



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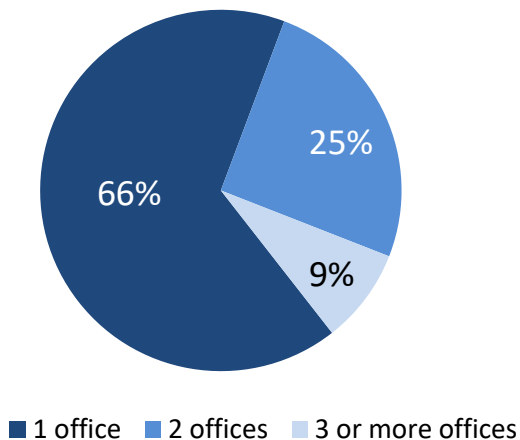
# Funding of Graduate Medical Education: who pays for the training of those 10K dermatologists?

- Centers for Medicare and Medicaid services (CMS)
- Pays **\$9.5 Billion/year** to teaching hospitals for Graduate Medical Education as part B (hospital revenue)
- Costs are separated into direct and indirect costs
- CMS pays 1.0 FTE (full time equivalent) per resident up to 5 years of residency plus indirects to hospitals
- **Less than 2% of Medicare is spent on GME**
- Veterans Administration (9%)
- Private Insurers

