



# Optimizing Healthcare Delivery in Dermatology

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Insights From a  
Multi-Stakeholder Initiative



# Acknowledgments



This insight report was informed by the insights from a diverse panel of dermatologists who contributed their time and expertise. We appreciate their thoughtful participation and commitment to advancing dermatologic care.



# Table of Contents

Optimizing Healthcare Delivery in Dermatology	4
Summary of Optimizing Healthcare Delivery	5
Findings	6
Programs and Resources to Address Barriers	8
Aspirational Considerations for Future Initiatives	12
Strategies to Help Optimize Delivery of Dermatology Across the Spectrum of Patients	13
Conclusions	15
References	16

# Optimizing Healthcare Delivery in Dermatology

## Background and Methodology

A practical roadmap to improve access, equity, and delivery in dermatology.

### Background

Dermatology practices face persistent challenges in delivering consistent, high-quality care across a broad range of patient populations. These include medication affordability, missed appointments, and gaps in provider education. Issues that affect outcomes and disrupt workflows, and may also perpetuate existing inequities in health delivery across various patient backgrounds.<sup>1-4</sup>

### Methodology Overview

A steering committee of dermatology experts comprised of 12 dermatologists across 7 states met monthly to ensure a rigorous and relevant approach to addressing barriers in care delivery.



**IDENTIFY  
KEY  
BARRIERS**



**DEVELOP  
EVALUATION  
CRITERIA**



**IDENTIFY AND  
EVALUATE  
RESOURCES**

### The Best Health Possible for Every Patient™

*The mission of the steering committee was grounded in the shared principle that all individuals should have the opportunity to achieve their full potential for skin health and well-being.*



## Detailed Methodology

### AREA

### APPROACH

Identify key barriers to health delivery in dermatology



- Leverage the Social Determinants of Health framework to pinpoint barriers to health equity
- Narrow down the list of barriers into those of highest priority and those that would be most feasible to address in clinical practice with resources or programs

Develop evaluation criteria to systematically assess the potential for resources



- Define attributes of successful resources, drawing from real-world experiences on “What makes a program/resource successful?”
- Categorize these attributes into key areas like feasibility, accessibility, and cost-effectiveness for streamlined evaluation

Identify and evaluate existing and future solutions



- Identify resources, programs, and initiatives within the following categories
  - Something that has been personally tried or used by advisors
  - Something that advisors have heard or read about
  - Something that advisors would like to see (that may or may not exist)
- Individually evaluate resources based on a combination of their potential impact (effectiveness) and ease of implementation (feasibility), reflecting a focus on practical, sustainable solutions.

# Summary of Optimizing Healthcare Delivery:

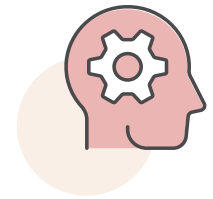
## Insights From a Multi-Stakeholder Initiative



### ACCESS AND AFFORDABILITY



### TRANSPORTATION AND LOST WAGES



### PATIENT EDUCATION

#### Barriers

High co-pays and medication costs, lack of health insurance, or inadequate coverage

Limited transportation access and the combined costs of transportation and lost wages

Limited awareness of the treatability of skin conditions or limited literacy among patients; lack of readable, accessible resources for patients

#### Resources Identified That May Address the Barriers

- Medication affordability programs (GoodRx, NeedyMeds, Manufacturer PAPs)
- Online pharmacies (Cost Plus, Ro, GeniusRx)
- Community health initiatives and collaborations

- Educational resources for HCPs on transportation/wage barriers to health access
- Resources for patients (print, digital, and social media)
- Flexible care delivery (telehealth, flexible hours, home care)
- Transportation assistance

- Online resources
- Community outreach programs
- HCP or health system resources
- Patient advocacy groups
- EMR-integrated education

#### Recommendations to Address Specific Barriers

- Expand awareness and enrollment in PAPs through HCP education and patient navigators
- Advocate for dermatologists' inclusion in Medicaid or Medicare formulary committees

