

Telehealth Dermatology Presenting – Adult and Pediatric

1. SCOPE

- 1.1. MCHS Hospital – Based Ambulatory Care
 - Telehealth Presenters
- 1.2. MCHS Clinic Ambulatory Care
 - Telehealth Presenters
- 1.3. Facilities and departments included in the scope listed above are further defined in the [Scope Definition Resource Guide](#) if not specifically outlined above.

2. DEFINITIONS & EXPLANATIONS OF TERMS

- 2.1. Abbreviations
 - CMR: Combined Medical Records
 - HPI: History of Present Illness
 - MCHS: Marshfield Clinic Health System
 - PMHX: Past Medical History
- 2.2. Definitions
 - Polycom: refers to the clinical video conferencing device or software. Used interchangeably with Codec.
 - Hemangiomas: A benign tumor of dilated blood vessels
 - Vitiligo: A skin disorder characterized by the localized loss of melanocytes, with patchy loss of skin pigment. The depigmented areas occur most commonly on the hand, face and genital region and are flat and pale and surrounded by normal pigmentation
 - Eczema: Itchy red rash that initially weeps or oozes serum and may become crusted, thickened, and scaly
 - Psoriasis: Chronic skin disorder in which red, scaly plaques with sharply defined borders appear on the skin. The rash is commonly found on knees, shins, elbows, umbilicus, lower back, buttocks, ears, and along the hairline.

3. PROCEDURE BODY

All Clinical staff responsible for presenting of patients to Dermatology Services or any provider who may need a component of dermatology physical exam shall be proficient and appropriately trained in providing dermatological exam data via Telehealth technologies.

Pediatric Dermatology includes patients from day 1 of life through age 18 yrs. College age patients may be followed as long as they are in school and have not become parents themselves. As a general rule, young parents, even if they are 16-18 yr. etc, are no longer pediatric patients and should be seen by adult dermatology.

3.1. Dermatology Referral Process:

- a. In order to schedule a Teledermatology consult, a Referral Request form located in Document Manager must be filled out by the referring provider and submitted.
- b. The Referral Request should be filled out completely and with specific details for the referral. Please note that patients with certain conditions cannot be seen via telehealth, these include but are not limited to routine skin cancer surveillance exams, melanoma follow-up exams, full body screening and scalp disorders when the scalp is covered by hair. Patients with suspicious lesions may be difficult to see via telehealth as a biopsy cannot be performed unless a local/referring provider is willing and able to biopsy. If there are questions as to if a patient is an appropriate referral for teledermatology, please contact Marshfield Center Dermatology.

3.2. Pre-Consult Preparation

- a. [See Telehealth Core Presenting Document](#)

3.3. Pre-Assessment Physical Exam

- a. Vital signs:
 - Pediatric Patients:
 - No vital signs necessary unless specifically requested by provider
 - Adult Patients:
 - No vital signs necessary unless specifically requested by provider
- b. Complete Page 1 of the Dermatology Visit Note located in Document Manager under the provider seeing the patient.
 - Need to complete (click on the pen icon in the tool bar at the top of the screen to activate the boxes and allow you to type in them) :
 - Problem
 - Location
 - Symptoms (on date of appointment)

- Severity (ex: today is: average day)
- Duration/onset
- Timing/season (does the patient have flares certain times/seasons)
- Treatments (medications, ointments, etc.)
- Medical history
- Family history
- Social history
- Medications
- Review of systems
- Note that at times you may need to add or delete spaces or lines so that the box text matches up with the text on the ink over form. Also note that some of the text in the boxes may have been entered by the derm technician when he/she prepped the form. Below is an example of the prepped form that the telepresenter is responsible for completing, this may vary slightly between providers.

Evaluation and Management – Format II

Dermatology Visit Note

Service date (m/d/y) 06/11/2018 4/6 Week Psoriasis Follow Up Established New Consult

Reason/History

Skin cancer

Mole check

Acne

Rash

Wart(s)

Lesion(s)

Other

Problem Psoriasis

Location hands, feet

Symptoms Today is:

Severity

Duration/Onset . .