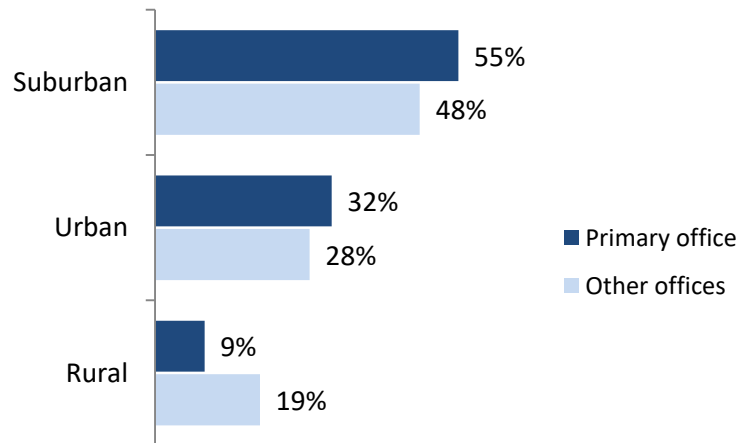


# Geographic locales

**Dermatologists with Multiple Practice Locations/Offices**

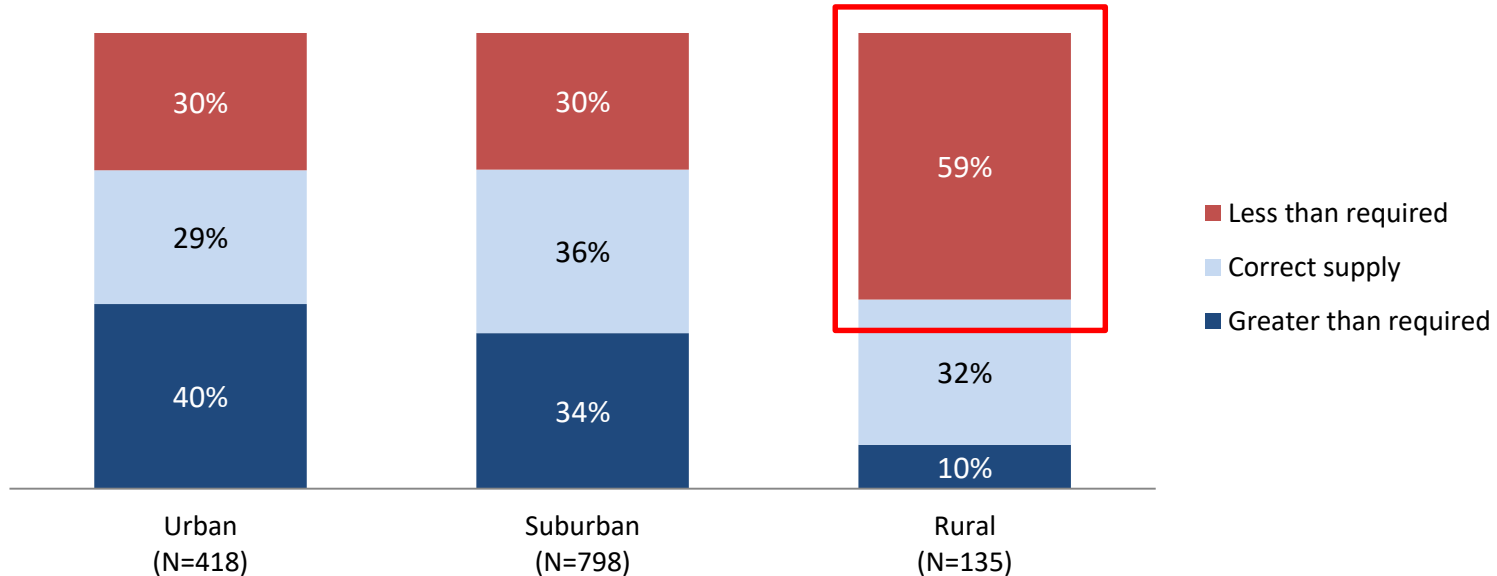


**Community Served**  
(% of offices)



# Perceived Supply

## Perceived Supply of Dermatologists by Community Served





# Providers in the U.S.



**Dermatologists**



**Other Physicians**



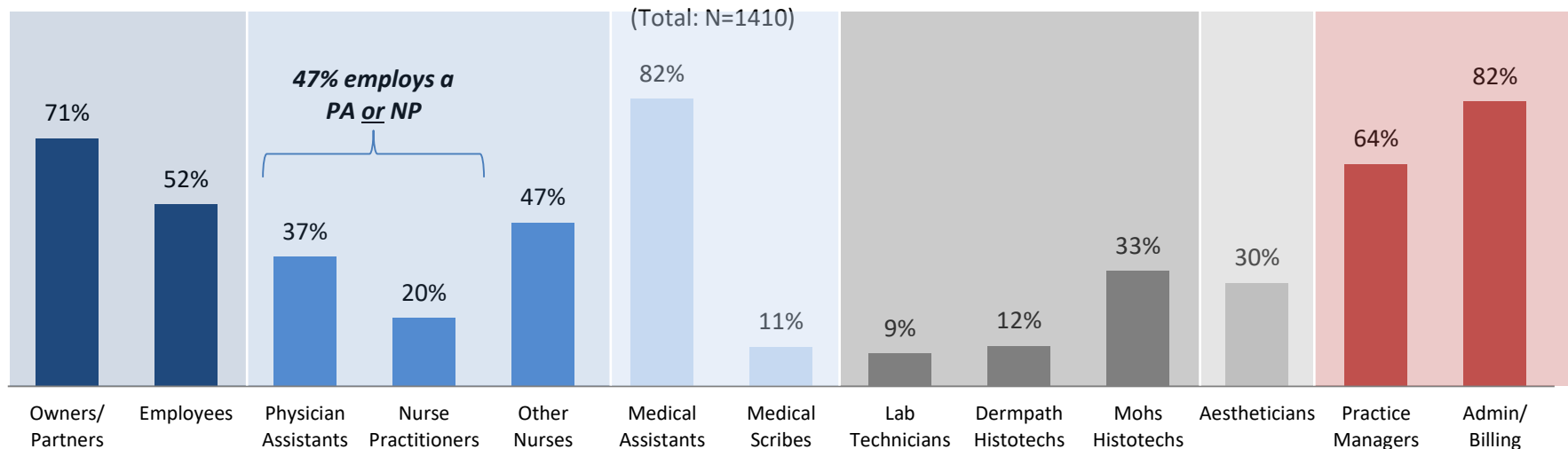
**Aestheticians**



**Nurse  
Practitioners  
and Physician  
Assistants  
(non-physician  
clinicians)**

# Practice Staff

## Primary Practice Full Time Equivalents (FTEs) Employed



Q12. How many of each of the following staff does your primary practice currently employ? (Full-time equivalents (FTEs).)



