



# Increasing Access to Specialized Dermatologic Care Through a Volunteer-Driven Free Clinic

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## Abstract

Approximately 40% of individuals in the United States live in areas underserved by dermatologists. The lack of specialized skin care is particularly pronounced among patients without insurance coverage, as almost half of all dermatologists do not see uninsured patients. We report our experience with the Venice Family Dermatology Clinic, a volunteer-driven dermatology clinic in Los Angeles, California. Several unique features of the clinic include: operating within a larger primary care free clinic that provides referrals and clinic space, having access to an in-house pharmacy, and collaborating with an academic center that provides pathological examination of tissue samples. We hope that the noteworthy features of this clinic may serve as a guide to improve the quality of care and teaching offered at other free dermatology clinics.

The United States is currently experiencing a dermatology workforce shortage, with over 40% of citizens living in areas underserved by dermatologists.<sup>1-3</sup> This has translated to long wait times to see a dermatologist, even among patients with urgent conditions such as changing pigmented lesions.<sup>4</sup> The lack of specialized skin care is particularly pronounced among patients without insurance coverage, as almost half of all dermatologists do not see uninsured patients.<sup>5</sup> With few other options, many patients present to the emergency department with cutaneous complaints. Dermatologic issues accounted for 4.2% of total emergency department visits in 2010.<sup>6</sup> Patients without insurance are also more likely to miss routine checkups, including skin cancer screenings.<sup>7</sup> Accordingly, skin cancer morbidity and mortality are disproportionately higher among the uninsured, who present with relatively more advanced disease than their insured counterparts.<sup>8-10</sup>

Since its inception, the Affordable Care Act has made great strides in reducing the number of uninsured Americans.<sup>11</sup> However, millions of Americans who remain uninsured or underinsured continue to rely on volunteer-driven free clinics as safety nets for their medical needs.<sup>12</sup> For such patients who present with cutaneous diseases beyond the scope of clinical knowledge of primary care physicians, referral to dermatology specialists may be necessary.

To address the need for increased access to specialized dermatologic care among the underserved population in Los Angeles, California, the Venice Family Dermatology Clinic, a volunteer-driven dermatology free clinic, was started in 1999. The dermatology clinic is integrated into the non-profit Venice Family Clinic, which offers an existing infrastructure for providing free medical care to the uninsured population of greater Los Angeles County. The Venice Family Clinic provides the Dermatology

Clinic with patient referrals from the associated primary care clinic, office space where patients are seen, and basic supplies such as liquid nitrogen. The Venice Family Dermatology Clinic possesses several noteworthy qualities that allow delivery of superior patient care.

The Venice Family Dermatology Clinic provides an in-house pharmacy that offers common dermatologic medications, including topical corticosteroids, antibiotics, and antifungals. This was made possible by the Dermatology Clinic's partnership with the Venice Family Clinic, which funds the pharmacy and provides the Dermatology Clinic with full access to all medications and supplies. Prescriptions are provided for patients who require more advanced therapies, provided they have the financial means to procure the medication from an external pharmacy. Because patients at free clinics typically lack insurance coverage for prescription medications, it is likely that the provision of basic, highly used dermatologic therapies by free clinics may improve patient compliance with therapies that patients might not otherwise be able to afford.

At each clinic session, we encounter one or two cases that are clinically equivocal and require histopathological examination for confirmation of diagnosis. The Venice Family Clinic has met this need by initiating collaboration with the University of California, Los Angeles (UCLA) Department of Pathology, which provides the resources necessary for creating and evaluating pathology slides. For dermatology free clinics in close proximity to academic centers, it is highly advisable to seek such assistance with pathologic examination of tissue samples, as this greatly increases the breadth of clinical practice possible in the free clinic setting.

