

CARE DEFICIT ASSESSMENT SERIES

The AMA asked some of our physician experts how their patients have been impacted by the COVID care deficit. In this series, physicians share insight from the frontlines and the opportunities they see for improvement.

It will take all of us, working together, to recover from the care deficit. We hope to generate discussion among physicians, patients and our health system partners to help find a way forward.

ISSUE 5 DERMATOLOGY DETAILED OVERVIEW

The Care Deficit

As with most health issues, early diagnosis of dermatology-related concerns is key to determining the best possible treatment to ensure positive patient outcomes. Unfortunately, the pandemic has created a care deficit that has impacted dermatology patients, leading to delays in diagnosis and treatment. This has left many Albertans living in pain and in some instances of skin cancer, it has also resulted in delays in care that may shorten lives. Although physicians are doing all they can to help patients navigate the system and receive the care they need, the care deficit has made it increasingly difficult to meet the needs of patients in a timely, effective way.

Skin Cancer

While early detection and treatment is important for every type of cancer, this is especially true with skin cancer. Skin cancer is one of the world's most common cancers and it is estimated that one in five people will be diagnosed with skin cancer by the time they reach the age of 70. Most cases are curable if they are caught early and treated quickly. However, the pandemic has had a dramatic impact on early detection and has resulted in dangerous delays in essential treatment. In many instances, skin cancers that might have been curable are presenting at a stage when there is little that can be done other than offer palliative care.

Here in Alberta, dermatologists report a marked increase in people presenting with advanced stages of disease due to a delay in diagnosis. In some instances, patients may have noticed changes in their skin but avoided seeking care because of fears of contracting COVID-19 in physician offices or other health care settings. Other people may have encountered access issues that made it difficult to see a family physician, who would have noted concerning changes in their skin and facilitated referrals to see specialists for further investigation. Exacerbated during the pandemic, access to primary care has become a province-wide issue, with many family physicians facing practice survivability challenges that have forced them to adjust their practice model or even leave their practice entirely. In some parts of Alberta, patients have begun turning to [emergency departments for primary care](#), including dermatology issues, as they no longer have a family doctor of their own.

Whatever the reason, the number of biopsies being done to detect skin cancer has dropped dramatically, with [one Ontario study showing a seven-fold drop in biopsies in the first six months of COVID-19](#). This reduction in biopsies means an accompanying delay in care that will see many skin cancers progress further and leave patients with ineffective treatment options.

Physicians report seeing multiple surgeries that required aggressive procedures with wide excision resections due to advanced disease. The reduction in the availability of operating room times resulted in some patients being put on chemotherapy in an attempt to control disease progression prior to surgery. Surgery cancellations and postponements became common during each successive wave of the pandemic as hospitals reallocated resources to provide ICU care to COVID-19 patients. During the first three waves of the pandemic, Alberta

reported that more than 30,000 surgeries were delayed, including an untold number of skin cancer surgeries. [The impact on some patients](#) and their prognosis has been devastating, disfiguring and too often deadly. Even accessing surgery done in outpatient clinics under local anesthetic was difficult due to the need for increased PPE and sanitization precautions, which in turn decreased the number of procedures being done. These delays have created additional stresses and anxiety for people who are already dealing with the mental health challenges that accompany serious diseases.

Many patients are being triaged based on the size of their lesion and pathology report after biopsy, although COVID-related delays in care can see change in both the diagnosis and the treatment plans. Physicians describe specific situations such as a patient with [Basal Cell Carcinoma](#) waiting so long to be seen without care, that a [Merkel Cell Carcinoma](#) was missed that required a wider and deeper excision. Another patient with a rapidly growing lesion that might have responded well to surgical resection required follow-up adjunctive chemotherapy. Several studies have noted that there has been an increase in [people presenting with later-stage melanoma during the pandemic](#). Although the problem is not unique to Alberta, it will have long-reaching consequences for thousands of Albertans.

Physicians and their staff agree that a fear of in-person contact with health care providers and other patients made many patients hesitant to seek care about new or existing skin concerns. Unlike other cancers, skin cancers are usually visible but without visiting their physicians, patients were required to accept more responsibility in making an informed decision on when to seek treatment. [Resources that help people understand what to watch for](#), although helpful, leave much of the responsibility for determining what to be concerned about in the hands of patients who are not trained to assess changes or risk.

