ACADEMY OF MEDICINE
SINGAPORE

CHAPTER OF DERMATOLOGISTS
COLLEGE OF PHYSICIANS, SINGAPORE

SPECIALTY SPECIFIC GUIDANCE

TELEMEDICINE

DERMATOLOGY

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1. Whether first specialists' consultations must be conducted in-person for all conditions, OR if there are specialist conditions which can be managed solely over telemedicine.

In-person consultation remains the gold standard format for doctor-to-patient consultation, in terms of facilitating communication, diagnostic assessment and management. That explains why studies on teleconsultation is often compared to in-person consultation. Hence, patients should be aware of this and always offered in-person consultation as the first option, with teleconsultation as an alternative in suitable cases.

Teleconsultation can be offered as first consultation in selected situations where the diagnosis is fairly simple, straightforward and clear in a typical patient profile (e.g. acne vulgaris in a teenager, androgenetic alopecia in a middle-aged man with relevant family history of balding). Other suitable conditions that may be stable and mild in severity for some patients, such as chronic urticaria, melasma and mild atopic dermatitis, can also be seen over teleconsultation. In such cases, some patients may prefer teleconsultation due to increased convenience and flexibility to fit into their working or studying schedule.

There is a second group of patients who may benefit from teleconsultation as the first consultation, even if their skin condition is slightly more complex. These are patients who have physical difficulty commuting to the clinic or hospital for in-person consultation, such as the homebound frail and elderly, bedbound patients in the nursing homes, end-of-life patients on palliative care in the hospices, and machine-dependent patients (e.g., on home ventilation / oxygen). For some of them, the patient or caregiver may not want to come to the clinic for various logistical reasons. For such patients, teleconsultation with the dermatologist is usually done with the patient's caregiver and/or attending healthcare professional (doctor/nurse), rather than the patient.

The third group of patients who may benefit from teleconsultation as the first consultation are those with an established diagnosis. Some first consults are not for diagnosis, but more to discuss management of an established diagnosis. For example, a patient with known psoriasis for many years, is working in India, has seen other dermatologists in India and now wants to seek a Singapore dermatologist's advice to find out more about the latest treatment options (without obtaining the treatment in Singapore). In such instances, tele consult will be invaluable for the patient.

The fourth group of patients are follow-up patients who bring up new dermatological issues during a routine tele consult for their original dermatological issue. This will result in new diagnoses being made over teleconsultation. This is particularly common in dermatology as new distinct issues crop up from time to time (e.g., a patient on follow-up for androgenetic alopecia may develop an unrelated new condition, such as hand eczema).

Due to limitations in telemedicine, such as the inability to perform a physical examination, there is generally no dermatological condition that should be managed solely over teleconsultations. While a patient may have undergone one or more teleconsultations over time (whether first and/or follow-up), the patient should be advised to attend in-person consult at some point(s) in time.

2. Whether there are any additional patient inclusion/exclusion criteria for specialists use of telemedicine (for first, or follow-up consults).

Relative exclusion criteria for tele consult include the following:

- Severe drug reactions
- Rapidly spreading rash
- Severe, extensive or widespread rash
- Rash not responding to previous treatment given recently
- Painful rash
- Peeling / blistering rash
- Rash with mucositis
- Rash accompanied by fever, malaise, unable to eat, other systemic symptoms
- Situations where there will be some difficulty in communication (eg. language barrier)
- Rash located in areas where photography is less appropriate (eg. groin, hair-bearing areas)
- Sexually transmitted disease
- Skin growth/lesion suspicious for skin cancer (eg. rapidly growing or changing), that is likely to require a biopsy for diagnosis
- Conditions that require treatment procedures in the clinic (eg. alopecia areata requiring intralesional triamcinolone, viral warts requiring liquid nitrogen)
- Consult for 2nd opinion (onwards) – for complex cases

3. If so, are there additional patient notifications to help patients make an informed choice on their use of telemedicine;

- Patient information leaflet (brochure).

4. Whether there are any speciality specific clinical red flags where if observed, specialists should escalate patients for an in-person consultation or A&E where appropriate;

- Severe drug reactions
- Rapidly spreading rash
- Severe, extensive or widespread rash
- Rash not responding to previous treatment given recently
- Painful rash
- Peeling / blistering rash
- Rash with mucositis
- Rash accompanied by fever, malaise, unable to eat, other systemic symptoms
- Sexually transmitted disease

5. Whether there are any specific visual cues or other indications (e.g., tests or use of devices) that should be done/used when specialists manage patients over telemedicine.

In addition to communicating with the dermatologist over video, patients should be encouraged to submit photographs of their skin rash/lesion prior to tele consult. The photographs should be clear and sharp. In most cases, video alone is insufficient for diagnosis due to poor image resolution.

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Chapter of Dermatologists
College of Physicians, Singapore
Academy of Medicine, Singapore
81 Kim Keat Road
#11-00 NKF Centre
Singapore 328836