

Kingston

Family Health Team

Store Forward Dermatology Program Improves Access

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Store Forward Dermatology Program Improves Access

(With in house removal of Basal Cell Cancer / Squamous Cell Cancer and other types of lesions)

Store Forward technology, a subsection of the Ontario Telemedicine Network, has allowed the Kingston FHT to initiate an innovative partnership with Dr. Frank Horan a dermatologist in Belleville, Ontario.

A large service gap had been identified in the Kingston area for dermatological consult services. Patients had been facing a 12-14 month wait for a specialist appointment.

Store Forward in action...

Using a high resolution camera with macro and a secure internet link, the Physician Assistant (PA) is able to see patients with lesions in 1-2 weeks, take photos of the affected areas and make a detailed dermatological referral electronically. If required the PA can obtain scrapings, biopsies and blood work. At his leisure, usually within 1-2 weeks, the dermatologist reviews the photos and data and returns a diagnosis with treatment suggestions to the physician and PA. If removal of the lesion is recommended, it can be booked and completed by the PA or sent to a plastic surgeon as directed.



Patients are thrilled with the expedited service offered in the comfort of their own family physician's office.

The PA has had several hands-on training sessions with the dermatologist expanding his skill and role in the Team.

Our PA is a Fellow member of the Society of Dermatology Physician Assistants. He is also currently working on obtaining his SDPA Diploma through the University of Texas Southwestern.

In addition, the Primary Supervising Physician and PA attended training sessions with a local plastic surgeon to augment their skill and knowledge.

Store Forward contributes to FHT effectiveness by offering patients:

- improved access to specialist services
- the opportunity for community partnerships
- enhanced collaboration amongst health care professionals
- resolution to a service gap using the PA's unique skills in the pilot project.

113 patients have been seen to date

My Experience with OTN

By Dr. Frank Horan, Dermatologist

The use of the system was very easy. I printed out the history and then went to the film icon and looked at the pictures in order. I would then desire to read the history or repeat the photos. I have no idea what lead me to either decision. Sometimes I used the magnifier. If I was unsure I would "sleep on it" and let my brain work on it overnight. With OTN, I did not feel rushed but then again I did not have immediate access to the patient.

I would always describe the eruption on the "first visit" and if I could not finish, I would save what I had down. If my typing was lost because I pressed to wrong button, 'control Z' would bring it back. I had time to go to the books or Google the Internet for the most recent studies on treatment.

In 2009, I "saw" 43 patients; three of which I saw in the office. One has acquired epidermolysis bullosa or bullous pemphigoid; one had atypical naevi; and another had alopecia areata. I was able to diagnose hidradenitis suppurativa, eczema, psoriasis, tinea under treatment with steroids, lichen planus, actinic keratosis, probable basal cell carcinoma, and probable squamous cell carcinomas.

Difficult to impossible cases for me include dysplastic nevi/early malignant melanoma (without dermoscopy) some alopecias. Some diagnosis can be suspected such as lichen planus (color), contact dermatitis (distribution), psoriasis (distribution, border of lesion). Some diagnoses are pathognomonic such as pustular psoriasis (location & pustules on a plaque).

Most of the time I was "able to see the patient" when I desired to rather than the last patient in the office on a stressful day. I could see the patient comfortably. Intuition (being able to read or see between the lines - not very scientific) may play a role in coming up with the right diagnosis easier. The only way I know of increasing intuition is through meditation (a Buddhist monk or a kundalini yoga teacher could suggest an appropriate meditation). That is my most far out comment of the day!

“It’s a win-win situation for the entire health care system.”



