



# The COVID-19 Impact: Adding New Services to Your Practice



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*By Bill Pickron*

With declining reimbursements and evolving needs of patients, many dermatology practices are actively assessing new services to add to the practice. From laser products to in-office dispensaries to a full-service med spa, the new services available to complement a dermatology practice are seemingly countless. However, the COVID-19 pandemic has changed the way practices are assessing options for new services.

### Existing patients are the foundation of your practice.

For many practices, the COVID-19 pandemic has surfaced a challenge they did not know they had: how to serve patients without seeing them in the office. As a result, some practices are aggressively focused on identifying a “remote care” strategy to ensure that patients can be seen by their dermatologist and receive prescribed treatment without having to leave their homes, while simultaneously ensuring patient privacy and regulatory compliance.

While prior to COVID-19 practices may have been reviewing services to help attract new patients, these same practices now face a more immediate problem and risk to the health of their practice: being able to serve current patients remotely. As a result, telemedicine and courier-delivered or mailed prescription services have become priorities.

According to the American Telemedicine Association, telemedicine has been around for about 40 years but has grown exponentially in the past five years. That growth will likely be accelerated due to the COVID-19 pandemic as payers (including the Centers for Medicare and Medicaid Services) and patients are more open to telehealth as a viable and necessary care delivery option.

Researchers at Harvard University and Phreesia, a healthcare technology company, analyzed data on changes in visit volume for the more than 50,000 providers and found that ambulatory care visits have declined 60% since the start of the pandemic; however, 30% of all visits during this same time were telemedicine. Incidentally, that same research revealed that visits to dermatologists decreased 73% since the onset of the COVID-19 pandemic, with only ophthalmology and otolaryngology experiencing higher declines.

Of course, prior to COVID-19, telehealth would not have been at the top of the list of attractive new services because (a) reimbursements for telehealth visits are lower than in-person, if covered at all by a payer; (b) investment in telehealth does not result in an incremental revenue stream for the practice; (c) a remote appointment decreases the opportunity to cross-promote cosmetic or aesthetic services to patients.

In conjunction with telemedicine, practices recognize the need for patients to be able to receive prescription medications at their homes. As a result, dermatology practices are reviewing options enabling prescriptions to be filled and delivered via courier or mail service to the patient.

### “Environment Agnostic” Services Have a Distinct Value

Many dermatology practices have expanded service offerings with laser treatments, fat reduction options, cosmetic dermatology and/or aesthetic treatments, most of which are in-demand and appreciated by patients and profitable for the practice. However, all these services require an in-office visit, so none provide value or revenue to the practice when patients cannot or will not come to the office; as well, in an economic downturn, optional treatments are generally the first abandoned by patients with lower-than-usual disposable income. Hence the term, “environment agnostic” surfaces to describe services that are (a) needed whether the patient physically visits the practice or not; and (b) less likely to be abandoned in an economic downturn.

Assuming the dermatology practice has subscribed to telemedicine, one of the only environment agnostic new services profitably available is a point-of-care dispensary with free courier delivery to patients. A point-of-care dispensary provides the same benefits to the practice and its patients regardless of whether the patient has an in-office or telemedicine visit and is more likely than most services to be used, even during an economic downturn. These benefits include:

1. Improving patient therapy adherence by 60%-70%. (Source: *New England Journal of Medicine*)
2. Adding a service existing patients want; 76% of patients would have their prescription filled in their doctor’s office instead of a pharmacy if given the choice. (Source: *American Journal of Managed Care, 2016*).
3. Saving practice staff time, enabling them to focus on patients; clinicians spend two hours weekly consulting with patients about medications and costs, nearly two hours working on prior authorization forms, and an hour working to understand drug pricing for patients. (Source: *2018 Impact Report: Prescription Price Transparency, from Surescripts*)

4. Being reimbursed by pharmacy plans, enabling more patients to continue prescribed treatment at an affordable cost regardless of economic conditions.
5. Enabling better management and monitoring of refills and adjustments by the provider in collaboration with the patient.

While the COVID-19 pandemic has not been optimal for dermatology practices or patients, the experience has provided the chance to pause and reassess the challenges and opportunities within the practice and add criteria to how new services are evaluated to support the current and future health of the practice and its patients. ■