Timing/Season . . .

Exposures tx: Clobetasol Topical 0.05% Ointment,

Treatments

Associated

Medical history CMR reviewed

Flow sheet

Family history

Flow sheet

Social history

Flow sheet

Medications Medications reviewed on Medication Manager.

Meds. Manager

Review of system	
General	" "
Eyes	
ENT/Mouth	Pacemaker: no
Cardiovascular	Artificial heart valve/stent: 2 stents
Respiratory	
Gastrointestinal	
GU/Menstrual	Artificial joints: no
Musculoskeletal	Rash:
Skin	New/changing moles:
Neurological	
Psychiatric	Easy bruising: no
Endocrine	Anticoagulants: Aspirin
Blood/Lymph	Allergies Reviewed on CMR
Allergies	
<input type="checkbox"/> Allergies/Adverse reactions	
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c. Save as incomplete document back to the provider's work list

3.4. Pre-Assessment Dermatology Photos

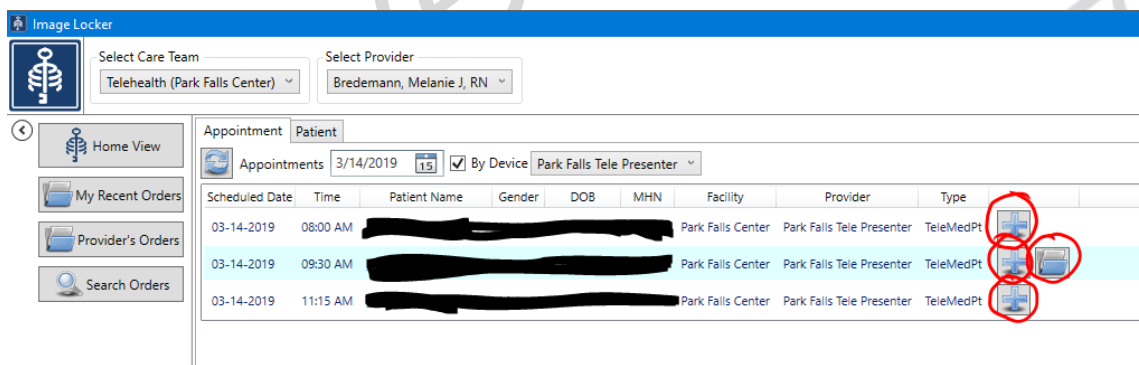
- a. Photos of patient need to be taken AHEAD of provider appointment time. Consult cannot be done with video camera images.
- b. Have patient remove jewelry, make-up and clothing if necessary to obtain adequate view for photographs. Offer patient gown.
- c. The Telehealth presenter will optimize the best possible diagnostic interpretation environment, utilizing an iPod camera; this is a vital component in assuring the optimal communication of patient clinical data to the Dermatologist for Telehealth consults.
 - Stay back from the object to capture.
 - Ensure the larger part of surface is in focus, with larger field of depth
 - Find a minimum focal length for the camera; do not get inside that focal length
 - Do not use the zoom functions, the dermatologist will zoom with picture manager.
 - Keep the flash on auto mode; do not force the flash as this may wash out the photos.
- d. Composition
 - Always need to be perpendicular to the surface of the lesion or rash.
 - If there is texture to the lesion or rash, use lighting as your friend. Use a gooseneck lamp to create shadow or use natural lighting, patient positioning, while taking picture from the side.
 - Hairy surfaces are really difficult to focus on.
- e. When presenting dermatology patients, special consideration should be given to the type of exam needed.

