
Commentary: Burden of skin disease report



Implications for dermatology

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The most recent American Academy of Dermatology burden of skin disease report builds on the prior report in 2004 in providing strong evidence of the serious nature of skin disease.¹ With nearly 85 million Americans treated for at least 1 skin condition in 2013 at a direct cost of \$75 billion, and an additional indirect cost of \$11 billion, the findings of this study highlight the impact of skin disease on patients and our health care system and cannot be ignored.

OBSERVATIONS FROM THIS STUDY

- Skin disease is serious, and can be deadly.
 - Of the analyzed skin disease categories, 50% resulted in mortality.
 - Life expectancy decreased by 5 years for those with fatal skin disease.
 - Nonmelanoma skin cancer and melanoma accounted for 60% of skin disease–related deaths.
- Prevalence is high.
 - There were more skin disease claims across the US population in 2013 than cardiovascular disease, diabetes, or end-stage renal disease.
 - Over 26% of Americans sought treatment for at least 1 skin disease; the average person was treated for 1.6 skin diseases.
 - Nearly 50% of Americans older than 65 years have skin disease, with an average of 2.2 skin diseases each.
- Skin disease impacts the entire health care system.
 - Of the \$75 billion spent on skin disease in 2013:
 - \$46 Billion were health care provider costs from medical treatment. In all, 75% of this

was from outpatient care and 25% from inpatient care.

- \$15 Billion was spent on prescription drugs.
 - Just under \$5 billion represented vaccines and screenings.
- Impact on patients is substantial.
 - Patients with skin disease and their caregivers experienced \$11 billion in lost productivity.
 - Patients spent \$10 billion on over-the-counter skin treatment products.
 - Nearly 25% of the population age 0 to 17 years had a diagnosed skin disease, creating a burden on families.

UNDERSTANDING THE STUDY

Recognizing that this report is a snapshot in time of the year 2013 will assist in better understanding of these results. Notably:

All providers are represented

These data include many disease states categorized as a skin disease yet not always treated by a dermatologist. In fact, only 1 in 3 people with skin disease received care from a dermatologist.

Not all costs or disease states are included

It is important to note that these 2013 costs do not reflect the recent sharp rise in the cost of prescription medications for skin diseases. There may also be a substantial amount of underestimation with cases of chronic disease that did not have a claim in 2013.

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Outcomes were not measured

This data set does not report outcomes or include patient-reported perspective or disease severity. Therefore, treatment cost-effectiveness cannot be ascertained.

IMPLICATIONS FOR DERMATOLOGY

To address the implications of this report, the Academy is calling for more emphasis in 3 key areas: research, provider roles, and outcomes.

More prevention research is needed

This burden of skin disease suggests that prevention and early detection are key to reducing morbidity and mortality from preventable diseases such as skin cancer and occupational diseases such as dermatitis. It also suggests the need for improved diagnostic tools and treatment options for common and rare skin diseases. The Academy is advocating for more research to study the impact of screenings and public education on skin disease.

The role of dermatologists in the treatment of skin disease needs further study

This study points to a need for more access to dermatologic treatment. The number of providers needed to treat skin disease in 2013 based on claims is estimated at more than 20,000,* twice the number

of board-certified dermatologists in the United States. Although not all skin disease can or should be treated by dermatologists alone, it is important that the Academy:

- Determine the optimal role of dermatologists in coordination of the skin disease care continuum.
- Work with the House of Medicine to develop tiered dermatology care models.
- Increase the use of technology and teledermatology to improve access to dermatology-led specialized skin care treatment directly and indirectly.
- Increase dermatologists' community involvement to identify high-risk populations and focus on disease prevention.

Work on data registries must be continued

Finally, the impact of further data collection on outcomes with the Academy's data registry, DataDerm, will be key to understanding how the work we do alleviates the burden of skin disease for our patients.

REFERENCE

1. Lim, HW, Collins, SAB, Resneck, JS, Jr, et al. The burden of skin disease in the United States. *J Am Acad Dermatol*. In press. doi: <http://dx.doi.org/10.1016/j.jaad.2016.12.043>.

*Based on the number of office visits per person by insurance status, with the following assumptions: average visit length: 20.3 minutes. Average number of patient care hours per provider per year: 1716.