Medical Dermatology in the Age of COVID-19

Presented by Dr. Leon Kircik, MD

Biologics are safe to use during the COVID-19 era. A few biologics in the pipeline are bimekizumab, deucravacitinib and baricitinib. Studies have shown that bimekizumab, an IL-17A and IL-17F blocker, is superior to ustekinumab in terms of significant immunoglobulin A reduction and more than a 90% improvement in psoriasis area and severity index (PASI) from baseline. Remarkably, patients were able to maintain a 100% PASI improvement in a 52-week follow up. Adverse events of bimekizumab include inflammatory bowel syndrome and candida infections, which can be managed with ketoconazole and fluconazole. Oral deucravacitinib, a TYK-2 inhibitor that mediates IL-23, IL-12, and type 1 interferon signaling, was superior to otelza. There were no laboratory changes observed throughout the trial. Baricitinib, Janus kinase (JAK)-inhibitor, has minimal side effects noted when treating atopic dermatitis and alopecia areata. Interestingly, it also received FDA authorization for emergency use in patients hospitalized with COIVD-19.

Also discussed was the topic of antibiotics resistance in dermatologic practices. Sacrecycline, a narrow-spectrum antibiotic targeting P acne with low antibiotic resistance rates, has minimal antibacterial effects in enteric gram-negative bacteria. Concerning the rise of mupirocin-resistant Staphylococcus aureus, studies have shown that retapamulin has lower rates of developing resistance in vitro. The use of retapamulin 1% ointment was effective in treating secondary infections in patients with atopic dermatitis.

Telehealth vs Patient Visits

Presented by Dr. Mark Kaufmann, MD and Dr. Linda Stein Gold, MD

A study by Accenture (June 2020), found that many patients sought a safer, more secure and more convenient health care experience. This has led many to delay care amid the COVID-19 pandemic – and they will switch providers if they aren't satisfied. About 64% of patients are likely to switch to a new health system if their expectations are not met regarding sanitation and safety protocol, and ability to access to up-to-date information and virtual care options. COVID-19 has accelerated the need for virtual care, and many will continue to seek out telehealth visits post-pandemic. Younger consumers (81%) are more receptive to virtual visits over in-person appointments. Older populations continue to be less open to virtual care.

Telehealth companies like Amwell and Teladoc have gone public or closed large deals to merge with corporations like Google and Livongo. Amazon is looking to build a national telehealth business, as well. Drones and prescription deliveries may be a real possibility in the near future. This all presents a problem for private providers who may be outcompeted by these companies and services.

About 84% of dermatologists have begun using telehealth since the pandemic began, but there are multiple challenges to providing care virtually:

- **Challenge 1: Financial impact.** Providers may incur financial losses because telehealth visits can be time inefficient. Trying to connect to the server or booking a 30-minute appointment that is not compensated at a greater rate than a standard 15-minute appointment can impact rates.
- **Challenge 2: Initial visit.** Initial telehealth encounters are potentially problematic because it is difficult to evaluate the entirety of the skin over virtual platforms.
- **Challenge 3: Technology issues.** Providers may have difficulty being able to see a patient's area of concern due to unfamiliarity or problems with technology.
- **Challenge 4: Evaluation concerns.** It may be difficult for providers to evaluate pigmented lesions, something that should normally be done in person.
- **Challenge 5: Comprehensive care.** Providers are at the mercy of what the patient shows them on a video visit. Usually, patients benefit from in-person visits because the provider often finds lesions or conditions for which they didn't originally seek care. Nothing beats the connection between a patient and physician with an in-person interaction.

New Coding for 2021

Presented by Dr. Mark Kaufmann, MD

Effective January 1, 2021, the American Medical Association provided new coding guidelines in an organized grid form. Office visit codes are now the same whether a patient is new or established. It is important for providers to justify their choice of coding by incorporating the wording within the grid. Office visit codes have increased in reimbursement due to revaluation and The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed by former president Trump in September. Dermatology is now projected to be up by 5% in total reimbursement.

Dr. Kaufmann covered the following points regarding the new coding guidelines:

- Column one focuses on the complexity of problems addressed.
- Column three focuses on risk of complications, morbidity or mortality, and patient management.
- Two out of three columns must be satisfied in order to designate a code.
- A level 2 code is for straightforward decision-making and mainly consists of counseling, such as assuring a patient that a seborrheic keratosis is benign and that they can go home without treatment. If a patient is told to "learn to live with it," this constitutes straightforward medical decision-making or counseling which is a level 2 visit.
- Discussing over-the-counter (OTC) products is a level 3 visit. For example, if you recommend minoxidil, an OTC product, then this constitutes as low medical decision-making and a level 3 visit (99203 or 99213). A full-body skin exam with benign diagnoses can only be coded as a level 3 visit if you recommend broad-spectrum sunblock that is SPF15 or higher (confirmed by the American Academy of Dermatology).
- Prescribing a drug brings a visit to level 4. Androgenetic alopecia, for example, can be viewed as a progressive, chronic condition which puts it at a level 4 visit. Prescribing finasteride, for another example, qualifies a visit as level 4.