Numerous studies comparing store-and-forward (S&F) teledermatology with conventional, face-to-face care have shown several advantages of S&F teledermatology, including improved patient access, comparable diagnostic accuracy, cost-effective care, and remote medical education. However, despite these reported benefits of teledermatology in the medical literature, the pace of adoption for S&F teledermatology in the United States has not been as rapid as it might be.

Perception of teledermatology by dermatologists who do not practice it is unknown in the United States. This is an important area of investigation because the findings could help identify areas of opportunity to increase teledermatology adoption in the dermatology community at large.

Methods. This study was approved by the institutional review board at the University of California Davis. The Center for Connected Health Policy provided the research team with a list of board-certified dermatologists. Using a multi-pronged approach, we sought to identify all California dermatologists not practicing S&F teledermatology. From September 2010 to March 2011, we randomly surveyed these dermatologists to ask why they did not practice teledermatology.

Results. Of the 120 questionnaires distributed, 26 (21.6%) were returned. The responding dermatologists reported their level of agreement with reasons for not practicing S&F teledermatology by ranking them 1 (disagree strongly) through 6 (agree strongly) (Figure 1).

The dermatologists cited the following 2 top reasons for not practicing S&F teledermatology: (1) lack of understanding of reimbursement (median rank, 6.0; IQR, 5.0-6.0) and; (2) significantly increased medical-legal risk that teledermatology might impose on their practice, compared with in-person treatment (median rank, 6.0; IQR, 5.0-6.0). The dermatologists reported moderate agreement with the following reasons for not practicing teledermatology: lack of understanding of setup requirements (median rank, 5.0; IQR, 3.3-6.0) and potentially lower teledermatology reimbursements (median rank, 5.5; IQR, 4.0-6.0). Lack of in-person interaction was the reason least cited by the respondents for not practicing teledermatology.

In addition to inquiring into reasons why dermatologists did not practice teledermatology, we asked the dermatologists to assess incentives for them to practice teledermatology. The level of importance was evaluated on a Likert scale from 1 (very unimportant) through 6 (very important) (Figure 2).

The respondents reported the following 4 factors to be very important incentives for them to practice teledermatology: (1) being trained in reimbursement; (2) receiving reimbursement similar to that received for in-person treatment; (3) being informed about the legal risks involved in teledermatology practices; (4) being assured that the medical-legal risks are not greater for teledermatology than they are for in-person visits.

Comment. To our knowledge, this is the first survey to investigate dermatologists’ stated reasons for not practicing teledermatology and potential incentives for encouraging future participation. By studying these dermatologists, we identified barriers in California to providing teledermatology services and incentives to gal-

See also page 650

Figure 1. Reasons for not practicing teledermatology. Bubble indicates median rank; error bars, interquartile range.
vanize the dermatology workforce to participate in teledermatology. Adoption of new health policies that address the perceived barriers to teledermatology and provide incentives for provider participation will be important for sustainability of teledermatology practices.

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**PRACTICE GAPS**

The Barriers and the Promise of Teledermatology

The study by Armstrong et al calls attention to an important practice gap facing our specialty. Many Americans do not have meaningful access to expert dermatologic care because they are uninsured or underinsured, and many more lack access simply because of where they live. Telemedicine technologies currently available are of high quality and have become affordable. Why are they not more widely used? This study points to several perceived barriers among nonusers, particularly concerns about liability and reimbursement. Also, most dermatologists currently practicing in the United States have not received training or mentoring in the use of store-and-forward (S&F) teledermatology or information about reimbursement during residency training. Furthermore, most have more patients seeking in-person services than they can handle, as evidenced by the marked increase in the use of mid-level dermatology providers to meet the demand. Of note, a lack of comfort with diagnosing via teledermatology was not an important barrier even among nonusers. In sum, incentives have not been strong enough to encourage most dermatologists to try S&F teledermatology.

While the health care landscape of the future with “accountable care organizations” and “patient-centered medical homes” is uncertain, many expect that dermatologists will be asked to practice in a more integrative way with primary care colleagues and others. Store-and-forward teledermatology can be used to overcome one of the major ob-