SKIN

COVID CONCEPTS

Virtual Continuity Clinics: A Hybrid Approach to Longitudinal Patient-Dermatologist Relationships in the Wake of COVID-19

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ABSTRACT

The COVID-19 crisis has altered the delivery of healthcare due to the rapid utilization of telemedicine. Dermatology residency programs may benefit from the use of teledermatology for the purposes of establishing and maintaining continuity over a three-year training program. We examine the current evidence on the effect of continuity on patient and resident satisfaction and elaborate on how teledermatology can help to overcome some of the barriers to longitudinal care. Integrating teledermatology into a continuity clinic allows resident physicians to check-in more frequently with patients and provide medication monitoring. We offer suggestions on how programs can integrate teledermatology into a virtual continuity clinic for residents.

The current coronavirus pandemic (COVID-19) caused by the novel SARS-CoV2 has revolutionized medical practice in the United States. Physicians have rapidly adopted telehealth to communicate with their patients and it may remain an important tool for maintaining continuity of care in residency programs. Continuity of care, or longitudinal patient-physician interaction, is associated with greater patient satisfaction, including more appropriate follow-up care and fewer missed appointments.[1] More patient-physician contact can lead to stronger patient-physician relationships and higher rates of resident satisfaction.[1,2] Continuity has historically been challenging to achieve in ambulatory graduate medical education (GME) training settings.[1] The implementation of virtual continuity clinics in dermatology via telehealth during the COVID-19 pandemic may highlight its merits in GME training.

Resident scheduling and time constraints are the main barriers to maintaining longitudinal care in ambulatory medical specialties. Methods to improve continuity in medicine and pediatrics residency programs showed mixed results when using same-day appointments, scheduling to an individual resident or team, and fixed day clinics.[1]

Appropriating a fixed time for virtual continuity clinics allows residents to connect with patients seen in clinic or following discharge from the hospital. Virtual continuity visits can be scheduled with the same faculty teams that previously evaluated the patient in-person. While it may be challenging to include all team members from the patient's initial visit, having the same resident-physician at follow-up can solidify patient-physician rapport. These check-ins are opportunities to address patients' concerns, monitor symptoms, emphasize medication adherence, and assess medication side effects. Residents can participate in patient and family education and identify social and environmental barriers to care. Tele-dermatology could be used to connect with

every new patient seen by a resident in clinic, or used to follow up biopsy results during the resident's scheduled continuity clinic. Additionally, any patient starting on a new high-risk medication could be assessed by telehealth within 1-2 weeks of starting the medication. This could decrease patient dosing errors that we commonly see during the use of weekly dosed medications, such as methotrexate.

Virtual visits provide ease of access, eliminating the need for patients and residents to travel to specific clinics. This would significantly decrease travel time for patients who live in rural areas that lack dermatologic care. Virtual or telephone encounters could offer greater access to these underserved patient populations who are at most risk of being lost-to-follow-up due to lack of reliable transportation and limited sick-days.[3,4] Many of the underserved also lack computers for telemedicine, but in our experience most lower-income patients do have a cellular phone and can download a telehealth application. Continuous care for these vulnerable groups can provide increased access to medical services. In the past, both patients and residents have generally been satisfied with teledermatology.[5] While both groups preferred in-person consultations over telemedicine visits, satisfaction with teledermatology still remained high and mainly differed based on the format offered (e.g. store-and-forward versus live-interactive sessions).[5] During the current COVID-19 pandemic, teledermatology may emerge as a suitable alternative for establishing longitudinal care for patients.

The virtual continuity model can be applied to medical specialties that include inpatient and ambulatory care to improve health care transitions. After a patient's initial visit at the hospital or clinic, he or she can be monitored over time ideally by the same team of physicians who performed the initial in-person evaluation through virtual visits. Dermatology program directors can assess residents' and patients' experiences with telehealth during the COVID-19 pandemic to determine the feasibility of this model downstream. In the wake of COVID-19, this hybrid model consisting of both telehealth and office visits may reset the culture of care to support longitudinal interactions between patients and their physicians.

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