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# Intended Changes to Staff

## Intended Changes to Clinical Staff

(Total: N=1410)

■ Yes ■ No ■ Don't Know ■ No reply

Currently Employs PA/NP

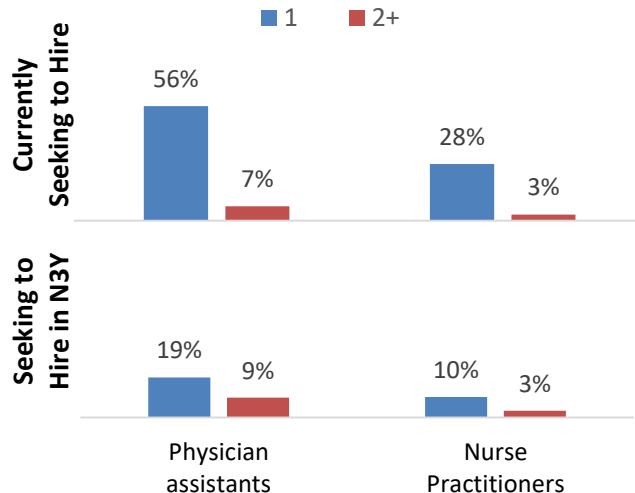
47% 52%

Plans to Hire NPCs  
(Next 3 Years)

16% 64% 19%

Plans to Hire Dermo

42% 48% 8%



Q13. Does your primary practice currently/or has it recently employed Physician Assistants (PAs) or Nurse Practitioners (NPs)?

Q14. Are you currently seeking or planning to hire (within the next 3 years) a PA and/or NP to your practice?

Q14a. How many non-physician clinicians are you currently seeking to hire?; Q14b. Excluding those listed above, how many more non-physician clinicians do you intend to hire in the next 3 years?

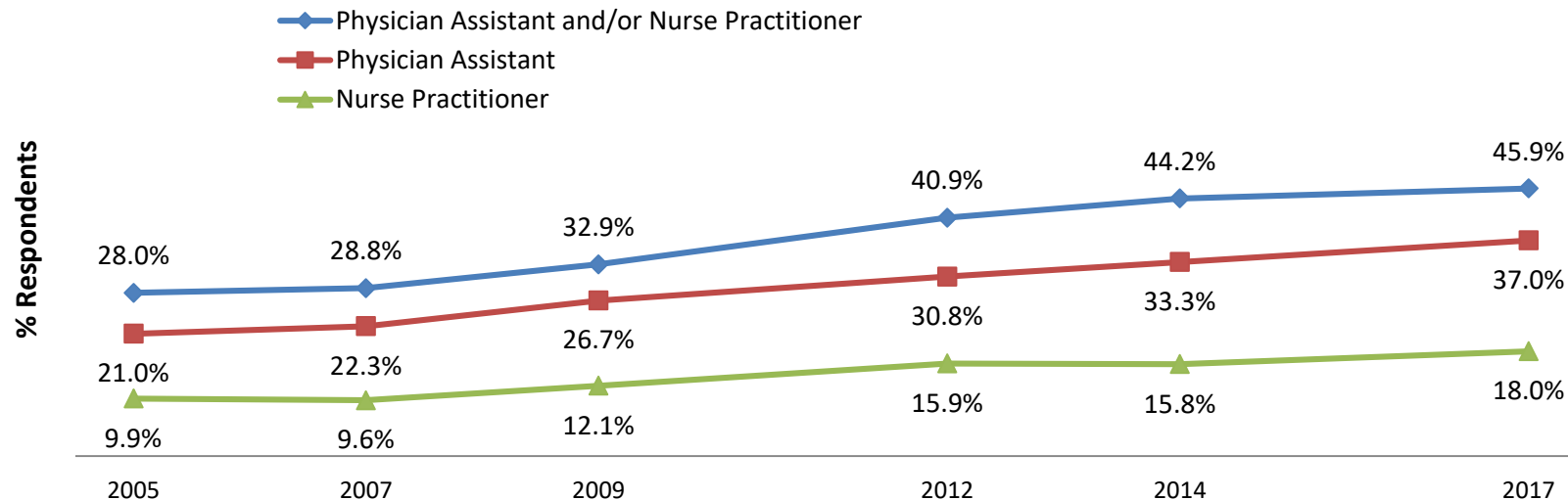
Q15. Are you currently seeking to add more dermatologists to your practice?