- Acne patients: Dermatologist needs images of face, neck, chest, shoulders, back, and bilateral sides of the face (lift up bangs). If needed take an image with focusing on the nose. Neck images should be taken with the chin up and down and back of neck. Lateral aspects of neck if needed. Provider will need anterior, posterior, top and sides of shoulders.
 - Total Body Photos of Infants/Toddlers <18 months take pictures of everything.
 - Total body photos of children <6 with underwear
 - Total body photos of children with underwear >=6 if eczema, psoriasis, moles, body rash
 - Teens – have them wear gym shorts/sports bra
 - Vitiligo
 - total body
 - include eyelids closed
 - Hemangiomas/Birth Marks –
 - needs measurements with photo sticker
- f. Use Image Mover (software on iPod) on the iPod to take photographs of the patient.
- Before beginning to use this process, the Telehealth presenter who is taking pictures needs to be granted access by MCIS to Image Locker and be added to the specific Care Team location that he/she will be taking images at.
 - Before taking pictures with the iPod, an order needs to be created in Image Locker (software on computer desktop) by the Telepresenter for the patient. The link below is for the Image Locker reference guide; this guide can also be searched for/found in the Learning Library. The Telehealth presenter can also get a brief tutorial from MCIS if he/she does not understand the reference guide. Image Locker Reference Guide: <http://mclweb/learninglibrary/istraining/Documentation/ImageLockerReferenceGuidev1.1.8.0v2.pdf>. There is also a tutorial for Image Locker found here: <http://learnlinc01/iclib/ImageLockerTutorial/ImageLockerTutorial.htm>
 - The Telepresenter should be familiar with creating an order in Image Locker before beginning the process. Make sure to have the appropriate Care Team selected from the drop down box, select you as the provider from the drop down box, make sure the date is correct for the date of the appt.

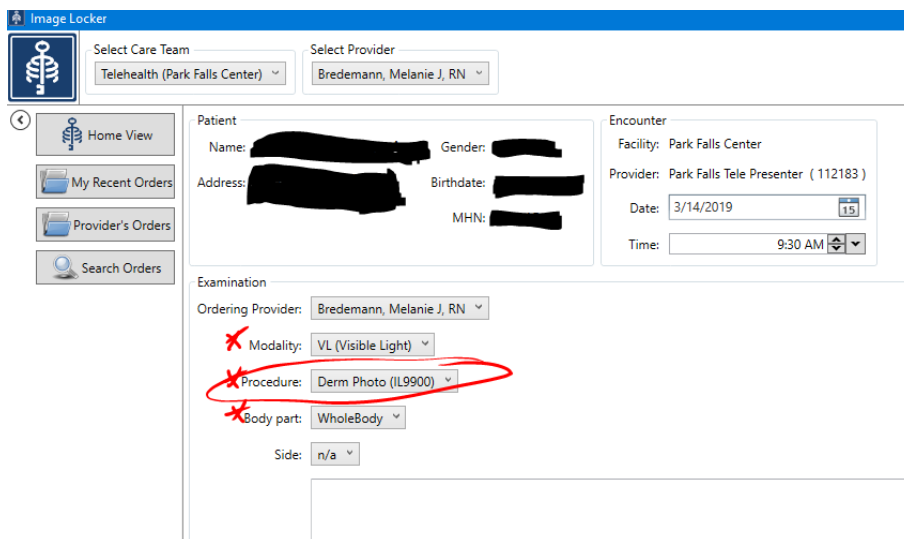
Make sure that the box next to By Device is checked.



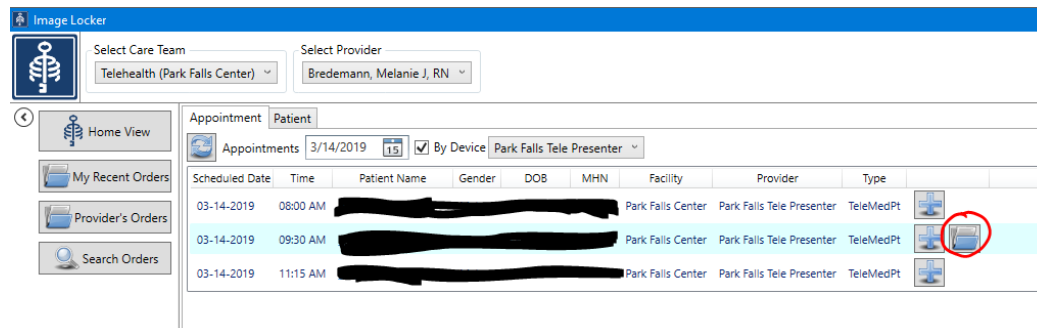
- To create the order, click on the Plus sign icon at the end of the patients appointment line, if there is already an order created you will see a File folder icon



