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Q&A

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What is dermatology? Dermatology is the medical specialty that covers disorders of the skin, hair, and nails. Long ago, dermatologists also treated sexually transmitted diseases, most notably syphilis.

What are the most common conditions you treat? There are more than 4,000 dermatologic diseases and disorders. Many are quite common, including acne, psoriasis, vitiligo, eczema, atopic dermatitis, and dry skin. I also do skin examinations, mole checks, and skin cancer treatment. In addition, dermatology has evolved to treat signs of aging skin, a field known as cosmetic dermatology. We see a lot of patients for skin rejuvenation treatment for frown lines, unwanted facial lines, and other signs of aging skin.

For what conditions do you recommend scheduling an appointment with a dermatologist? Any time there is a skin disorder or disease, it's always appropriate to schedule an appointment to see a board-certified dermatologist or a primary care provider for referral to a dermatologist. Also, for any mole that is changing size, color, or shape, or that bleeds and does not heal in three weeks, see a dermatologist immediately or contact a primary care provider for evaluation and/or referral to a dermatologist.

What difficulties can a patient expect in scheduling an appointment with a dermatologist? Because less than 1 percent of all practicing physicians are dermatologists, demand for appointments surpasses supply by far. Therefore, dermatologists tend to schedule weeks to months in advance. However, I tell my patients two things:

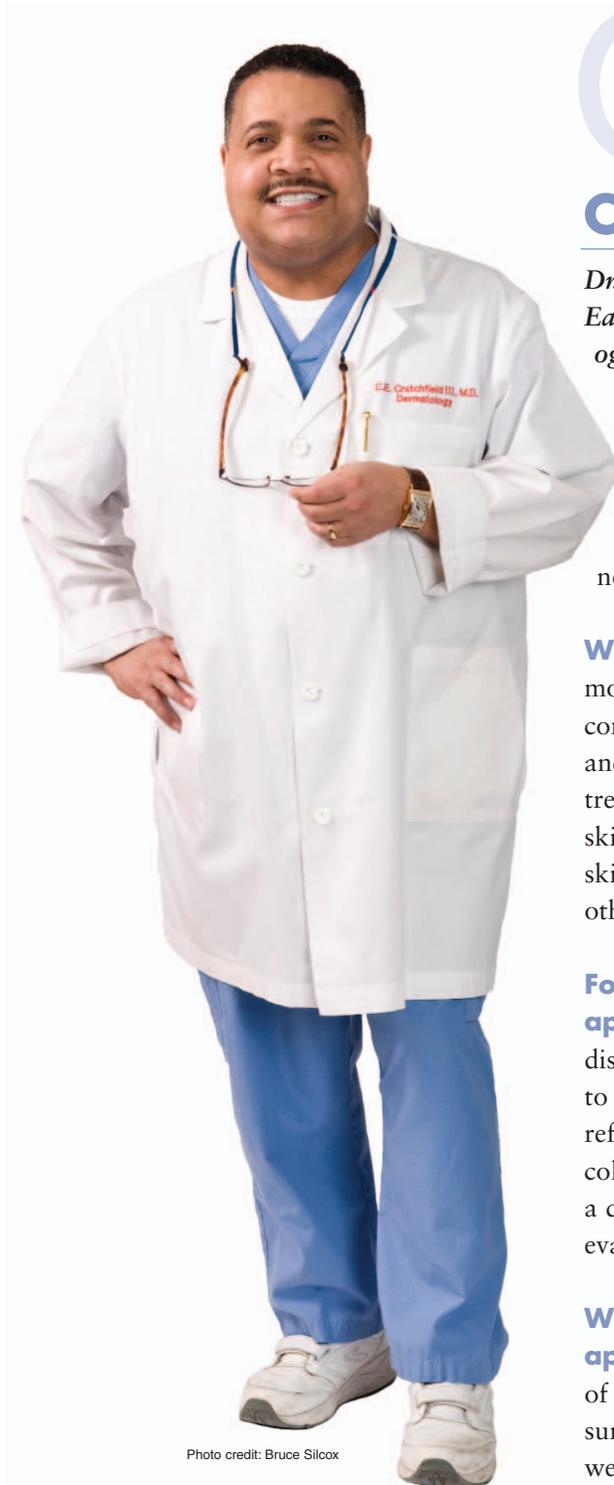


Photo credit: Bruce Silcox

First, be flexible. All physicians' offices have cancellations and if patients call on a regular basis and their schedule is flexible, they can certainly get in in a timely manner. It's also important to keep the first appointment because often it's much easier to get a follow-up appointment.

How does a dermatologist work with a primary care physician? I take telephone calls several times a day from primary care colleagues who have questions about patients with skin-related concerns. I have two emergency slots in my daily schedule for patients with acute skin care needs who have been referred to me by primary care physicians. I also give skin care talks at educational conferences and at the annual conventions of the Minnesota Association of Family Practice and the Minnesota Association of Physician Assistants.

What are the most significant advances that you have seen in dermatology? Before my time, there was the invention of steroids. Since then, there have been significant advances in the laser treatment of skin conditions, both medical and cosmetic. Also, there is a new class of medications called biologic agents that are used systemically to treat many of the generalized inflammatory conditions, most notably psoriasis. Finally, there is wider acceptance and use of Accutane to treat acne. It's nice to have a tool that, if used very carefully and appropriately, can make such a difference in patients' lives.

What health policy issues are important to you? For me as an independent dermatologist, the first is access. We must provide coverage for all Americans. The second is cost-effectiveness. We need to eliminate wasteful, ineffective spending. The third is patient choice. Patients need to be able to access the right provider, without undue constraints by insurance companies or integrated care systems. The health reform bills passed by Congress do begin to address access. However, they are likely to lead to higher costs. In addition, consolidation among both insurers and providers is likely to accelerate as a result of the current legislation, threatening patient choice.

Are there insurance issues related to coverage of dermatological procedures? The primary issues relate to the standards for covering high-cost drugs or treatments. Insurers are reviewing usage patterns more closely, focusing on physicians who exceed expected rates. Unfortunately, in many cases, insurers have bad or incomplete data, so what appears on the surface as over-utilization may in fact reflect that a physician is treating more complex cases. As a consequence, the physician may appear to incur higher costs, putting him or her at risk of payment sanctions and/or expulsion from a network. Long-term, this can be detrimental to quality and cost-effective care. The patient's ability to select the physician of his or her choice is paramount and should be limited only by whom the state licenses to practice medicine in Minnesota.

What future developments do you foresee in dermatology? There will be many more products developed to treat aging skin, including medicinal treatment and laser treatment. There also will be many, many more biologic agents developed to treat skin diseases, both inflammatory and genetic.

What can readers do to take care of their skin? The four basics for good skin care are gentle cleansing, hydration, protection, and correction. I recommend very, very gentle cleansers such as Vanicream cleansing bar, Cetaphil, Purpose, and Dove. It is also vitally important to put on a good moisturizing lotion after bathing every day and apply it to the hands after handwashing, especially in winter. Protection from ultraviolet radiation requires a sunscreen with an SPF of 30 or higher and that also contains ultraviolet A protection against skin cancer and wrinkles. Apply sunscreen 20 minutes before going out in the sun and reapply every hour. Correction can involve anything from alpha-hydroxy acid treatments for skin rejuvenation to lasers and injectable Botox and Restylane treatments. Finally, everyone should have a baseline skin examination and follow-up examinations at recommended intervals. ❏



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