Establishing a Dermatological Specialty Clinic at a Primary Care Health Center: A Collaborative Care Model  
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BACKGROUND

Skin conditions affect about one third of patients seen in primary care practices. 1-3 Patient referral to dermatologists has been a challenge due to several factors: poor access, costs of services and treatment, as well as high demand. 3-6 Primary Care Physicians (PCPs) and other medical providers, who are integral to the operations of the Patient-Centered Medical Home (PCMH) and Accountable Care Organization (ACO) models, demonstrate low accuracy for diagnosing skin conditions compared to dermatologists. 3,5

Other models of healthcare delivery are being investigated to improve health outcomes for patients, as well as reducing errors, and improving efficiency. These models encourage a team-based approach to addressing patient needs and require collaboration among PCPs, other medical providers and dermatologists. This empowers PCPs to manage conditions to their maximum capacity and comfort. 3,9 However, certain skin conditions are complex and more difficult to treat therefore requiring specialist management.

Collaborative methods should be employed in order to provide quality healthcare to patients with dermatologic conditions. Further exploration should be aimed at integrating specialists into primary care practices, providing guidelines for PCP for specific conditions, and systematic monitoring. Thus, this project aims to establish a dermatology specialty clinic at the Good Samaritan Health Center located in Atlanta, Georgia.

METHODS

Study Site Assessment and Selection

The Good Samaritan Health Center (GSHC) is located in downtown Atlanta in the 30318 zip code. The life expectancy in this neighborhood is 13 years less than that of more affluent communities such as Buckhead. Many of the families seen at this site are low-income and/or uninsured. GSHC improves access to several health services including medical, dental, mental, nutrition and health education. However, the clinic lacks a specialty referral system especially for chronic dermatological conditions.

Intervention Design

The GSHC provides care for over 8,000 patients in the metro Atlanta area per year, with close to 73% considered as established patients. The GHSC Dermatology Specialty Clinic will be held once per month on a day scheduled by the volunteer physician. Clinic hours will run from 8:30am to 11:30am. The dermatologist will be assigned a procedure room for examining patients and conducting skin biopsies. Each physician will be assigned a medical assistant to triage patients, complete charting and other assigned tasks. The physician will have access to the clinic’s laboratory and pharmacy.

Physician Recruitment

Several approaches were employed in recruiting volunteer dermatologists. Emails were sent and phone calls were made to several organizations including the Atlanta Medical Association (AMA), Atlanta Association for Dermatology and Dermatologic Surgery (AADDS), and individual dermatologists across Atlanta. I attended monthly meetings for AMA, contacted the president of Morehouse School of Medicine, and did walk-in visits at two dermatology practices in Atlanta. Follow-up emails and calls were made to potential volunteers. Emails detailed the position description and the protocols necessary to get started.

OBJECTIVES

1. To establish a dermatology specialty clinic in a primary care health center.
2. To increase access to dermatologic services such as treatment for chronic skin conditions in addition to access to some minor skin procedures.
3. To increase accuracy when diagnosing dermatologic conditions by using volunteer dermatologists as well as educating on-staff primary care providers.
4. To encourage a collaborative approach when addressing dermatologic needs of referred patients.

LIMITATIONS & RECOMMENDATIONS

Major Limitations
• Timeline was not long enough to maximize physician recruitment strategies
• Scarcity of dermatologists willing to volunteer their time at the GSHC Dermatology Clinic
• Dermatologic conditions are very common in primary care settings, yet PCPs report diagnostic uncertainty
• The need for specialist care and co-management is dire

Future Recommendations
• Contact the Georgia State Medical Association (GSMA)
• Continue to communicate with AMA and AADDS for physician recruits
• Attend monthly meetings
• Consider recruiting physician assistants
• Co-management via tele-dermatology

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