- When creating the order, the Modality, Procedure and Body Part drop down boxes under Examination need to be filled in (Side is optional), the Procedure will be "Derm Photo".
- If you have several body parts to photograph, you can choose "whole body" for the body part



- Once the Examination pieces are entered, there are 2 options, you can select Submit Order and Take Picture, and you will continue to move forward in the process of taking the pictures, or you can select Submit Order and this will save the order for a later time; this way, the order can be created ahead of time and then accessed at a later time to take the pictures.
 - If the order is created ahead of time, the order needs to be selected by clicking on the file icon next to the patient's name, then click on the camera icon to pull up the QR code that is specific to the patient.



- If you have selected Submit order and Take Photograph, a QR code will appear on your screen.
- Turn on the iPod and select the Image Mover app.
- Confirm the patient
- Hold the iPod over the QR code on your computer screen and center the QR code in the square on the iPod screen. You do not need to press any buttons on the iPod, it will automatically accept the QR code when the iPod is held still.



- Once the QR code is scanned, Image mover will bring up a screen on the iPod prompting you to either take a photo or add existing photo (this would be if you took pictures with the iPod prior to creating the order). Most likely you will select take a photo.
- Take the picture
- You can accept the picture or retake the picture to your desire.

When document is printed it becomes an uncontrolled copy. Please refer to DCS system for most current version.

- Once you accept the picture the screen will prompt you to send the picture
- You can take multiple pictures for one session/order
- Once you have completed taking the pictures you select "Exit Session" on the iPod screen. You are now done using the iPod unless you have additional orders/body parts to take pictures of.
- On your computer screen select "Finished" in the lower right hand corner.



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Finished

- Once you click on "Finished" the pictures are automatically loaded into CMR and can be found under the imaging tab. If you do not see the pictures under the imaging tab, you may need to refresh your screen, or close out of CMR then reopen it to view the pictures.
 - Note that if you send a picture by accident, or decide after the picture is sent that you do not want it in the medical record, you will have to place a helpline call to MCIS. You cannot delete the picture yourself once it is in CMR.
 - Educate the patient that the photos will be saved in their medical record, but deleted off of the iPod.
- 3.5. The Telehealth presenter must dial into the Dr. Stratman 67009 Co-Space using the t.v. and remote for Telehealth visits with Dr. Stratman and Dermatology Resident.
- a. See [Dr. Stratman 3 way dial in instructions](#)
- 3.6. Assisting Provider with Physical Exam
- a. The Telehealth presenter must be prepared to assist the provider with the physical exam.
- b. The provider will direct the Telehealth presenter in the room, ensuring the patient is always framed appropriately so the provider can see all aspects of the exam.
- c. Utilize the hand held camera if the provider asks for a live shot of the problem.
- 3.7. Post Physical Exam and Consult Considerations
- a. [See Telehealth Core Presenting Document](#)

PROCEDURE

4. ADDITIONAL RESOURCES

4.1. References:

- Venes, D. and Thomas, C.L. (2001). Taber's Cyclopedic Medical Dictionary (19th ed.). Philadelphia: F.A. Davis Company

Live

PROCEDURE

5. DOCUMENT HISTORY

Version No.	Revision Description
1.0	Conversion from Policy Handbook to Document Control: Procedure #2362.1
2.0	Updated section 3.3 a, 3.3. b. and 3.5 6/1/18 Sharon Dvoran
3.0	Removed Marshfield Clinic Logo, Updated Quick Part in Header, Reformat of Section 2. Updated Scope Statement with MCHS, Added MCHS to Section 2. Updated DCC to Megan Seifert.

6. DOCUMENT PROPERTIES

Primary Author: Dvoran, Sharon M

Co-Author(s):

Approver(s): This document has been electronically signed and approved by: Castellano, James B on: 11/21/2019 10:07:04 AM

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PROCEDURE