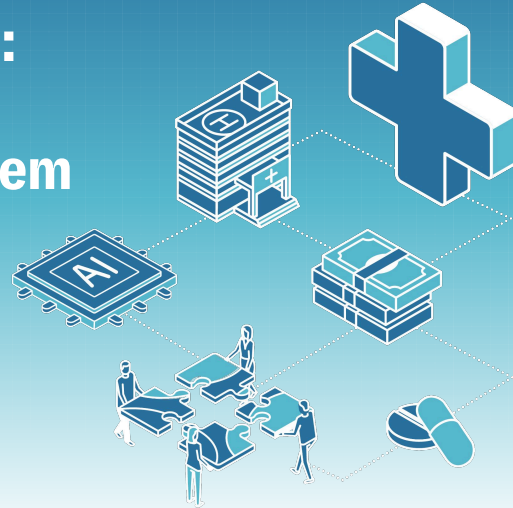


Healthcare in microcosm: dermatology offers a blueprint for health-system improvements globally



A range of challenges face dermatological care worldwide, especially when it comes to workforce-related issues. With a focus on atopic dermatitis (AD) and psoriatic disease (PsD), Economist Impact set out to uncover policy solutions geared towards dermatology care, with an eye on how these approaches could be applied to the wider challenges facing health systems around the world.

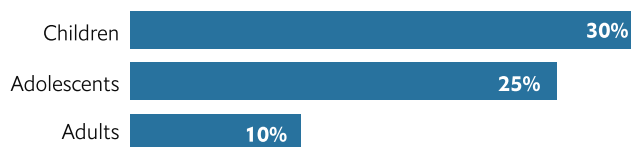
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Dermatological conditions affect billions of people worldwide...

Skin diseases affect an estimated **30-70% of the global population**, presenting significant challenges for individuals and healthcare systems.^{1,2}



Globally, AD impacts roughly...^{3,4,5}



↓ **20-46%** of adult patients experience **moderate-to-severe** forms of the condition.⁶

PsD affects around...

125m
people globally.⁷

...and the economic impacts are significant

69 days

A global average of days lost annually to absenteeism and presenteeism (working while sick) among AD patients.⁹



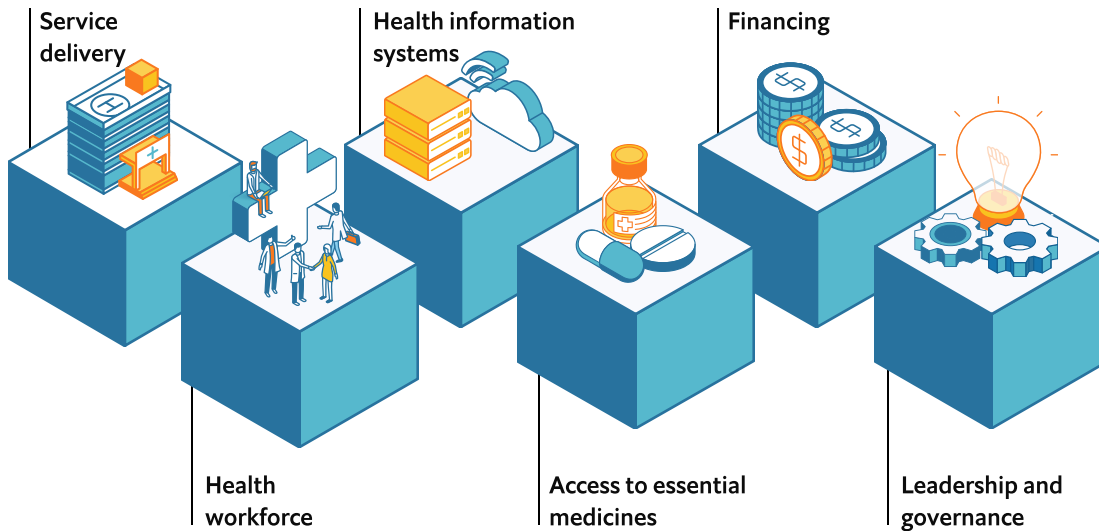
According to current estimates,⁸ the total annual economic impact of PsD in the United States (US) alone could be as high as

US\$112bn



Dermatology care is beset by challenges

The World Health Organization (WHO) conceptualises health systems in terms of six core "building blocks":¹⁰



AD and PsD highlight issues spanning all six of these building blocks in health services worldwide, most notably service delivery and the health workforce.

