

Chronic Skin Disease Unit and Internal Counseling in an Outpatient Dermatology Clinic: Collaboration of Dermatologists in Dermatology Practice[§]

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Dermatoloji Polikliniğinde Kronik Deri Hastalığı Birimi ve Konsey: Dermatoloji Uygulamalarında Dermatologların İş Birliği

ABSTRACT

Objective: Dermatologists manage numerous chronic skin diseases in daily clinic practice. It is difficult to manage chronic skin diseases in very intensive outpatient clinics which have to accept great number of patients.

Method: Clinic of Dermatology in University of Health Sciences (UHS), Kayseri Health Training and Research Center (KHTRC) has one education unit and chronic skin diseases unit (CSDU) exist in outpatient clinic. Specialists and academicians may refer patients with psoriasis, chronic urticaria and Behçet's Disease to CSDU. Every day, two internal counseling are performed in outpatient clinic by dermatologist and academicians.

Results: From 01.06.2015 to 01.06.2016, in one-year period, 158,775 patients were accepted to the KHTRC dermatology outpatient clinic. 645 of 158,775 (0,4%) patients were referred to CSDU consisted of; 370 psoriasis, 200 chronic urticaria and 75 Behçet's Disease. Referring rates to CSDU consisted; 18% of psoriasis patients, 7,3% of patients with chronic urticaria and 11,4% of patients with Behçet's Disease. 1387 patients included to the internal counseling. The most frequent reason for receiving patients to internal counseling was; "difficulty in diagnosis". 5 specialists did not refer any patient to CSDU and three specialists neither received cases nor attended to internal counseling.

Conclusion: CSDU and IC of outpatient patients in day time is beneficial for management of chronic skin diseases and collaboration of dermatologists lead confidence to make diagnosis and planning treatment.

Keywords: chronic skin disease, outpatient dermatology clinic, internal counseling, collaboration of dermatologists

ÖZ

Amaç: Dermatologlar günlük klinik uygulamada çok sayıda kronik dermatolojik hastalığı yönetmektedir. Çok sayıda hastayı kabul etmesi gereken, yoğun polikliniklerde kronik deri hastalıklarının yönetmek zordur.

Yöntem: Sağlık Bilimleri Üniversitesi (SBÜ) Dermatoloji Kliniği, Kayseri Sağlık Eğitim ve Araştırma Merkezi (KSEAM) bir eğitim ünitesine sahiptir ve ayakta tedavi kliniğinde kronik deri hastalıkları polikliniği (KHP) sahiptir. Uzmanlar ve akademisyenler, sedef hastalığı, kronik ürtiker ve Behçet hastalığı olan hastaları KHP'ne yönlendirebilmektedirler. Her gün poliklinikte dermatolog ve akademisyenler tarafından ortalama iki konsey yapılmaktadır.

Bulgular: 01.06.2015-01.06.2016 tarihleri arasında bir yıllık sürede 158,775 hasta KSEAM dermatoloji polikliniğine kabul edildi. 158,775 hastanın 645'i (%0,4) KHP'ne sevk edildi; 370 sedef hastalığı, 200 kronik ürtiker ve 75 Behçet Hastalığı olmak üzere Psoriasis hastalarının %18'i, kronik ürtikerli hastaların %7,3'ü ve Behçet hastalığı olan hastaların %11,4'ü KHP'ne yönlendirildi. 1387 hasta konseye dahil edildi. Hastaları konseye yönlendirmenin en sık nedeni; "Tanı koymada zorluk" idi. 5 uzman hiçbir hastayı KHP'ne sevk etmedi ve üç uzman ne vaka aldı ne de konseye katıldı.

Sonuç: Ayakta tedavi gören hastaların KHP ve konsey, gün içerisinde kronik deri hastalıklarının tedavisinde ve dermatologların iş birliğinde tanı ve planlama tedavisine güven duyması açısından yararlıdır.

Anahtar kelimeler: kronik deri hastalığı, dermatoloji polikliniği, konsey, dermatologların iş birliği

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INTRODUCTION

Recently, increasing incidence and prevalence of chronic diseases and improvement of health care have led physicians and patients to allow more time for treatment of chronic diseases. National health care programmers redesign the health service models to support the needs of people with these conditions ⁽¹⁾. Obviously, long-term care and regular follow-up visits must be performed to satisfy this need. Dermatologists manage numerous chronic skin diseases in daily clinical practice. However, it is difficult to manage chronic skin diseases in crowded hospital and outpatient clinics with great number of patient references. Physicians do not have enough time to spare for these patients who have complex medical follow-ups. Patients with chronic skin diseases such as psoriasis, atopic dermatitis, etc. usually suffer from impaired quality of life. It has been demonstrated that psoriasis effects quality of life of patients in the same way as those with other major diseases such as cancer, depression, heart disease and diabetes ⁽²⁾. Patient satisfaction is critical in chronic skin diseases to improve quality of life and treatment ⁽³⁾.

