

CARE DEFICIT ASSESSMENT SERIES

With the assistance of the Joint Physician Advocacy Committee, the AMA is releasing a series of issue papers relating to different aspects of the COVID care deficit. These talking points are for you in case of conversations with patients or others.

ISSUE 5 DERMATOLOGY PHYSICIAN TALKING POINTS

Impacts on patients

- The care deficit has had a dramatic impact on the early detection, diagnosis and treatment of dermatology-related issues, including skin cancer.
- Some patients avoided seeking care because of fears of contracting COVID-19, while others had difficulties accessing essential primary care.
- Without family doctors, patients have begun turning to [emergency departments for care](#).
- An increasing number of dermatology surgeries require wider excision resections due to advanced disease.
- Surgical delays necessitate some patients undergoing chemotherapy to control disease progression prior to surgery.
- Other important areas of skin health such as contact dermatitis testing, wound care, pediatric dermatology, cutaneous lymphoma and immuno-dermatology are also facing serious delays.
- Wait times in these areas have increased from four months to over a year.
- Delays in testing for metal allergies will impact a patient's eligibility for certain medical procedures, including cardiac procedures that require patch testing.

Impacts on staff/physicians

- Care delays are exacerbating the fear and frustration of patients.
- The resulting pressures have added to the stress and burnout many physicians and health care teams are experiencing.
- Physicians have tried to address the delays in care by working more hours, but this is unsustainable.

Solutions

- Offering virtual care appointments, using video whenever possible to assess lesions and prioritize surgeries.
- Educating and counselling patients about the various precautions that minimize transmission of COVID-19.
- Creating central access and triage programs to ensure most urgent patients are prioritized and directed to the first available dermatologist/surgeon.
- Screening programs staffed by family physicians with additional training and experience would help ensure the most urgent and appropriate patients are seen first.
- Training personal care aids in home care/supportive living facilities to identify suspicious skin lesions.

Resources for patients

We have compiled a list of resources for patients, families and caregivers. We hope that it will be helpful. The list is not exhaustive, and the AMA is not associated with the delivery of any of these services.

More information is available in the [Detailed Overview](#).

Thank you for your interest in this issue!

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.