- Train staff to proactively identify patients at risk of missed appointments due to transport or work barriers
- Communicate with patients' PCPs to ensure continuity and coordination of care

- Develop strategies to combat misinformation
- Adapt communication and education to meet literacy and language needs by utilizing translation services and resources provided in multiple languages
- Hire staff who reflect the patient population to foster trust and cultural understanding

#### General Action Plan for Advocacy and Engagement

- Ensure a deep awareness of available resources and professional society offerings
- Share existing resources with patients or refer them to national websites and local support groups
- Participate in outreach events or offer educational sessions in community settings
- Advocate for policy changes
- Build relationships with local organizations, churches, and support groups

PAP=patient assistance program.

# Findings

## Prioritized Barriers to Care Delivery

**THE FOLLOWING 3 BARRIERS GUIDED THE IDENTIFICATION OF RESOURCES AND PROGRAMS:**



### **ACCESS AND AFFORDABILITY:**

High copays and medication costs, lack of health insurance, or inadequate coverage

[LEARN MORE HERE](#)



### **TRANSPORTATION AND LOST WAGES:**

Limited transportation access and the combined costs of transportation and lost wages

[LEARN MORE HERE](#)

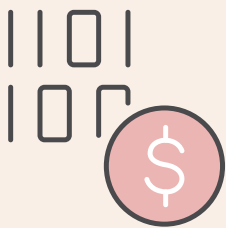


### **PATIENT EDUCATION:**

Limited awareness of the treatability of skin conditions or limited literacy among patients; lack of readable, accessible resources for patients

[LEARN MORE HERE](#)

## Additional Barriers Identified by the Steering Committee Included:



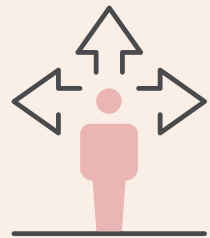
Financial, housing, and employment instability



Lack of trust in the healthcare system



Digital literacy and reliable internet access



Health behaviors, including medication adherence and lifestyle choices

# Findings

## Resource Evaluation

Recognizing the overburdened workflows of HCPs, initiatives must prioritize ease of integration to ensure adoption and impact. Therefore, resources and programs were evaluated based on a combination of their potential **impact** and **ease of implementation**.

### EVALUATION CRITERIA FOR EDUCATIONAL MATERIALS:

**Effectiveness** - extent to which the resource reduces health disparities

**Feasibility** - ease with which HCPs can integrate and utilize the resource within their existing workflows and practice settings

**Accessibility** - ease with which HCPs and patients can discover, obtain, and understand the resource

**Cost-effectiveness** - balance between the cost of implementing the resource and the benefits achieved

**Credibility** - how trustworthy, reliable, and unbiased the resource is, presenting accurate, evidence-based information in a clear and transparent manner



### EVALUATION CRITERIA FOR PROGRAMS AND INITIATIVES:

**Effectiveness** - achieves intended goals and reduces health disparities

**Implementability** - ease of integration into real-world settings and sustained over time

**Accessibility** - easy to learn about, access, understand, and use

**Cost-effectiveness** - balances cost with benefits in reducing health disparities

We want to deliver the best possible care to the entire spectrum of patients we care for, but we also want our efforts to be feasible and implementable.

If there is an outcome that shows that it's effective, then HCPs would be motivated to use such resources and programs."