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# Growth of NPs and PAs

## Workforce – Employment of Non-Physician Clinicians



Q12. How many of each of the following staff does your primary practice currently employ? (Full-time equivalents (FTEs).)

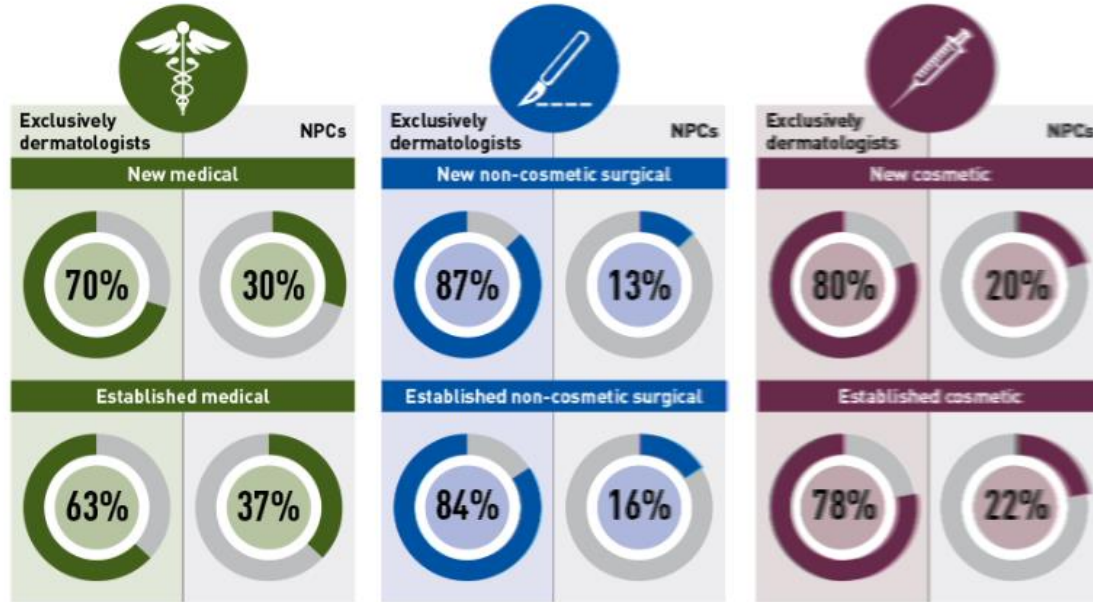
Q13. Does your primary practice employ (or has recently employed) Physician Assistants (PAs) or Nurse Practitioners (NPs)?



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# ~50% of members have Non Physician Clinicians (NPCs)

CARE PROVIDER BY TYPE OF PATIENT AND TREATMENT



# Protecting patient care: AAD Position statement

- Under the direction of a board-certified dermatologist, the practice of dermatology benefits from a collaborative care team approach and may include other providers practicing in a dermatologic setting, including but not limited to: non-physician clinicians, such as licensed physician assistants and nurse practitioners; allied health professionals; licensed personnel; and other personnel. The board-certified dermatologist retains ultimate responsibility for patient care and tasks delegated to care team members must be within the scope of practice of the board-certified dermatologist.
- The dermatologist also remains responsible for ensuring that all delegated activities are within the scope of each care team member's training and level of experience. Training of all personnel should be commensurate with their licensure and/or experience and the degree of difficulty or complexity of the medical care, diagnoses, treatments, procedures/techniques, services or tasks being delegated to them by a dermatologist.
- Optimum practice standards require that a dermatologist maintain written documentation on the training and education received by all personnel to which medical care, procedures/techniques, services or tasks are delegated.



