

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Asynchronous Teledermatology Consultations Using Storeand-Forward Technology: Diagnostic Accuracy, Clinical Utility, and CostEffectiveness

Service Line: Rapid Response Service

Version: 1.0

Publication Date: September 15, 2020

Report Length: 15 Pages



Authors: Holly Gunn, Charlene Argáez

Cite As: Asynchronous Teledermatology Consultations Using Store-and-Forward Technology: Diagnostic Accuracy, Clinical Utility, and Cost-Effectiveness.

Ottawa: CADTH; 2020 Sep. (CADTH rapid response report: summary of abstracts).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca



Research Questions

- 1. What is the diagnostic accuracy of asynchronous teledermatology consultations using store-and-forward technology for the assessment of patients with suspected dermatological conditions?
- 2. What is the clinical utility of asynchronous teledermatology consultations using storeand-forward technology for the assessment of patients with suspected dermatological conditions?
- 3. What is the cost-effectiveness of asynchronous teledermatology consultations using store-and-forward technology for patients with dermatological conditions?

Key Findings

One health technology assessment and thirteen non-randomized studies were identified regarding the diagnostic accuracy and clinical utility of asynchronous teledermatology consultations using store-and-forward technology for the assessment of patients with suspected dermatological conditions. One systematic review of economic evaluations and one economic evaluation were identified regarding the cost-effectiveness of asynchronous teledermatology consultations using store-and-forward technology for patients with dermatological conditions.

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including Medline, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were dermatology and telemedicine. No filters were applied to limit the results by study type. The search was also limited to English language documents published between January 1, 2015 and August 26, 2020. Internet links are provided, where available.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available, and relevant recommendations were summarized.

Table 1: Selection Criteria

Population	Adults, with or without comorbidities, in any health care setting.
Intervention	Store-and-forward technology for asynchronous teledermatology consultations.
Comparator	Q1: Reference standard: in-person consultation with a dermatologist. Q2-3: In-person consultation with a dermatologist
Outcomes	Q1: Diagnostic accuracy (e.g., sensitivity, specificity)



	Q2: Clinical utility (e.g., dermatological symptoms, quality of life, time to diagnosis, ability to diagnose) Q3: Cost-effectiveness (e.g., cost per quality-adjusted life years)
Study Designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations

Results

One health technology assessment¹ and thirteen non-randomized studies³⁻¹⁵ were identified regarding the diagnostic accuracy and clinical utility of asynchronous teledermatology consultations using store-and-forward technology for the assessment of patients with suspected dermatological conditions. One systematic review² of economic evaluations and one economic evaluation¹⁶ were identified regarding the cost-effectiveness of asynchronous teledermatology consultations using store-and-forward technology for patients with dermatological conditions. No relevant randomized controlled trials were identified in the literature.

Additional references of potential interest that did not meet the inclusion criteria are provided in the appendix.

Overall Summary of Findings

One health technology assessment¹ and thirteen non-randomized studies³⁻¹⁵ were identified regarding the diagnostic accuracy and clinical utility of asynchronous teledermatology consultations using store-and-forward technology for the assessment of patients with suspected dermatological conditions. The authors of the health technology assessment¹ found results that provided uncertain evidence for the clinical utility and cost-effectiveness of the store-and-forward asynchronous teledermatology service. The authors of all thirteen of the non-randomized studies³⁻¹⁵ found that store-and-forward and face-to-face consultations were comparable or equivalent in diagnostic accuracy and clinical utility. One systematic review² of economic evaluations and one economic evaluation¹⁶ were identified regarding the cost-effectiveness of asynchronous teledermatology consultations using store-and-forward technology for patients with dermatological conditions. The authors of the systematic review² of economic evaluations found that store-and-forward technology can be cost-effective when used as a triage mechanism and for patients required to travel a far distance. The authors of the economic evaluation 16 found that store-and-forward teledermatology had positive results regarding the cost-effectiveness of the intervention compared to face-to-face consultations. A detailed summary of the identified studies can be found in Table 2.