"Looking 15 years ahead, [...] we expect a slight shortage of dermatologists, [...] about a 6% shortage at the national level. This mirrors what we're seeing in many other medical specialties. So yes, dermatology is somewhat of a microcosm of what's happening across the broader medical and surgical fields."

Michelle Washko, Director, National Center for Health Workforce Analysis, US

Challenges impacting service delivery globally

Service delivery is impacted by:



1

Limited public awareness and clinician knowledge

Problem: Insufficient understanding in primary care settings leads to delayed and inconsistent diagnoses, increasing the risk of poorer patient outcomes.^{11,12,13,14}

2

Insurance coverage inequities

The key issues are: **acceptance rates** (vary widely across public and private insurers), **wait times** (often disproportionate, leaving some populations underserved) and **out-of-pocket costs** (the high variability discourages care-seeking and burdens patients financially).^{15,16,17}





3

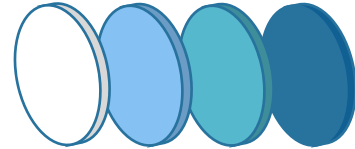
Adherence to treatment

Complex challenges which include: **disease-related factors** (ongoing, long-term care demands), **physician-related factors** (ineffective communication and weak patient relationships), and **treatment-related factors** (cumbersome regimens that discourage consistent adherence).^{18,19,20}

4

Skin tone and disease presentation

Diversity in symptoms (conditions like PsD manifest differently across skin tones). The impact: **misdiagnosis** is prevalent in individuals with darker skin, hindering timely and effective treatment.²¹



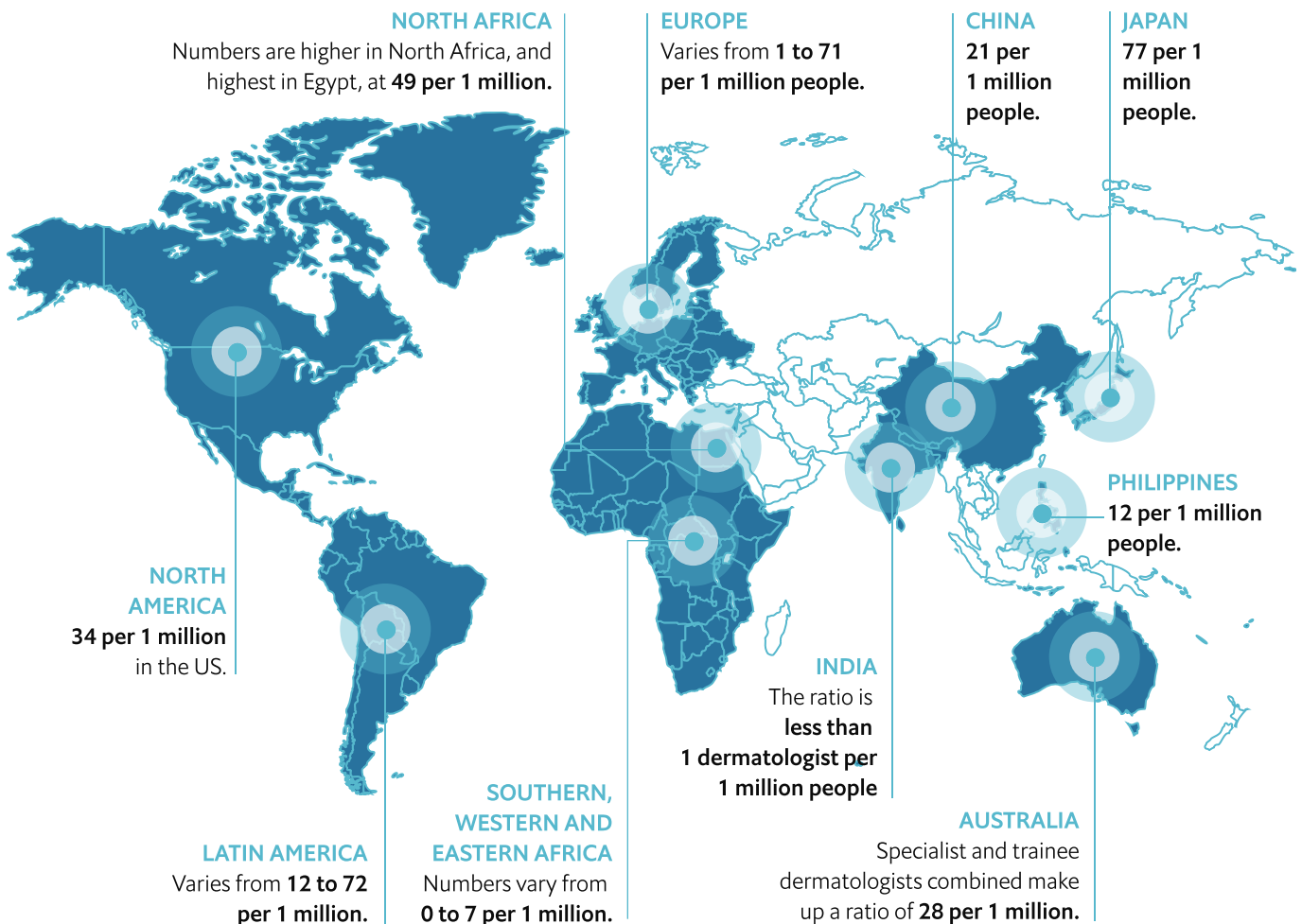
These issues are interconnected with broader health system challenges, including **patient voice** and **access to care**.²²

