Home phototherapy: improving access to dermatologic care

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INTRODUCTION

Psoriasis (PS) and atopic dermatitis (AD) are chronic skin diseases that affect 10% of and 7.4 million adults in the United States, respectively. Both conditions pose substantial physical, financial, and social burdens for patients and their families.

Phototherapy utilizes ultraviolet light to treat skin disease. It is commonly used and is efficacious, with minimal side effects. However, it often requires patients to come to the office several times a week, creating significant disparities between patients who have the socioeconomic resources to frequent the clinic and those who do not.

At URMC, we have created a program in partnership with Excellus BlueCross BlueShield, in which the insurer provides home phototherapy devices to patients at reduced or no cost. This program is the first of its kind in the US and has the potential to bridge disparities in access and outcomes, allowing all patients to control their skin disease, regardless of their background or socioeconomic status.

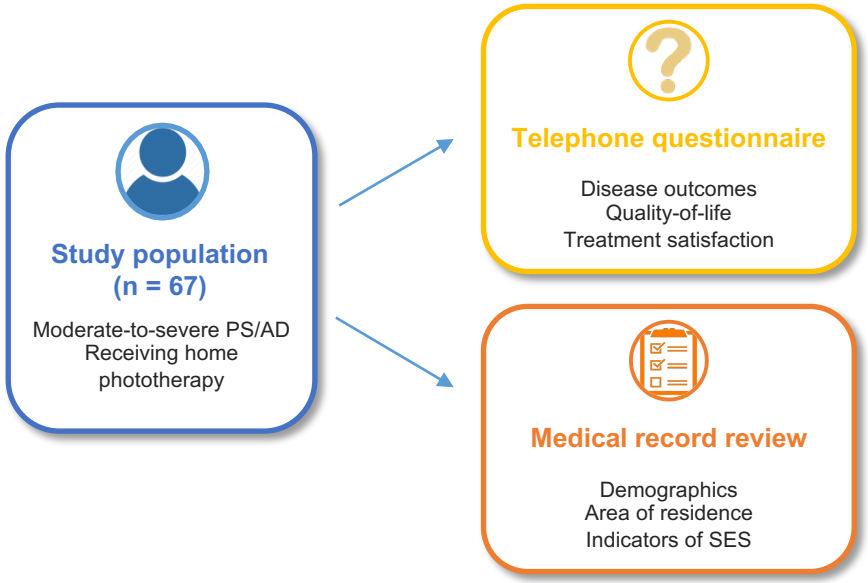
This project aims to evaluate patient outcomes from this program, which is important in understanding its efficacy and how it can be improved and applied to other parts of the country.

COMMUNITY PARTNERS

URMC Dermatology	Excellus BlueCross BlueShield
Major academic institution Large, diverse patient population Knowledge of standard-of-care treatments and patient social circumstances	Prominent insurer in Central and Western NY Financial and personnel resources to provide devices to patients and train them on use

COMMUNITY HEALTH IMPROVEMENT PROJECT

Prior studies on home phototherapy have shown similar improvements in disease as in-office therapy. However, home phototherapy remains widely under-prescribed, largely due to provider doubts regarding its efficacy, safety, and lack of insurance coverage. Our study therefore contributes a valuable perspective.



Previously, we were planning to survey subjects during follow-up visits in clinic. However, given the logistical challenges of seeing patients in clinic in the setting of the COVID-19 pandemic, we will conduct verbal questionnaires via telephone. We expect to receive IRB approval for this modified data collection method shortly.

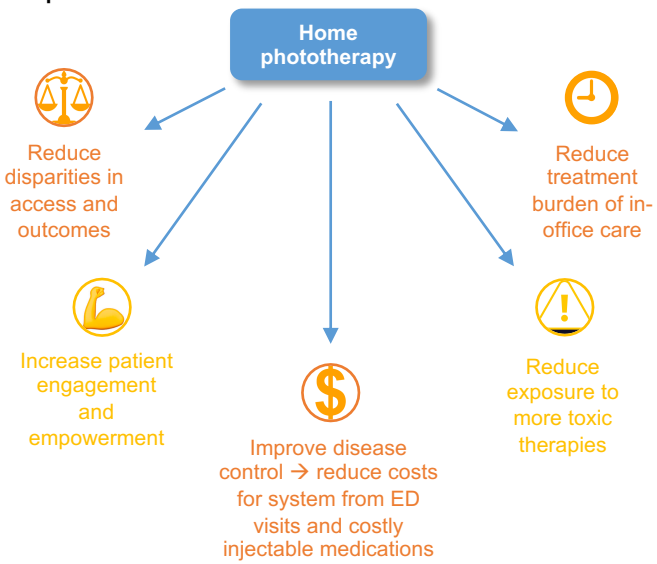
CONCLUSIONS

Limitations
Relies on subjective assessments

Retrospective structure

IMPACT AND SUSTAINABILITY

Impact



Sustainability

- Program will be continued by URMC Dermatology and Excellus
- Data from this study may lead to a larger, prospective study

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