Table 2: Summary of Included Studies

First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions	
	Health Technology Assessments					
MSAC, 2017 ¹	Study Design: Health technology assessment	A store-and-forward asynchronous teledermatology service using digital	Current investigative services for dermatology	Safety and cost- effectiveness.	The authors concluded that they did not support public funding of	



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
	Population: Patients with inflammatory skin conditions or suspected skin cancer who require referral to a specialist dermatologist N = NR	images and patient history forwarded to a dermatologist	(Telehealth videoconferencing and face-to-face consultation)		asynchronous store and forward technology. The authors concluded that the evidence was uncertain on the effectiveness and costeffectiveness of the intervention.
1		Systematic Re	views & Meta-Anal	yses	
Snoswell, 2016 ²	Study Design: Systematic review Population: Patients experiencing dermatological consultations N = 11 relevant studies	Store-and-forward teledermatology in a topical clinical setting	Conventional face- to-face care in a clinical setting	Comparison of cost- effectiveness	The authors concluded that evidence found suggested that store-and-forward technology can be cost-effective. The authors concluded that store-and-forward technology was cost-effective when used as a triage mechanism to reduce face-to-face consultations, with the cost-effectiveness increasing when patients were required to travel further distances to access dermatology services.
		Non-Ra	ndomized Studies		
Keller, 2020 ³	Study Design: Prospective Cohort Population: Patients requiring inpatient dermatology consultation N = 100	Store-and-forward teledermatology for teledermatologist diagnostic impressions and therapeutic recommendations	Hospitalist and dermatologist inperson diagnostic impressions and therapeutic recommendations	Complete and partial agreement between diagnostic impressions and therapeutic recommendations	The authors found that the dermatologist and teledermatologist agreed completely and partially in 84.9% and 52.8% of cases, respectively. The authors concluded that overall the teledermatologist performed comparably to an in-person



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
					dermatologist for diagnosis and management of skin conditions for inpatients.
Kim, 2020 ⁴	Study Design: Prospective Cohort Population: Patients requiring consultation at Stanford Health Care N = 215	eConsult referrals through PhotoCareMD, a store-and-forward teledermatology consultation service	In-person referrals prior to initiation of PhotoCareMD	Time to diagnosis/treatment and cancellation rate	The authors found that eConsults comparably decreased time to diagnosis and treatment from 23 days to 16 hours, with a 50% lower cancellation rate. The authors found that the average inperson consult required 25 minutes, compared to 8 minutes for an eConsult, with PhotoCareMD saving the clinic 13 hours.
Lee, 2020 ⁵	Study Design: Retrospective Cohort Population: Patients requiring preoperative dermatology consultation N = NR	Store-and -forward teledermatology preoperative consults	Face-to-face teledermatology preoperative consults	Consult failure rates, treatment follow-through rates, time to treatment, and travel savings	The authors found comparable treatment completion rates, with teledermatology having significantly decreased consult failure rates. The authors found that teledermatology decreased the time to treatment by 2 weeks, increased the percentage of lesions treated within 60 days, and resulted in travel savings of 162.7 minutes, 144.5 miles, and \$60.00 per person.
Gemelas, 2019 ⁶	Study Design: Retrospective Cohort	Store-and-forward teledermatology consultation service	Face-to-face dermatology consultation in clinic	Positive predictive value of melanoma	The authors found that the teledermatology service had a positive predictive



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
	Population: Patients requiring teledermatology consultations between February 2015 and January 2016 N = 8,706				value of 13.7%, which they concluded compared favorably to face-to-face dermatology consultations.
Silveira, 2019 ⁷	Study Design: Prospective Cohort Population: Patients monitored by routine cancer screening at Barretos Cancer Hospital during 2016 N = 39	Mobile phone application and website for doctor-to-doctor consultation of photos of skin lesions by skin care professionals	Standard dermatology consultation of skin lesions	The diagnostic sensitivity, accuracy, specificity, positive predictive value, and negative predictive value	The authors found equivalence in all measures between the teledermatology and face-to-face consultations. Specifically, the authors found the following results: sensitivity= clinic: 80.0%, teledermatology: 80.8%; accuracy= clinic: 78.9%, teledermatology: 79.5%; specificity= clinic: 76.9%, teledermatology: 76.9%; positive predictive value= clinic: 87.0%, teledermatology: 87.5%; and negative predictive value= clinic: 66.7.0%, teledermatology: 66.7%.
Kravets, 2018 ⁸	Study Design: Prospective Cohort Population: Patients requiring consultation for skin lesions N = 314	Store-and-forward teledermatological platform for consultation	In person dermatologist consultation	Diagnostic accuracy	The authors found that the accuracy of teledermatological examination compared to clinical examination was 90.3 to 100% and compared to histopathological diagnoses was 85.1 to 98.9%.
Raida, 2018 ⁹	Study Design: Prospective Cohort	Store-and-forward teledermatology	In-person dermatological consultation	Time to consult, most frequent diagnoses, and average number	The authors found that the average time to consult in