*Steering Committee Member*



# Programs and Resources to Address Barriers

## Access and Affordability

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

#### IMPACT

Strong ●●●  
Moderate ●●○  
Weak ●○○  
Negligible ○○○

#### FEASIBILITY

Easy ●●●  
Moderate ●●○  
Difficult ●○○  
Not Feasible ○○○

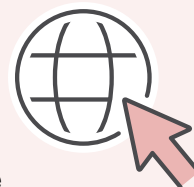
### ONLINE EDUCATION FOR CLINICIANS

IMPACT ●●○

FEASIBILITY ●●○

#### EXAMPLES

**Description:** Accessible digital resources for enhancing dermatological expertise



### COMMUNITY HEALTH INITIATIVES

IMPACT ●●○

FEASIBILITY ●●○

#### EXAMPLES

**Description:** Extending dermatological care and resources beyond the clinic to reach underserved communities.



### MEDICATION AFFORDABILITY PROGRAMS

IMPACT ●●○

FEASIBILITY ●●○

#### EXAMPLES

**Description:** Resources and strategies to reduce the financial burden of prescription medications for patients





# Programs and Resources to Address Barriers

## Transportation and Lost Wages

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

IMPACT		FEASIBILITY	
Strong	●●●	Easy	●●●
Moderate	●●○	Moderate	●●○
Weak	●○○	Difficult	●○○
Negligible	○○○	Not Feasible	○○○

### HCP EDUCATION ON TRANSPORTATION/WAGE BARRIERS – ON-DEMAND RESOURCES

IMPACT ●●○

FEASIBILITY ●●○

#### EXAMPLES

**Description:** Easy-access learning for providers on patient transportation/wage barriers



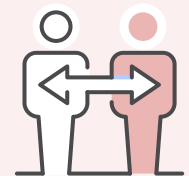
### HCP EDUCATION ON TRANSPORTATION/WAGE BARRIERS – EXPERIENTIAL LEARNING

IMPACT ●●○

FEASIBILITY ●●●

#### EXAMPLES

**Description:** Immersive programs for providers to understand patient realities



### PATIENT RESOURCE HANDOUTS – PRINT AND DIGITAL

IMPACT ●●●

FEASIBILITY ●●●

#### EXAMPLES

**Description:** Simple guides for patients on transportation, finances, and wages



# Programs and Resources to Address Barriers

## Transportation and Lost Wages

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

IMPACT		FEASIBILITY	
Strong	●●●	Easy	●●●
Moderate	●●○	Moderate	●●○
Weak	●○○	Difficult	●○○
Negligible	○○○	Not Feasible	○○○

## PATIENT RESOURCE HANDOUTS – SOCIAL MEDIA

IMPACT ●●○

FEASIBILITY ●●○

### EXAMPLES

**Description:** Engaging social content to raise awareness and share resources



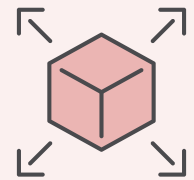
## FLEXIBLE CARE DELIVERY

IMPACT ●●○

FEASIBILITY ●●○

### EXAMPLES

**Description:** Adapted services with varied times, locations, and communication



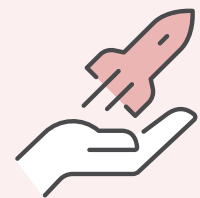
## TRANSPORTATION ASSISTANCE

IMPACT ●●○

FEASIBILITY ●●○

### EXAMPLES

**Description:** Direct programs to ease patient transportation challenges



# Programs and Resources to Address Barriers

## Patient Education

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

IMPACT		FEASIBILITY	
Strong	●●●	Easy	●●●
Moderate	●●○	Moderate	●●○
Weak	●○○	Difficult	●○○
Negligible	○○○	Not Feasible	○○○