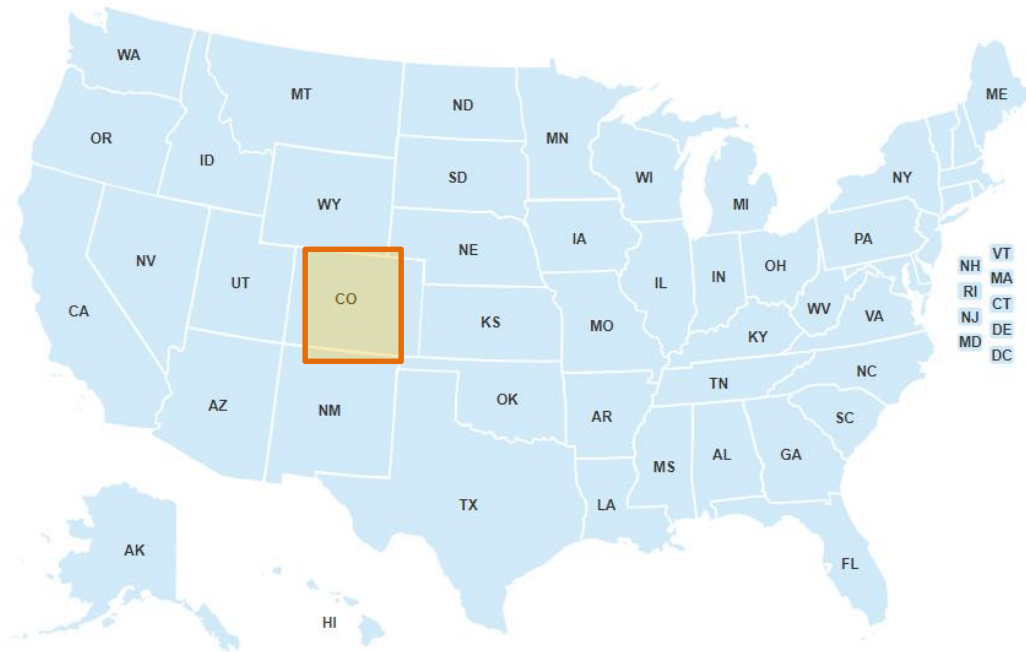
# Protecting patient care: AAD Position statement

- The optimum degree of dermatologic care is delivered when a board-certified dermatologist, as defined here, provides direct, on-site supervision to all non-dermatologist personnel. Each practice should maintain written procedures regarding appropriate delegation and supervision protocols for all personnel within the practice, including parameters for when it is necessary for the patient to be presented to the dermatologist and when the medical records of patients should be reviewed.
- When practicing in a dermatological setting, non-dermatologist physicians and non-physician clinicians, such as nurse practitioners and physicians assistants, should be directly supervised by a board-certified dermatologist, commensurate with the level of supervision defined by the state board of medical examiners or other appropriate state board/agency of the state in which they practice and taking into consideration the training and degree of experience of the non-physician



# Scope of Practice Laws in the U.S.

AAD/A has developed an interactive map for members to find out what Non-Physician Clinicians (NPCs) can/cannot do by state. For example, [Colorado](#) scope of practice laws allow for the licensing of dental hygienists, nurse practitioners, and physicians assistants. Under Colorado law dental hygienists may perform most of their authorized procedures without supervision.





# NEW YORK TIMES 11/20/2017

SECTIONS HOME SEARCH

The New York Times

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As Health Care Changes, Insurers, Hospitals and Drugstores Team Up



Waiting for Depression to Lift



Why Is This Bacterium Hiding in Human Tumors?



THE NEW OLD AGE Older Voters Stymie Tighter ID Require

HEALTH

HEALTH

## *Skin Cancers Rise, Along With Questionable Treatments*

By KATIE HAFNER and GRIFFIN PALMER NOV. 20, 2017



John Dalman had been in the waiting room at a Loxahatchee, Fla., dermatology clinic for less than 15 minutes when he turned to his wife and told her they needed to leave. Now.

“It was like a fight or flight impulse,” he said.