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
	Population: Patients requiring dermatological consult N = 395	service for 6 months		of dermatology- related visits and dermatology-related costs.	the intervention group was 16.31 hours and the dermatology-related spend for the intervention and control group was 59\$ and \$113, respectively, on the day of consult, \$70 and \$202 for 30 days, \$78 and \$221 for 60 days, and \$86 and \$307 for 90 days.
Altieri, 2017 ¹⁰	Study Design: Prospective Cohort Population: Adult patients classified as having either lightly pigmented or darkly pigmented skin presenting with new, visible skin complaints in a Los Angeles dermatology clinic N = 232	Store-and-forward technology teledermatology diagnosis and management	In-person dermatology diagnosis and management	Percent concordance and concordance rates between the intervention and comparator	The authors concluded that concordance rates for diagnostic testing, clinic-based therapy and treatments were similar for the intervention and comparison groups for both skin types.
Saleh, 2017 ¹¹	Study Design: Prospective Cohort Population: Patients with dermatological aliments who attended the Abshway Hospital N = 600	Teledermatology consultation in remote areas through a storeand-forward diagnosis with two teledermatologists	Patients examined by an on-site dermatologist face- to-face	Diagnostic agreement rates between the intervention and control setting	The authors found that diagnostic agreement rates between the face-to-face and the two teledermatologists were 86.7% and 87% respectively. Specifically, the authors found that 81.3% of cases showed complete agreement between all three physicians.
Tian, 2017 ¹²	Study Design: Prospective Cohort Population: Patients requiring aesthetic	A store-and-forward telemedicine system in the field of aesthetic dermatology	Face-to-face examinations for aesthetic dermatology	Agreement rates between the intervention and control setting	The authors found that there was total agreement between 342 diagnoses, with a concordance rate of 95.5%. The authors concluded



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
	dermatology consultation N = 102				that the store-and- forward system enabled an accurate skin diagnosis for conditions such as melanomas, skin cancers, actinic keratosis, and other dangerous diagnoses. The authors concluded that the discordant diagnoses were mostly attributable to poor photograph quality.
Wang, 2017 ¹³	Study Design: Retrospective Cohort Population: Veterans diagnosed with melanomas N = 61	Store-and-forward teledermatological diagnoses of melanoma	Face-to-face diagnoses of melanoma	Diagnosis and management accuracy of melanomas	The authors concluded that diagnostic and management accuracy of storeand-forward was comparable to faceto-face consultation. Specifically, the authors found that 74% of melanomas were correctly diagnosed and 93% were correctly managed through the store-and-forward technology.
Okita, 2016 ¹⁴	Study Design: Prospective Cohort Population: Inpatients requiring dermatological evaluation N = 100	Store-and-forward teledermatology with data and pictures sent to consultants by email for two months	Face-to-face evaluation of dermatological consults	The total and partial agreement and disagreement between the doctors	The authors found that the total agreement between modalities was 54%, partial agreement was 27%, and disagreement was 19%. The authors concluded that the disagreements were related to the inexperience with the store-and-forward platform.



First Author, Year	Study Characteristics	Intervention	Comparator(s)	Relevant Outcomes Assessed	Author's Conclusions
Nami, 2015 ¹⁵	Study Design: Prospective Cohort Population: Patients seeking dermatological consultation N = 391	Store-and-forward mobile teledermatology consultation	Face-to-face dermatological consultation	Concordance rates between the two modalities, time taken for teleconsultation	The authors found that there was a concordance rate of 91% between the two modalities, and that only a few minutes needed to be added to a normal visit in order to transmit the cases to a teledermatologist for the store-and-forward consultation.
		Econo	mic Evaluations		
Yang, 2019 ¹⁶	Study Design: Retrospective Cohort Population: Underserved individuals requiring dermatology consultation N = 700	Store-and-forward teledermatology program	Conventional dermatological consultation	The comparison of cost for each patient case between the two modalities	The authors found that compared with the conventional care, the teledermatology had a mean expected cost savings of \$10.00 to \$52.65 dollars per consult. The authors also found that through the use of teledermatology, 27% of in-person consults and 3.29% of emergency room visits were avoided.