### ONLINE RESOURCES

IMPACT ●●○

FEASIBILITY ●●○



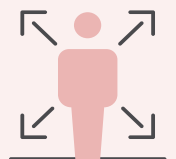
#### EXAMPLES

**Description:** Freely accessible digital health information platforms

### COMMUNITY OUTREACH PROGRAMS

IMPACT ●●○

FEASIBILITY ●○○



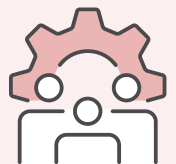
#### EXAMPLES

**Description:** Initiatives bringing health information and services to specific communities

### HCP/HEALTH SYSTEM RESOURCES

IMPACT ●●○

FEASIBILITY ●●○



#### EXAMPLES

**Description:** Tools supporting providers in delivering effective patient education

### PATIENT ADVOCACY GROUPS

IMPACT ●●○

FEASIBILITY ●●○



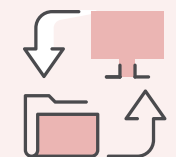
#### EXAMPLES

**Description:** Organizations providing support, education, and advocacy for specific conditions

### EMR-INTEGRATED EDUCATION

IMPACT ●●○

FEASIBILITY ●●○



#### EXAMPLES

**Description:** Patient education tools directly integrated into electronic medical records

# Aspirational Considerations for Future Initiatives

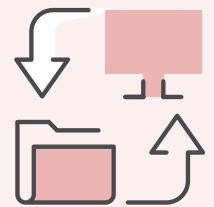
Throughout the steering committee meetings, experts identified several outstanding unmet needs in addressing health disparities and improving patient care that are not fully addressed by existing resources. These needs represent opportunities for innovative solutions and targeted interventions; however, logistical challenges and the need for funding and resources remains a limitation to implementation.

Two primary areas emerged as opportunities for future initiatives, leveraging new and emerging technological advances:

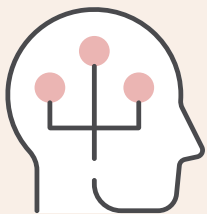
## IMPROVED EMR INTEGRATION

Fragmented care and poor integration of equity-focused resources into workflows contribute to health inequities. Health equity resources are scattered across advocacy groups, pharma, academic centers, and EMRs with no single point of access. HCPs offered insights on workflow integration via the EMR which proposes a streamlined approach to delivering information during clinical encounters.

**EXAMPLES:** Dot phrases/smart phrases, customizable templates, integration to patient portals.



## EMERGING OPPORTUNITIES FOR AI



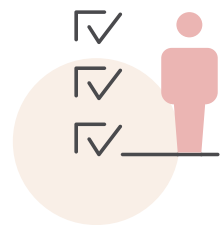
Artificial Intelligence (AI) is increasingly being integrated into healthcare to streamline operations, personalize care, and improve outcomes in dermatology. AI offers unique opportunities to reduce administrative burdens, improve coordination of care, and support equity-focused interventions at scale. Opportunities for AI usage range from optimizing AI for generative content, search engine and content summarizations, to predictive models that could support personalized treatment recommendations and administrative support like scheduling. As AI tools evolve, ensuring they are developed and validated with diverse representative data will be critical to reducing validation bias and supporting equitable care.

# Strategies to Help Optimize Delivery of Dermatology Across the Spectrum of Patients

The following strategies offer practical steps that can be taken today to optimize the delivery of dermatology care.

## Getting Started

- Ensure a deep **awareness of available resources** and professional society offerings
- **Share** existing resources with patients or refer them to national websites and local support groups
- Develop strategies to **combat misinformation**



### MEASURES OF PROGRESS

- Material metrics and patient insights on comprehension and use
- Financial assistance application success rates
- Medication adherence among patients receiving financial assistance

## Taking It Further

- **Train staff and physician trainees or students to recognize and assist patients facing barriers**
- Create initiatives that **provide more accessible care** (eg, insurance acceptance, flexible scheduling, transportation assistance)
- Communicate with patients' PCPs to ensure **continuity and coordination of care**
- **Adapt communication and education** to meet literacy and language needs by utilizing **translation services and resources** provided in multiple languages



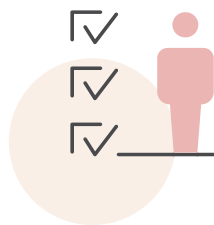
### MEASURES OF PROGRESS

- Staff pre- and post-training assessments to assess knowledge gains
- Staff evaluation on comfort and frequency of discussing support options and using culturally sensitive communication techniques, including self-evaluations and observational assessments
- Insurance acceptance rates over time
- Assessment of no-show rates over time
- Tracking patients who utilize transportation assistance resources, PAP programs, or referrals
- Track utilization and solicit feedback on resources

# Strategies to Help Optimize Delivery of Dermatology Across the Spectrum of Patients (cont'd)

## Engagement and Advocacy

- **Advocate for policy changes**
- **Build relationships** with local organizations, churches, and support groups
- Hire **staff who reflect the patient population** to foster trust and cultural understanding
- Participate in **outreach events** or offer **educational sessions** in community settings



### MEASURES OF PROGRESS

- Engagement tracking (eg, letters written, calls made, meetings attended, number of outreach events)
- Monitor local and national policy changes
- Track formal and informal partnerships with organizations and referrals
- Staff demographic assessments
- Patient satisfaction scores and retention rates

I think consistency is huge...when we're talking about health equity, we need longitudinal sustained commitments if we're going to see real change happen in these spaces."