The global dermatology workforce challenge

In some countries, there has been a **persistent shortage** of dermatologists, and numbers vary widely **within and between regions** and **across urban/rural divides**.^{23,24,25,26}

Variation between countries^{27,28,29,30,31,32,33,34}

Number of dermatologists per 1 million people.



The urban/rural divide

In the US³⁵



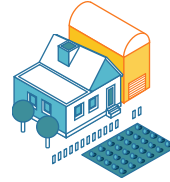
< 10%
of dermatologists practice in rural areas...



88%
of rural counties lack a dermatologist.

In Canada³⁶

56
dermatologists per 1 million people in urban areas



6
dermatologists per 1 million people in rural areas

In the Philippines³⁷



50%
of dermatologists are located in the capital, Manila, leaving much of the country's islands without adequate coverage.

Urban-rural divides can **disproportionately affect indigenous communities**, and regions with higher **minority populations** may be more likely to have **limited access to dermatology services**.^{38,39,40}

Key issues affecting dermatology workforce numbers include challenges in **recruitment and retention, long or inadequate training programmes, uneven workforce distribution, workforce migration, and gaps in primary care knowledge**. These issues reflect broader challenges facing health systems worldwide.

Improving dermatology care globally

Dermatology provides valuable lessons and solutions for the world's health systems in tackling challenges spanning patient care pathways, treatment access and data gaps. Our research highlighted the following key priorities for policymakers:



1
Optimise the dermatology care pathway by building primary care skills and capacity, streamlining referral processes, and improving and developing comprehensive clinical guidelines.



2
Improve treatment access in rural and under-resourced areas through telehealth solutions and initiatives such as community health worker programmes.



3
Bolster the existing dermatology workforce by using multidisciplinary teams, integrated care and task-shifting, enhancing training programmes, and taking advantage of tools such as artificial intelligence (AI) and telehealth.



4
Invest in overall expansion of the dermatology workforce by expanding training opportunities and improving incentives for healthcare professionals.



5
Develop robust data sources by creating and enhancing disease registries.

To successfully transform health systems, enhancing the availability and effectiveness of dermatology services requires a compelling call to action for policymakers worldwide **to take decisive steps and allocate resources** to drive the changes required.

“If we can't address the problems there, then the progress made on better treatment is lost [...] It's a really important opportunity for us to call attention to the bigger systemic problems, because it should be solvable.”

Leah McCormick Howard, President and CEO, National Psoriasis Foundation, US

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