MSAC = Medical Services Advisory Committee; N = number; NR = not reported.

References Summarized

Health Technology Assessments

 Public summary document application 1360.1 – Specialist dermatology services delivered by asynchronous store and forward technology. Canberra (AU): Medical Services Advisory Committee (MSAC); 2017 Apr: http://www.msac.gov.au/internet/msac/publishing.nsf/Content/21799DF1CF99AC93CA25801000123C0D/\$File/1360.1-FinalPSD-accessible.pdf
 Accessed 2020 Sep 14.



Systematic Reviews and Meta-analyses

 Snoswell C, Finnane A, Janda M, Soyer HP, Whitty JA. Cost-effectiveness of storeand-forward teledermatology: a systematic review. *JAMA Dermatol*. 2016 Jun;152(6):702-708.

PubMed: PM27074289

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

- Keller JJ, Johnson JP, Latour E. Inpatient teledermatology: diagnostic and therapeutic concordance among a hospitalist, dermatologist, and teledermatologist using storeand-forward teledermatology. *J Am Acad Dermatol.* 2020 May;82(5):1262-1267. PubMed: PM31972258
- Kim GE, Afanasiev OK, O'Dell C, Sharp C, Ko JM. Implementation and evaluation of Stanford Health Care store-and-forward teledermatology consultation workflow built within an existing electronic health record system. *J Telemed Telecare*. 2020 Apr;26(3):125-131.

PubMed: PM30301409

5. Lee S, Dana A, Newman J. Teledermatology as a tool for preoperative consultation before Mohs micrographic surgery within the Veterans Health Administration. *Dermatol Surg.* 2020 Apr;46(4):508-513.

PubMed: PM31403533

 Gemelas J, Capulong D, Lau C, Mata-Diaz S, Raugi GJ. Positive predictive value of melanoma diagnosis in store-and-forward teledermatology. *Telemed J E Health*. 2019 Aug;25(8):701-707.

PubMed: PM30332329

- Silveira CEG, Carcano C, Mauad EC, Faleiros H, Longatto-Filho A. Cell phone usefulness to improve the skin cancer screening: preliminary results and critical analysis of mobile app development. *Rural Remote Health*. 2019 Jan;19(1):4895. <u>PubMed: PM30673294</u>
- Kravets K, Vasylenko O, Dranyk Z, Bogomolets O. Store-and-forward teledermatology for the most common skin neoplasms in Ukraine.
 Acta Dermatovenerol Alp Pannonica Adriat. 2018 Jun;27(2):79-83.
 PubMed: PM29945264
- Rajda J, Seraly MP, Fernandes J, et al. Impact of direct to consumer store-and-forward teledermatology on access to care, satisfaction, utilization, and costs in a commercial health plan population. *Telemed J E Health*. 2018 Feb;24(2):166-169.
 PubMed: PM28742431
- Altieri L, Hu J, Nguyen A, et al. Interobserver reliability of teledermatology across all Fitzpatrick skin types. *J Telemed Telecare*. 2017 Jan;23(1):68-73.
 PubMed: PM26729754



- Saleh N, Abdel Hay R, Hegazy R, Hussein M, Gomaa D. Can teledermatology be a useful diagnostic tool in dermatology practice in remote areas? An Egyptian experience with 600 patients. *J Telemed Telecare*. 2017 Feb;23(2):233-238.
 PubMed: PM26940796
- 12. Tian B. Tele-aesthetics in South Asia. *J Cosmet Dermatol.* 2017 Mar;16(1):21-25. PubMed: PM27401943
- Wang M, Gendreau JL, Gemelas J, et al. Diagnosis and management of malignant melanoma in store-and-forward Teledermatology. *Telemed J E Health*. 2017 Nov;23(11):877-880.
 PubMed: PM28498031
- Okita AL, Molina Tinoco LJ, Patatas OH, et al. Use of smartphones in telemedicine: comparative study between standard and teledermatological evaluation of highcomplex care hospital inpatients. *Telemed J E Health*. 2016 Sep;22(9):755-760. <u>PubMed: PM26959500</u>
- Nami N, Massone C, Rubegni P, Cevenini G, Fimiani M, Hofmann-Wellenhof R. Concordance and time estimation of store-and-forward mobile teledermatology compared to classical face-to-face consultation. *Acta Derm Venereol*. 2015 Jan;95(1):35-39.