*Steering Committee Member*



# Conclusions



Interconnected issues, such as affordability, transportation barriers, and low health literacy, all impact the delivery of optimal dermatologic care. While no single solution can address all challenges, the committee identified several high-impact, feasible interventions that community physicians and healthcare systems can begin implementing today.

Interventions that were **narrowly** focused—such as multilingual handouts, patient medication assistance, or transportation support—were consistently rated as more impactful than broad, generalized efforts. **Locally embedded programs with strong community partnerships** also stood out for their sustainability and relevance.



Solutions must be both effective and feasible to be adopted in real-world settings, especially given the time and resource constraints faced by community physicians.

**Opportunities for future efforts:** expanding awareness of existing resources, integrating equity-focused tools into clinical workflows, leveraging technology responsibly, and advocating for policy changes that improve access and affordability.



## DISCLOSURE

These insights outline a scalable pathway to optimize the delivery of dermatology care and advance more equitable outcomes. This report reflects the collaborative efforts of a steering committee of experts, organized by Pfizer, who facilitated the meetings and provided logistical support for the development of this report. Pfizer's support enabled the committee to convene, share insights, and develop actionable strategies for addressing health disparities in dermatology.

# References

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# Findings

## Prioritized Barriers to Care Delivery

THE FOLLOWING 3 BARRIERS GUIDED THE IDENTIFICATION OF RESOURCES AND PROGRAMS:



### ACCESS AND AFFORDABILITY:

High copays and medication costs, lack of health insurance, or inadequate coverage



## ACCESS AND AFFORDABILITY

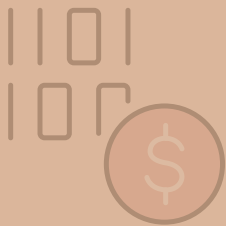
- Medicare beneficiaries with near low income (100%-150% of the federal poverty level) were more likely to experience affordability challenges (54%) compared to those in higher income brackets<sup>5</sup>

[LEARN MORE HERE](#)

- In 2019, medical burden for low-income families was higher (26.4%) compared to higher-income families (6.5%)<sup>6</sup>

[LEARN MORE HERE](#)

Additional barriers identified by the Steering Committee included:



Financial, housing,  
and employment  
instability



Lack of trust in  
the healthcare  
system



Digital literacy  
and reliable  
internet access



Health behaviors, including  
medication adherence and  
lifestyle choices

# Findings

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## TRANSPORTATION AND LOST WAGES

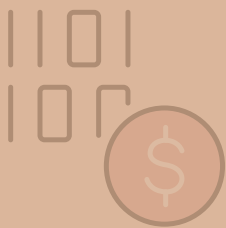
- Minoritized populations and individuals with lower socioeconomic status were more likely to rely on public transportation than other groups, contributing to a higher travel burden in accessing care<sup>7</sup>

[LEARN MORE HERE](#)

- 39% of participants in this study have arrived late or received delayed or missed care due to transportation barriers<sup>8</sup>

[LEARN MORE HERE](#)

Addit



Financial, housing,  
and employment  
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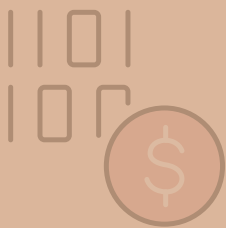


## PATIENT EDUCATION

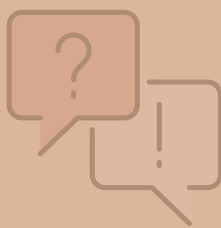
- Limited health literacy is associated with worse health outcomes, decreased medication adherence, and decreased use of the healthcare system, which impacts how families manage care between appointments<sup>9</sup>

