

## Teledermatology Standards

### 1. Access to board-certified dermatologists.

The AAD recommends that all teledermatology platforms offer access to care that is directed by a board-certified dermatologist to provide high-quality, high-value care.

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### 2. Expand reimbursement of telemedicine.

The AAD supports fair and appropriate coverage and payment for telemedicine services, which are evaluated through the same process used to value all other CPT codes. This process involves recommendations made by the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC).

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### 3. Patient choice.

The AAD recommends that all teledermatology platforms offer patients the option to access in-person dermatology services in addition to virtual services when necessary or preferred.

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### 4. Physician-patient relationship.

The AAD recommends that dermatologists establish a relationship with each patient before offering direct-to-patient virtual care. If it is not possible to have an in-person visit first with a new patient seeking virtual care, live-interactive communication should be used to establish the physician-patient relationship and gather historical information. The physician should have access to the patient's current and past medical records as well as the ability to communicate with the patient's other pertinent healthcare providers for optimal coordination of care.

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### 5. Physician-physician relationship.

The AAD supports the use and reimbursement of physician-to-physician consultative telemedicine services in order to improve access to specialists' advice for specific patient care questions. Such services can enhance physician-to-physician relationships and access to dermatologic care for underserved populations.

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### 6. Prescriptions.

The AAD recommends that teledermatology platforms allow collection of adequate history and physical examination before allowing the prescribing of medications.

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### 7. Licensure.

The AAD advises that teledermatology platforms ensure that physicians and non-physician clinicians establish appropriate licensure in the state in which the patient receives virtual services in accordance with state laws. If a state allows store-and-forward consultations across state lines, physicians should be permitted to provide care according to that law. Emergency exceptions may apply.

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### 8. Scope of Practice.

The AAD requires that providers using teledermatology platforms abide by the AAD's supervision recommendations as noted in the Academy's position statement on the **Practice of Dermatology**.

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## 9. Quality Assurance.

The AAD recommends that physicians and non-physician clinicians who participate in teledermatology care take ongoing quality assurance training and that they document this training.

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## 10. Liability.

The AAD recommends that the consulting dermatologist or non-physician clinician practicing teledermatology ensure they have appropriate and adequate liability coverage for virtual care.

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## 11. Platform Requirements.

The AAD recommends that teledermatology platforms offer the following technical features:

- a. The physician or non-physician clinician should have the ability to collect and review the patient's medical history and document details of the encounter during the virtual visit.
  - b. All modes of communication used for teledermatology care should be HIPAA-compliant.
  - c. **Live-interactive teledermatology.** The AAD recommends that the site where the patient is located have a high-resolution video camera with a minimum resolution of 800 x 600 pixels for transmission of images suitable for diagnosis. A monitor matched to the video camera resolution as well as a minimum internet connection speed of 384 kbps are required at both the patient's and physician's location.
  - d. **Store-and-Forward teledermatology.** The AAD recommends patients use a digital camera with a minimum resolution of 800 x 600 pixels. The platform used to deliver the photo to the physician or non-physician clinician should offer 128-bit encryption and require password-level authentication.
  - e. **Audio-only teledermatology.** The AAD supports the use of audio-only teledermatology services only if the patient has previously been seen in-person and does not have access to technology for live-interactive teledermatology or store-and-forward teledermatology. Audio-only visits may also be appropriate for encounters in which images are not needed, e.g., for patients with fully controlled disease on stable therapies.
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## 12. Payer requirements.

The AAD recommends that payers not abandon maximum time and distance standards when determining physician network adequacy, as access to in-person visits, when necessary, is a critical component of safe and effective telecare. Payers should not offer virtual access alone without an option to obtain in-person care. Patients must always have covered network access to a board-certified dermatologist in-person when needed.

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## 13. Direct-to-consumer teledermatology.

The AAD does not support teledermatology services that prioritize business interests over the quality and safety of patient care, such as platforms that are not supervised by board-certified dermatologists or do not offer any option for patients to be seen in-person by a board-certified dermatologist when needed. The AAD asserts the importance of full transparency of for-profit business models offering teledermatology directly to consumers, including credentials of the physician who is advising the patient.