



# Guideposts for the Future of Medical Dermatology



The specialty is under fire. Here are some ways to keep on track.

BY NEAL BHATIA, MD

>> “Dermatology” was perhaps once synonymous with the medical specialty of physicians who focused on diseases of the skin, hair, and nails. It is one of the most difficult medical residency positions to obtain through the match, involves some of the most diverse and stimulating medical content, and patients actually get better in dermatology.

But our specialty is under fire. Ahead, I outline considerations to assure the future of medical dermatology.

## PATIENTS ARE NOT CONSUMERS.

In the eyes of today’s patients, known now as consumers, “Dermatology” is interchangeable with various other, less-specific terms. “Skin Care Clinic,” “Skin Specialist,” and many synonyms used for marketing have diluted the perception of the practice of dermatology. Today “dermatology” is also being “practiced” by non-physicians from many levels of training, supervision, and quality assurance...and in some cases, none of the above.

The notion of the “healthcare consumer” is not derived solely from the fee-for-service model of aesthetic medicine. Even there, the notion is misleading. Surely patients can be empowered to be partners in their own care, but we should not equate receiving medical care with shopping, dining, or house repairs.

## PHYSICIANS ARE NOT PROVIDERS.

There is nothing elitist or insensitive about using our hard-earned titles. Sometimes for expediency and sometimes for more questionable reasons, middle management of healthcare systems, the pharmaceutical industry, the media, and others have marginalized what a dermatologist either can do or is perceived to be able to do, distilling them down to “providers,” equivalent to those with far less training or acumen for patient care.

If we do not continuously emphasize and defend our status as physicians who are board certified in dermatology, and do

nothing to promote our value to the medical community, then patients will not fully appreciate our training, expertise, and proficiency in patient care...with potentially devastating results.

## WE CAN—AND SHOULD—PARTNER WITH INDUSTRY.

In 2019, the relationship between dermatologists and the pharmaceutical industry—once a strong partnership—has been diminished so that pharma is left to focus on their new favorite volume customers: non-physician prescribers.

More dermatologists seem to come out of residency training with contempt for the pharmaceutical industry. This likely stems from the fact that most programs forbid interaction between residents and industry, and some mentors are hostile toward pharma. And the result? Dermatologists are learning less and less about new innovations, new vehicles, and even worse, deprived of the education of how to make a decision on ethical relationships, since those decisions are made for them, despite their being some of the smartest graduates from medical school.

But if dermatologists don’t partner with industry, where will the next crop of speakers/educators, advisors, and innovators come from? Is it better to let pharmaceutical companies work with non-physician prescribers, who will only speak at sponsored presentations, which must be on-label and company approved? That might work for pharma, since these “speakers” lack the scientific knowledge to go off the script, and therefore avoid the penalties for promoting their products off-label or adding their own two cents.

Access an annotated version of this article online at [PracticalDermatology.com](https://www.practicaldermatology.com), where you can see commentary from other leading dermatologists.

## How Many of Us?

**10,845** practicing dermatologists in US

+ **1.76%** CAGR from 2009

**3.4** Dermatologists/100,000 people

+**3.2%** from 2009

+**500** Dermatologists enter workforce annually post-residency

-**325** Dermatologists retire annually

—*J Am Acad Dermatol 2017;77:746-52.*

Let's also keep in mind that pharmaceutical companies support our societies and society meetings. Where will we find funding if we alienate pharma? Do we have enough support from generic drug manufacturers to promote medical education for our residents and our colleagues? And who will pay for the increase in membership dues and meeting registrations when pharma decides that there is no return on their investment to support a specialty that looks with contempt on their existence based on philosophy?

### WE MUST ALSO PROMOTE TRADITIONS.

Already we see that non-physicians diagnosing and treating patients in dermatology are knowledgeable about the commonly used prescription drugs but may be unfamiliar with long-used and still-effective dermatology remedies. Biologics, isotretinoin, or other complex therapeutic regimens may well be the best bet for a given patient, but many supervising dermatologists stand by methotrexate, precipitated sulfur, intramuscular steroids, and even Grenz Rays.

### WE SHOULD DRIVE THE DIALOGUE.

Can Physician Assistants and Nurse Practitioners help increase patient access to dermatology care? Of course—with proper training and working appropriately along with a board-certified dermatologist. However (perhaps as a result of dermatologists' own unwillingness to take a unified approach to the issue), NPs and PAs in dermatology are representing themselves to the public without our involvement. Sure, they often make reference to partnership with dermatologists, but we might better reflect the importance of collaboration if we collaborated on *messaging*, too!

Additionally, some Nurse Practitioners and PAs (not all, and not necessarily in dermatology) are now being called "Doctor" by obtaining degrees, often outside of accredited

## The Top 3

Following are the most popular responses from dermatologists to questions about practice.

