

Removing Barriers To Dermatologic Care Of The Uninsured

Texas Dermatological Society
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The Free Clinic
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Summary

The Free Clinic hosted by Lubbock Impact is a nonprofit community clinic that provides free medical and dermatologic care to the uninsured population of Lubbock since 2009. In a prior retrospective chart analysis, we found that the uninsured patients that present in our clinic have a higher incidence of non-melanoma skin cancer (NMSC) than the national average; we would like to continue to evaluate the incidence of NMSC in this population to better understand the effects that their barriers to care have on their health while also providing them with dermatologic care. Our proposal requests for funding to obtain medical supplies and pathology lab processing fees which would assist us in diagnosing and treating NMSC in this vulnerable patient population.

Goals and Objectives:

Thirty-three million Americans, or 10.4 percent of the population, were without health insurance in 2014.¹ These patients, as well as Medicaid patients, are much less likely to visit a dermatologist's office; Resneck et al. found that uninsured and Medicaid patients represented 27% of the population at the time of their study, yet that same group made up only 5% of patients in the surveyed dermatology practices.² Not only is this vulnerable patient population less likely to seek dermatological care, they also have a higher incidence of non-melanoma skin cancer (NMSC). Grossberg et al. and Wild et al. found that the NMSC rate in homeless populations ranged from 10.9% to 20.9%.^{3,4} While the NMSC rate in homeless patients has been studied, we wanted to investigate the risk of NMSC in patients who are uninsured.

Our goal is to work through The Free Clinic, a nonprofit community clinic, to provide dermatologic care to the uninsured population of Lubbock, Texas, many of whom are homeless. After conducting a retrospective chart review of all patients seen at The Free Clinic from July 1, 2014 through June 30, 2015, we found that the population had a higher incidence of NMSC (1.4%), particularly in the 50-64 year old age range (2.8%), than the general population (0.65% in 2006⁵ and 1.05% in 2012⁶). The 50-64 age group is particularly vulnerable as they do not yet qualify for Medicare, leading to a lack of routine health care, yet, due to their age, have had increased opportunity to accumulate sun exposure.

In order to better serve this high risk population we are proposing additional funding in order to purchase medical supplies and pathology lab processing fees to assist us in the diagnosis and treatment of NMSC. In addition this would enable us to further assess the rates of NMSC in this population, providing a better understanding of this population's risk from their limited access to dermatologic care. While doing so, this population will be benefited by improved skin care education and diagnosis and treatment of their malignancy.

Project Design, Methods and Evaluation

Timeline: We will continue to see patients for their dermatologic care at The Free Clinic and in July 2016 will do a retrospective chart analysis of all patients seen prior to grant funding versus after grant funds are received. At that time, we will calculate the incidence of NMSC and, combined with our study from the previous year, will have a larger sample size and hope to have a more accurate understanding of the needs of this population. The project, including data extraction and analysis, should be completed by September 2016.

Goals of the project: While there is a significant amount of data explaining health disparities, there is a lack of data specifically concerning dermatologic health disparities.⁷ We know that uninsured and homeless patients are less likely to have access to routine and dermatologic health care.² Our goal is to collect data on the incidence of NMSC in the uninsured population to illustrate the effects that restricted access to care has on our patient population. This will help us understand the risks these patients face, which will help highlight the need for routine skin examinations and preventative measures in our target population so we can better care for them in the future.

Through this project, we also hope to work to increase access to dermatologic care in our undeserved population. Our patients will receive free skin cancer education, screening and treatment. With the benefit of more equipment, we will be able to perform more skin cancer surgery in a more timely fashion.

Project Design: Patients presenting to The Free Clinic will be offered a skin examination by a TTUHSC dermatology resident or attending physician. Suspicious lesions will be biopsied on site and will be evaluated free of charge by a TTUHSC dermatopathologist. We will collect demographic information from the patient at the time of clinic registration, including age, gender and race.

At the conclusion of this time period, a retrospective chart analysis will be performed. We will obtain a list of all patients seen at The Free Clinic for the entire year with their demographic information included. All identifying information will be removed. We will then compare this with the information from biopsy-proven

cases of NMSC diagnosed at The Free Clinic over the same time period and will calculate incidence.

We will then combine this with data from the previous year to create a larger sample size of data with higher statistical power.

Participants

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The Free Clinic: Fiona Prabhu, MD, Medical Director

Delivered Product

Understanding the effects of restricted access to health care will help us gain insight into how to best care for this patient population in the future. It will also demonstrate to other clinics with similar patient populations the need for routine skin screening and skin cancer education. In addition to this, this project will also benefit our patients enormously. The uninsured and homeless population has barriers to receiving health care, particularly from specialists. The supplies that we would purchase for this project would ensure that these patients are receiving the highest standard of care in their diagnosis and treatment of NMSC instead of being shuffled to different clinics where they have to pay for services they cannot afford.

Outcome Measures

We will compare rates of skin cancer surgeries accomplished before the supplies purchase versus the rates after the acquisition of supplies. It is hypothesized that more patients will be served at the clinic free of charge (versus outside costly clinic visits) with the addition of the aforementioned necessary supplies.

Project Timeline

1. Screening and treatment of Free Clinic patients for NMSC (ongoing)
 - Medical students, dermatology residents and attending physicians will donate their time
2. Purchase in supplies (December 2015)
3. Continue screening and surgery for Free Clinic patients
 - Medical students, dermatology residents and attending physicians will donate their time
 - Pathology Lab processing fees
 - Pathology interpreted by Dermatopathologist free of charge
4. Perform retrospective chart review (July 2016)
 - Time donated by involved persons
5. In future years, the Department of Dermatology, which is committed to the concept of providing access to health care for those unfunded individuals who are eligible at The Free Clinic, will assume the responsibility of making this a sustainable project by continuing to seek grant funding and donations in future years.

Budget

See additional budget document attached. Given the number of biopsies and number of surgeries performed last year and considering the potential of increasing volume, the budget would fund our research through the next year.

References

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7. Rogers, Howard W., Martin A. Weinstock, Steven R. Feldman, and Brett M. Coldiron. "Incidence estimate of nonmelanoma skin cancer (keratinocyte carcinomas) in the US population, 2012." *JAMA dermatology* (2015).

Letters of Support

See letters of support documents attached.