His face numbed for skin-cancer surgery, Mr. Dalman, 69, sat surrounded by a half-dozen other patients with bandages on their faces, scalps, necks, arms and legs. At a previous visit, a young physician assistant had taken 10 skin biopsies, which showed slow growing, nonlethal cancerous lesions. Expecting to have the lesions simply scraped off at the next visit, he had instead been told he needed surgery on many of them, as well as a full course of radiation lasting many weeks.

The once sleepy field of dermatology is bustling these days, as baby boomers, who spent their youth largely unaware of the sun’s risk, hit old age. The number of skin cancer diagnoses in people over 65, along with corresponding biopsies and treatment, is soaring. But some in the specialty, as well as other medical experts, are beginning to question the necessity of aggressive screening and treatment, especially in frail,



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# AAD RESPONSE

**Letter to the Editor – *New York Times* – 11.20.2017**

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Dear Editors,

*“Skin Cancers Rise – Along With Questionable Treatments”* depicts detrimental patient experiences when treated by physician assistants for suspected skin cancers – without direct supervision of a dermatologist. The American Academy of Dermatology recommends a board-certified physician dermatologist provide direct supervision of any non-physician (PA/ARNP) for optimum dermatologic care.

Board certified dermatologists have extensive specialized training in all skin conditions in addition to their medical training, which makes them uniquely qualified to diagnose and treat skin cancers. Patients should look for the letters ‘FAAD’ behind their dermatologist’s name to signify that he or she is board certified and a fellow of the American Academy of Dermatology.

Dermatologists take very seriously our obligation to provide the highest standard of care by using appropriate, cost-effective treatment. Decisions of how and when to treat all forms of skin cancer should rest with the patient in consultation with their dermatologist. More information is available at [www.aad.org](http://www.aad.org).

Henry W. Lim, MD, FAAD

**President, American Academy of Dermatology**



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## Why see a board-certified dermatologist?

A dermatologist is a doctor who specializes in treating the:



Dermatologists diagnose and treat more than 3,000 different diseases and conditions.

Some of the most common are:

Acne	Psoriasis
Age spots	Rashes
Eczema	Rosacea
Hair loss	Skin cancer
Melanoma	Vitiligo
Melasma	Wrinkles

Dermatologists see patients of all ages — from newborns to people older than 100 years of age.



Becoming a dermatologist requires many years of education.

A person must successfully complete:



## How do I know if my dermatologist is board-certified?



Look for **FAAD** after your dermatologist's name.

\* **FAAD** stands for Fellow of the American Academy of Dermatology.



**Check your dermatologist's website** to verify that he or she has been certified by the American Board of Medical Specialties, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada.



**Be wary of certifications** from other organizations

# The long road to Dermatology certification in the United States

Valid  
for 10  
years

The ABD  
certifies

Dermatology Board  
Certification

Derm Residency  
4 years

NRMP

4 years

Medical School

4 years

College/Pre-Med

4 years

High  
School



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## Do Your Homework. Know Your Provider.

While many health care providers offer dermatologic care and cosmetic procedures, the results depend on the provider's skill and experience. The American Academy of Dermatology recommends that you do your homework; know the qualifications of the provider you are considering.

		Board-Certified Dermatologist	Nurse Practitioner	Physician Assistant
REQUIRED EDUCATION AND TRAINING	College	●	●	●
	Schooling after College	● ● ● ● 4 years Medical Degree (MD or DO)	● ● ● ● 2-4 years Master's or Doctoral Degree	● ● ● 2-3 years Master's Degree
	Internship	● 1 year		
	Accreditation Council for Graduate Medical Education-accredited dermatology residency	● ● ● 3 years (minimum)		
	Patient care hours	● ● ● ● ● ● ● ● ● ● 12,000-16,000 hours required	● 500-720 hours required	● ● 2,000 hours required
	Board certification through the American Board of Dermatology, the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada	●		



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# Burden of Skin Disease: Effects are far-reaching

## Costs

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# Thank you for your attention!

Pictured below:

Department of Dermatology, University of Minnesota