### Most Challenging Part of the Job

**39%** So many rules and regulations

**16%** Difficult patients

**15%** Getting fair reimbursement from Medicare

### Hours Per Week Spent on Paperwork/Administration

**37%** 10-19

**33%** 5-9

**20%** Less than 5

### Minutes with Each Patient

**43%** 9-12

**25%** 13-16

**19%** Less than 9

—*Medscape Dermatologist Compensation Report 2017. medscape.com*

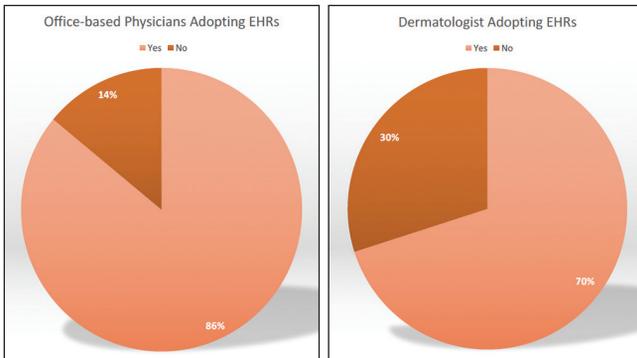
medical schools. Yes, a PhD is referred to as "Doctor," but in a clinical setting, this creates confusion for patients. Just as vexing, in a nationwide media campaign, a PA from a large venture capital-based practice referred to herself as a "Board-Certified Derm PA." No such thing exists...to date, there is no board certification in dermatology for PAs, and the AAD made sure that they were aware of their infraction. But how many more of these scope of practice and marketing violations occur? If the practitioner is not truly a doctor of medicine, should the title "doctor" enter the clinic arena?

### WE MUST ADVOCATE.

Medical Dermatology is basically on life support as many dermatologists are disillusioned by endless regulation, beat downs by pharmacies, insurance, the cursed prior authorization, and the declining reimbursements associated with actually being a doctor.

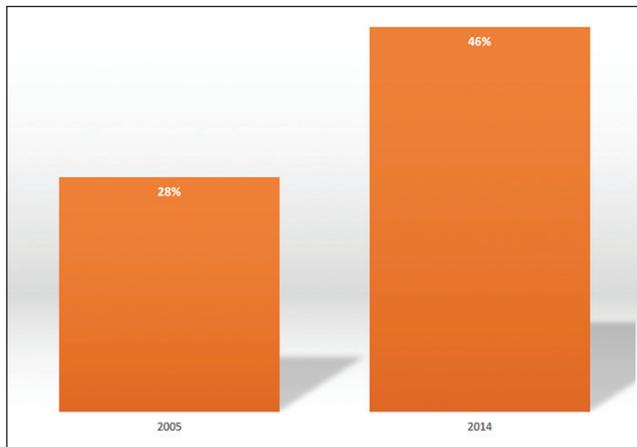
Non-physician prescribers don't carry the same burdens of liability, Sunshine Act reporting, or even the challenges of practice ownership and management that dermatologists do.

In 2019, dermatologists have continued to show that they have lost control of the specialty. These shifts are not only in full motion, they are going to lead to the eventual phasing out of dermatologists as too expensive, unable to collaborate, and too afraid of their own shadows.



**Fig. 1 Rates of EHR Adoption**

Sources: J Am Acad Dermatol 2017;77:746-52 and The Office of the National Coordinator for Health Information Technology



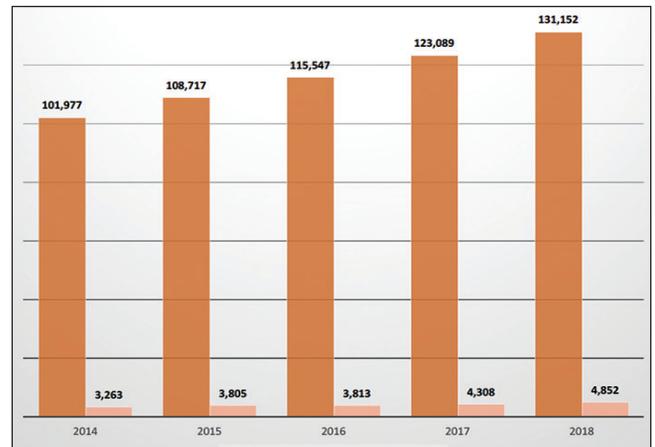
**Fig. 2. % of Dermatologists Employing PAs or NPs**

Source: J Am Acad Dermatol 2017;77:746-52.

**LOOK TO THE FUTURE**

All is not lost. Dermatology has a rich history and retains an established and respected place in the house of medicine. It should be noted that other medical specialties face many—but perhaps not all—of the challenges that dermatology does. If we remain dedicated to advocating for ourselves and for our patients, then we can continue to be a vibrant and successful specialty. ■

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**Fig. 3. PAs in Medicine (darker shade) and PAs in Dermatology**

Sources: NCCPA Statistical Profiles and AAPA Salary Surveys

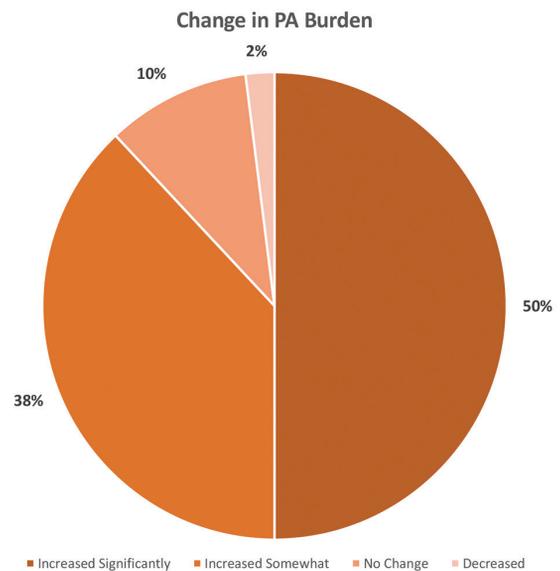
**A Closer Look at Prior Authorizations**

~ 8% of Derm Prescriptions Require Prior Authorization (PA)

**Prior Authorizations Most Frequently For:**

- Topical steroids
- Topical antibiotics and antifungals
- Topical retinoids

—Popatia S, et al. JAAD, In Press



**Fig. 4. Prior Authorizations**

Source: JAAD, in Press and AMA 2018 AMA Prior Authorization (PA) Physician Survey