Dermatology faculty from UCLA and the University of Southern California (USC), as well as several private practitioners, alternate as supervisors at the Venice Family Dermatology Clinic. In addition,

senior dermatology residents are encouraged by faculty to attend the clinic, where the residents are given increased autonomy over diagnostic and therapeutic decisions. The incorporation of senior residents into the free clinic serves several important purposes. Most importantly, a larger number of independent practitioners translates to longer, more dedicated visits with patients, especially for those who present to the clinic with multiple, often long-neglected medical problems. The increased responsibilities entrusted to senior residents also serve to decrease the patient burden on the attending physician. In addition, senior residents are able to serve in a teaching role for volunteer medical students.

Beyond providing an affordable source of dermatologic care for patients, the Venice Family Dermatology Clinic offers educational benefits for participating volunteers. Between five and fifteen patients are seen at each session. To accommodate these patients, one senior attending physician, two dermatology residents, and three medical students attend each clinic. All patients are notified prior to the visit that they will speak with a student prior to meeting the attending dermatologist. This practice provides realistic time expectations for patients. Furthermore, all visit notes are first drafted by students and subsequently reviewed and signed off by faculty. This practice not only provides students with opportunities to hone essential documentation skills, but it also increases the efficiency of the free clinic sessions. The attending physician may also utilize unoccupied intervals to teach students about common dermatological disorders.

In our experience, volunteer-driven free dermatology clinics are an effective means of providing specialized skin care to the underserved population. The Venice Family Dermatology Clinic features several unique characteristics that have served to improve the quality of care provided to patients. These include operating within a larger primary care free

clinic that provides referrals and clinic space, having access to an in-house pharmacy, and collaborating with an academic center that provides pathological examination of tissue samples. Additionally, the clinic offers opportunities for medical students to gain essential clinical experiences in dermatology. We hope that the Venice Family Dermatology Clinic may serve as a guide to improve the quality of care and teaching offered at other dermatology free clinics.

## References

1. Kimball AB, Resneck JS, Jr. The US dermatology workforce: a specialty remains in shortage. *Journal of the American Academy of Dermatology*. 2008;59(5):741-745.
2. Resneck J, Jr., Kimball AB. The dermatology workforce shortage. *Journal of the American Academy of Dermatology*. 2004;50(1):50-54.
3. Suneja T, Smith ED, Chen GJ, Zipperstein KJ, Fleischer AB, Jr., Feldman SR. Waiting times to see a dermatologist are perceived as too long by dermatologists: implications for the dermatology workforce. *Archives of dermatology*. 2001;137(10):1303-1307.
4. Tsang MW, Resneck JS, Jr. Even patients with changing moles face long dermatology appointment wait-times: a study of simulated patient calls to dermatologists. *Journal of the American Academy of Dermatology*. 2006;55(1):54-58.
5. Resneck JS, Jr., Isenstein A, Kimball AB. Few Medicaid and uninsured patients are accessing dermatologists. *Journal of the American Academy of Dermatology*. 2006;55(6):1084-1088.
6. Chen CL, Fitzpatrick L, Kamel H. Who uses the emergency department for dermatologic care? A statewide analysis. *Journal of the American Academy of Dermatology*. 2014;71(2):308-313.
7. Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet health needs of uninsured adults in the United States. *JAMA*. 25 2000;284(16):2061-2069.
8. Buster KJ, Stevens EI, Elmets CA. Dermatologic health disparities. *Dermatol Clin*. 2012;30(1):53-59, viii.
9. Roetzheim RG, Pal N, Tennant C, et al. Effects of health insurance and race on early detection of cancer. *J Natl Cancer Inst*. 1999;91(16):1409-1415.
10. Bilimoria KY, Balch CM, Wayne JD, et al. Health care system and socioeconomic factors associated with variance in use of sentinel lymph node biopsy for melanoma in the United States. *Journal of clinical oncology: official journal of the American Society of Clinical Oncology*. 2009;27(11):1857-1863.
11. Blumenthal D, Abrams M, Nuzum R. The Affordable Care Act at 5 Years. *N Engl J Med*. 2015;372(25):2451-2458.
12. Darnell JS. Free clinics in the United States: a nationwide survey. *Archives of internal medicine*. 2010;170(11):946-953.