[LEARN MORE HERE](#)

Additional Barriers Identified by the Steering Committee Included:



Financial, housing,  
and employment  
instability



Lack of trust in  
the healthcare  
system



Digital literacy  
and reliable  
internet access



Health behaviors, including  
medication adherence and  
lifestyle choices

# Programs and Resources to Address Barriers

## Access and Affordability

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

#### IMPACT

Strong ●●●  
Moderate ●●○  
Weak ●○○  
Negligible ○○○

#### FEASIBILITY

Easy ●●●  
Moderate ●●○  
Difficult ●○○  
Not Feasible ○○○

## ONLINE EDUCATION FOR CLINICIANS

- Dersquared
- Webinars
- Online workshops
- Podcasts
- Dermatology journals/articles

*This list is not exhaustive and only serves as an illustrative example identified by the steering committee. The resources listed are not endorsed by the steering committee members or Pfizer and are in no particular order. Some resources may require subscriptions, and others may only be available in limited institutions or areas.*

**Description:** Resources and strategies to reduce the financial burden of prescription medications for patients

# Programs and Resources to Address Barriers

## Access and Affordability

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

#### IMPACT

Strong ●●●

Moderate ●●○

Weak ●○○

#### FEASIBILITY

Easy ●●●

Moderate ●●○

Difficult ●○○

## COMMUNITY HEALTH INITIATIVES

- Dermmunity at the Keck School of Medicine of USC
- Project Access Nashville Specialty Care (PANSC)
- Federally Qualified Health Centers (FQHCs)
- Yale Pharmacy-Physician Initiatives
- Free Clinics
- Dedicated Pharmacist at Specialty Care Pharmacy
- Broad geographic spread of healthcare facilities
- Community-Based Organization (CBO) collaborations

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# Programs and Resources to Address Barriers

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Weak ●○○  
Negligible ○○○

#### FEASIBILITY

Easy ●●●  
Moderate ●●○  
Difficult ●○○  
Not Feasible ○○○

## MEDICATION AFFORDABILITY PROGRAMS

- Patient Assistance Programs (PAPs)
- Online pharmacies (eg, CostPlus, Ro Pharmacy App, and GenuisRx)
- GoodRx
- NeedyMeds

*This list is not exhaustive and only serves as an illustrative example identified by the steering committee. The resources listed are not endorsed by the steering committee members or Pfizer and are in no particular order. Some resources may require subscriptions, and others may only be available in limited institutions or areas.*

**Description:** Resources and strategies to reduce the financial burden of prescription medications for patients

# Programs and Resources to Address Barriers

## Transportation and Lost Wages

Select Program Resources to Address Barriers

### LEGEND

#### IMPACT

Strong ●●●

Moderate ●●○

#### FEASIBILITY

Easy ●●●

Moderate ●●○



## HCP EDUCATION ON TRANSPORTATION OR WAGE BARRIERS AND ON-DEMAND RESOURCES

- Webinars and online modules on transportation and lost wage barriers
- Podcasts featuring expert interviews and case studies
- Dermatology journals and articles
- Educational lectures or webinars to care for patients with geographic or transportation/economical barriers—best practices, pearls, etc

### Financial Navigation Tools HCPs Should Keep in Mind:

- GoodRX
- NeedyMeds

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# Programs and Resources to Address Barriers

## Transportation and Lost Wages

Select a **Program** or **Resource** to dive deeper. A pop-up with examples will appear; close it when you're ready to return.