Kayseri, a large industrialized city in Central Anatolia, has a population of 1,3 million people as the ninth largest city of Turkey. Kayseri Health Training and Research Center (KHTRC) is a tertiary referral government hospital and affiliated to University of Health Sciences. Interestingly, no second level government hospital exists in Kayseri. As being a tertiary referral hospital in Central Anatolia, the population of hinterland which patients are referred from the neighbor cities, is about 2,5-3 million. KHTRC has 10 different campuses in 25 distinct buildings, 1489 inpatient beds, 157.134 m² confined space ⁽⁴⁾. Clinic of Dermatology in KHTRC has one professor, one associate professor and one assistant doctor and 12 specialists. Outpatient clinic of dermatology consists of 9 examination units in the central campus and three examination units outside the campus. Also, one education unit and chronic skin diseases unit (CSDU) exist in the outpatient clinic. Specialists and academicians may refer patients with psoriasis, chronic urticaria and Behçet's Disease to CSDU. Every day, two internal counselings (IC) are performed in the outpatient clinic. First one is performed in the mornings and the other in the afternoons. Specialists and academicians present cases in IC times and all participants examine the patient together

and state their opinions. It is voluntary for specialists to refer patients to CSDU, present a case in IC, and also attend to the IC.

In dermatology practice, skin biopsies are generally performed for the diagnosis of diseases. Clinicopathologic correlation is the basis of a precise diagnosis in dermatopathology, the precision of a microscopic diagnosis may significantly be increased by thorough knowledge of the clinical picture ⁽⁵⁾. Dermatopathological correlations are performed in the Clinic of Dermatology in KHTRC. All the skin biopsies are recorded and evaluated weekly by collaboration of Clinics of Dermatology and Pathology.

MATERIAL and METHODS & RESULTS

Hospital based outpatient records of Dermatology in KHTRC were evaluated between 01.06.2015 to 01.06.2016. In one-year period, 158,775 patients were accepted to the dermatology outpatient clinics. 645 (0,4%) of 158,775 patients were referred to CSDU. 370 of the patients referred to CSDU had psoriasis, 200 had chronic urticaria and 75 had Behçet's disease. 18% of psoriasis, 7,3 % of chronic urticaria and 11,4 % of Behçet's disease patients were referred to CSDU. 5 of 12 specialists did not refer any patient to CSDU. Dermatopathological correlations were performed from the skin biopsies of 884 patients. During this time, 1387 (0.87%) cases of 158775 were consulted in IC. 12 specialists presented cases with varying numbers: from 0 to 428 cases (Table 1). Also, three specialists did not attend to IC. Academicians presented a total 74 of 1387 (5,33%) cases to IC. The reasons for

Table 1. Number of patients referred to internal counseling by physicians.

Physicians	Number of patients
Dermatologist 1	0
Dermatologist 2	0
Dermatologist 3	146
Dermatologist 4	50
Dermatologist 5	81
Dermatologist 6	194
Dermatologist 7	37
Dermatologist 8	0
Dermatologist 9	428
Dermatologist 10	107
Dermatologist 11	110
Dermatologist 12	154
Academician 1	25
Academician 2	49
Total	1387

presenting the cases were: “difficulty in diagnosis” in 849 patients, “difficulty in planning treatment” in 429, “assessment of skin biopsy result” in 110 and 9 as being “interesting cases”.

DISCUSSION

Data from a previous study indicate that up to one-third of people with chronic conditions in general do not receive recommended care ⁽⁶⁾. Poor patient satisfaction can lead to poor adherence to treatment with consequently poor health outcomes. And these factors refrain the efficient management of chronic diseases. In order to improve the quality of care perceived by the patients with chronic diseases it is important to understand the main factors influencing patient satisfaction ⁽⁷⁾. The time spent by the physician for examination is not the most significant factor that effect the patient satisfaction. The interpersonal skills of physician’s are very important to satisfy the patients. Patients with chronic skin diseases seem to require the concern of their doctors for their health and adequate answers to their questions ⁽⁷⁾. Critical role of patient and physician communication for the effective management of dermatological diseases such as psoriasis and acne have been underlined in various studies ⁽⁸⁻¹⁰⁾. Authors have demonstrated that involving patients with psoriasis in the planning process of treatment and choosing the appropriate drug improve the success and adherence to treatment. Also, positive effects have been observed in continuous assessment of patients’ quality of life ⁽⁹⁾.

In the current study, outpatient clinic of Dermatology in KHTRC is assessed. During the period of time which the study was performed, 158,775 patients were admitted to the outpatient clinic. These patients consisted of those with direct application (as a tertiary referral government hospital), or those who were referred by a family physician or referred by other specialists. So, the priority of patients differed. To solve this problem CSDU was created for the management of frequent chronic skin diseases including; psoriasis, chronic urticaria and Behçet’s Disease. 12 dermatologists and 2 academicians referred only 645 of 158,775 (0,4%) patients to CSDU. We think the causes of this low reference rate must be explored. This may be related with many factors; irrelevance of physicians or patients, belief for the insignificance of CSDU or etc.

Dermatopathological consultations were performed

in 884 patients and IC in 1,387 patients. Communication and collaboration of physicians are very critical for not only management of chronic skin diseases but for all skin diseases. In the current study, dermatologists referred 849 patients with “difficulty in diagnosis”, “difficulty in planning treatment” in 429 patients, and “assessment of skin biopsy” results in 110 and “being an interesting case” in 9. This observation obviously shows the significance of IC.

As a conclusion, CSDU and IC of outpatient patients is beneficial for management of chronic skin diseases and collaboration of dermatologists lead confidence in making the diagnosis and planning treatment.

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