In some instances, physicians adapted to virtual appointments which allows for some visual examinations of concerning lesions. Many elderly patients found it challenging to use Zoom technology, making it difficult to do skin exams by video. As our population ages, it will become increasingly important to meet the needs of elderly patients, finding ways to both encourage in-person appointments and help them use technology more effectively.

Other Skin Conditions

In addition to the significant impact the care deficit is having on skin cancer diagnosis and treatment, delays in care are also affecting other important areas of skin health. Other subspecialty areas, such as contact dermatitis testing, wound care, pediatric dermatology, cutaneous lymphoma and immuno-dermatology are areas of care where caseloads are high and access to care is limited. Most of these subspecialty areas in dermatology are run by single physicians, and even small changes in access result in significant delays in patient care. Physicians working in these areas have seen their wait times increase from four months to over a year.

There are also downstream effects. Delays in testing for a metal allergy for example, will impact a patient's eligibility for certain medical procedures, including surgery for some cardiac procedures that require patch testing before proceeding.

Increased wait times have amplified the fear and frustration of many patients, who have become increasingly irritable and anxious because they mistakenly believe physicians can influence and increase capacity in the system.

In reality, the system was stretched thin before COVID-19 with limited ability to absorb extra cases. Although Alberta Health Services has invested additional funds to address some surgical backlogs, there has been no investment in doing more specialized procedures such as photopatch testing, pediatric dermatology care or

specialized cancer surgery. The resulting pressures have exacerbated the stress and burnout many physicians are facing, with some adjusting their practices to address growing wait lists and the increased urgency of cases as a temporary solution.

At the same time, dermatologists have been called upon to help understand issues such as the [pediatric inflammatory multisystem syndrome](#) temporally associated with SARS-CoV-2 infection, which is often difficult to distinguish from [Kawasaki disease](#). COVID-19 has also created new challenges for the management of patients with cutaneous disease who may be receiving systemic immunosuppressive therapy such as corticosteroids and biologic agents. It is important to understand the implications for those patients when they experience COVID-19 infections.

Short-Term Strategies, Work-Arounds and Solutions

- Alberta's dermatologists have been attempting to address the delays in care by increasing the number of hours worked, but this is unsustainable and has led to physician burnout.
- Physicians have been working to advocate on care deficit delays by alerting decision makers and the public about the urgency of the backlog and the need for more health care resources.
- Physicians have adapted to offer virtual care appointments, using video whenever possible to assess lesions and prioritize surgeries. When video is not an option, physicians have asked patients to submit photos in advance and then connect with them via phone appointments.
- Efforts have been taken to educate and counsel patients about the various precautions taken in surgical centres to provide safe care and minimize transmission of COVID-19.

What's Needed in the Long Run

- Create central access and triage programs to ensure most urgent patients are prioritized and directed to the first available dermatologist/surgeon.
- Ensure fair and reasonable remuneration for dermatologists. Dermatologists in Canada are medical specialists with an extra five years of post-medical school training and are certified by the Royal College of Physicians and Surgeons of Canada.
- Screening programs staffed by family physicians with additional training and experience would help ensure the most urgent and appropriate patients are seen first. This would likely provide the greatest benefit in regional centres.
- Review the decisions that led to clinic and surgical centre shutdowns during the pandemic. These lessons will allow us to prepare and plan for future health care crises.
- Integrated EMRs would allow for more rapid referrals.
- Help train personal care aids who work in home care or in supportive living facilities to identify suspicious skin lesions on patients.

Resources for patients

[Cancer Care Alberta](#)

Alberta Health Services - [Snapshot of Skin Cancer Prevention Facts and Figures](#)

[Alberta Society of Melanoma](#)

Canadian Cancer Society – [Reducing Your Risk of Melanoma](#)

Melanoma Network of Canada – [Skin Cancer Prevention](#)

Canadian Skin Cancer Foundation

- [Early Detection](#)
- [Types of Skin Cancer](#)
- [Sunscreen](#)

Thank you for your interest in this issue!

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