SF DERM CONSULT TEMPLATE

Test, Joe
613-555-5555
04-Oct-1957

Male
1234 123 123 HJ

Reason for Consultation

Rash

Urgency

Within 1 month

Chief Complaint

Papular pustules on torso, back of neck & now spreading to arms
a couple of them have gotten inflamed & he squeezed them for purulent d/c
He feels everyday he is getting another lesion

Clinical History Relevant to Chief Complaint

Patient felt the rash started when he started lantus insulin several months ago
At time of picture taking
(stopped insulin 9 days ago and rash seem to be improving)
(small red macules on arms and abd he has had for several years D/T HCZT/LASIX he states)

Symptoms

Itchy

Relieving Factors

Fuscidin dried up some of the older lesions

Exacerbating factors

None

SF DERM CONSULT TEMPLATE

[9]

Recent environmental factors

None

Recent Travel

None

Treatments / Medications tried for this condition

Fuscidin

Response

No change

Prior Medical Conditions

He has been on entocort for several months due to flare up of ulcerative colitis

Primary lesion

Vesicles, bullae or pustules

Lesion size

Variable from 2-5mm

Distribution

Extremities, Truncal

Body Locations

Started on torso, now some on back of neck & both arms

He is allergic to hydrocortisone cream.

SF DERM REPORT

Dermatology Report

Diagnosis

- #1 keratosis pilaris/no treatment as cosmetic or use lachyrin cream bid(over the counter)
- #2 folliculitis probably pityrosporum folliculitis.

Observations

52 yo insulin dependent diabetic with 2 problems:

- #1 acuminate papules ext arms
- #2 bil asymmetrical eruption consisting of excoriated papules and pustules on the post neck and torso

Current Recommendations and Working Plan

- #1 C&S pustule/if bact 10 day course of antibiotic/
- #2 if negative sporonox 100mg 2 od X 10 days/if it works the DX is pityrosporum folliculitis./if it does not work biopsy pustule./if it returns another course of sporonox then 200mg once a month at the same time to keep under control.May affect liver if anorrhexia he should D/C and contact you.

Additional Comments

any ?/many thanks/frank

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Training required to run Store Forward

- Basic camera skills
- Basic computer skills
- OTN provides training for the selected health care providers that will be operating the Store Forward
 - No advance dermatology knowledge is required (usually the referral is completed by the physician)
 - Training only requires 2-4 hours depending on the skills of the health care provider
 - Instruction given on which types of photos are required and how to take them
 - Training provided on how to use the SF computer program
- Once trained the health care provider can be operating the SF program the next day

Wait Times

Time from Physician/NP request to patient appointment varied from a few minutes to a few days.

Factors that effected this were:

- reaching the patient to book the appointment
- patient availability for the appointment
- PA schedule

1 WEEK REQUEST

From time referral submitted by PA to response from dermatologist = 6 days

1 MONTH REQUEST

From time referral submitted by PA to response from dermatologist = 22 days

Patient Satisfaction Survey

Questions:

Do you feel you had improved access to the dermatologist?

Once diagnosed do you feel you received treatment quickly?

Is there anything you can think of to improve the service?

Comments?

Patient Satisfaction Survey

The comments overwhelmingly voiced the opinion that SF dermatology is a very successful program and they were very appreciative of PA and the service.

87% of respondents were positive about their experience with SF agreeing that there was improved access to the dermatologist

8% of respondents were negative about their experience with SF due primarily to their desire to actually see a dermatologist in person

69% responded that they received treatment quickly

10% commented that the service could be improved with 3 of the 4 suggesting the improvement would be to see the dermatologist in person

Patient Comments

“With the scarcity of dermatologists it’s great that KFHT is doing something. Very helpful.”

“Incredible service.”

“Great service, very fast.”

“Would liked to have seen the specialist in person.”

“Fantastic service. Would have taken a year to get in to see the local dermatologist.”

“Was seen very quickly and is doing very well.”

“It was faster but he would have preferred to see a specialist.”

“Excellent service. Would have had to wait 8 months for appointment and it is being taken care of in 2 weeks.”

“It was quick and easy. Just had to wait for phone call which came within a week.”

“Really pleased with the service, very fast.”

“Very thorough and very professional service.”

“It was great to be seen so quickly.”

QUESTIONS?