### LEGEND

#### IMPACT

Strong ●●●  
Moderate ●●○  
Weak ●○○  
Negligible ○○○

#### FEASIBILITY

Easy ●●●  
Moderate ●●○  
Difficult ●○○  
Not Feasible ○○○

## HCP EDUCATION ON TRANSPORTATION OR WAGE BARRIERS AND ON DEMAND RESOURCES

- Rotations or clerkships focused on serving homeless communities
- On-site learning experiences in communities where patients face significant challenges
- Immersing HCPs in the communities they serve

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**Description:** Simple guides for patients on transportation, finances, and wages



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## HCP EDUCATION ON TRANSPORTATION/WAGE BARRIERS – ON-DEMAND RESOURCES

### PATIENT RESOURCE HANDOUTS – PRINT & DIGITAL

- Printable brochures and flyers listing transportation options
- Digital guides with links to financial assistance programs

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IMPACT ●●●

FEASIBILITY ●●●

#### EXAMPLES

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Moderate	●●○
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Not Feasible	○○○

## PATIENT RESOURCE HANDOUTS – SOCIAL MEDIA

IMPACT ●●○ FEASIBILITY ●●○

### PATIENT RESOURCE HANDOUTS – SOCIAL MEDIA

- Informative social media posts
- Partnerships with patient advocacy groups

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### EXAMPLES

**Description:** Direct programs to ease patient transportation challenges

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IMPACT		FEASIBILITY	
Strong	●●●	Easy	●●●
Moderate	●●○	Moderate	●●○
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## PATIENT RESOURCE HANDOUTS – SOCIAL MEDIA

### FLEXIBLE CARE DELIVERY

- Telemedicine
- Non-traditional care settings (home visits, mobile clinics)
- Extended and flexible clinic scheduling (nighttime or weekend appointments)
- Group clinic visits

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## TRANSPORTATION ASSISTANCE

- Transportation assistance programs (voucher or reimbursement programs)
- Directly provided transportation services (shuttle services, partnerships with ride-sharing companies)
- Provide bus passes
- Rideshare credit
- Parking passes
- Uber/Lyft for medical need
- Emergency car service for stranded patients
- VA will provide service for transportation

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# Programs and Resources to Address Barriers

## Patient Education

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## ONLINE RESOURCES

- DermNet
- Mayo Clinic, WebMD
- Yale Medicine conditions fact sheets
- JAMA Dermatology Patient Summaries
- Society for Pediatric Dermatology patient handouts

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IMPACT ●●○

FEASIBILITY ●●○

### EXAMPLES

**Description:** Organizations providing support, education, and advocacy for specific conditions

## EMR-INTEGRATED EDUCATION

IMPACT ●●○

FEASIBILITY ●●○

### EXAMPLES

**Description:** Patient education tools directly integrated into electronic medical records

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## COMMUNITY OUTREACH PROGRAMS

- Community education lectures
- HCP-moderated support groups
- Community health fairs
- Partnerships with libraries and community centers
- Public-facing media campaign to raise awareness about skin disease in skin of color specifically

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# Programs and Resources to Address Barriers

## LEGEND

IMPACT

FEASIBILITY



## HCP/HEALTH SYSTEM RESOURCES

- Agency for Healthcare Research and Quality Health Literacy Universal Precautions Toolkit
- UpToDate (patient summaries)
- VisualDX (with patient handouts)
- Grand Rounds (institutional CME)
- Institution-specific educational materials
- Customizable templates for doctors to create patient information sheets
- Easy and reliable translation services for patient-facing materials
- Dersquared, Practical Dermatology, and Dermasphere podcasts
- AAD (American Academy of Dermatology)
- SOCS (Skin of Color Society)
- NMA (National Medical Association)
- American Osteopathic College of Dermatology (AOCD)

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EMR=electronic medical record.

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## PATIENT ADVOCACY GROUPS

- Alopecia Justice League (AJL)
- Global Vitiligo Foundation (GVF)
- National Alopecia Areata Foundation (NAAF)
- National Eczema Association (NEA)
- National Psoriasis Foundation (NPF)
- Scarring Alopecia Foundation
- Skin of Color Society (SOCS)

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### ONLINE RESOURCES

## EMR-INTEGRATED EDUCATION

- Dot phrases
- Links to external websites
- Customizable templates
  - Integrated translation services for multilingual patient communication and education
- Smart phrases that auto-populate patient information
- Interactive tools embedded in the EMR

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