PubMed: PM24889827

Economic Evaluations

 Yang X, Barbieri JS, Kovarik CL. Cost analysis of a store-and-forward teledermatology consult system in Philadelphia. *J Am Acad Dermatol.* 2019 Sep;81(3):758-764.
 <u>PubMed: PM30287316</u>



Appendix — Further Information

Systematic Reviews & Meta-Analyses

Intervention Not Specified

- Chuchu N, Dinnes J, Takwoingi Y, et al. Teledermatology for diagnosing skin cancer in adults. Cochrane Database Syst Rev. 2018 Dec;12:CD013193. <u>PubMed: PM30521686</u>
- Finnane A, Dallest K, Janda M, Soyer HP. Teledermatology for the diagnosis and management of skin cancer: a systematic review. *JAMA Dermatol*. 2017 Mar;153(3):319-327.

PubMed: PM27926766

Unclear Comparator

 Chuchu N, et al. Smartphone applications for triaging adults with skin lesions that are suspicious for melanoma. *Cochrane Database Syst Rev.* 2018 Dec;2018(12):CD013192.

PubMed: PM30521685

Randomized-Controlled Trials

Store-and-Forward Intervention Not Specified

20. Armstrong AW, Ford AR, Chambers CJ, et al. Online care versus in-person care for improving quality of life in psoriasis: a randomized controlled equivalency trial. *J Invest Dermatol.* 2019 May;139(5):1037-1044.

PubMed: PM30481495

 Armstrong AW, Chambers CJ, Maverakis E, et al. Effectiveness of online vs in-person care for adults with psoriasis: a randomized clinical trial. *JAMA Netw Open*. 2018 Oct;1(6):e183062.

PubMed: PM30646223

Non-Randomized Studies

No Comparator

 Greenwald E, Tan A, Stein JA, Liebman TN, Bowling A, Polsky D. Real-world outcomes of melanoma surveillance using the MoleMap NZ telemedicine platform. J Am Acad Dermatol. 2020 Feb 28;S0190-9622(20)30301-7.

PubMed: PM32114083

23. Bertrand SE, Weinstock MA, Landow SM. Teledermatology outcomes in the Providence Veterans Health Administration. *Telemed J E Health*. 2019 Dec;25(12):1183-1188.

PubMed: PM30758254

- Cutler L, Ross K, Withers M, Chiu M, Cutler D. Teledermatology: meeting the need for specialized care in rural Haiti. *J Health Care Poor Underserved*. 2019;30(4):1394-1406. PubMed: PM31680104
- 25. Holmes AN, Chansky PB, Simpson CL. Teledermatology consultation can optimize treatment of cutaneous disease by nondermatologists in under-resourced clinics.



Telemedicine J E Health. 2019 Dec 03. PubMed: PM31800369

 Nelson CA, Takeshita J, Wanat KA, et al. Impact of store-and-forward (SAF) teledermatology on outpatient dermatologic care: a prospective study in an underserved urban primary care setting. *J Am Acad Dermatol*. 2016 Mar;74(3):484-490.e481.

PubMed: PM26679528

Alternative Comparator

- Pasadyn SR, McAfee JL, Vij A, Warren CB. Store-and-forward teledermatology impact on diagnosis, treatment and dermatology referrals: comparison between practice settings. *J Telemed Telecare*. 2020 May 23:1357633X20925269.
 PubMed: PM32448029
- Piette E, Nougairede M, Vuong V, Crickx B, Tran VT. Impact of a store-and-forward teledermatology intervention versus usual care on delay before beginning treatment: a pragmatic cluster-randomized trial in ambulatory care. *J Telemed Telecare*. 2017 Sep;23(8):725-732.
 PubMed: PM27496852

Unclear Comparator

 Costello CM, Cumsky HJL, Maly CJ, et al. Improving access to care through the establishment of a local, teledermatology network. *Telemed J E Health*. 2020 Jul;26(7):935-940.

PubMed: PM31613713

 Dobry A, Begaj T, Mengistu K, et al. Implementation and impact of a store-and-forward teledermatology platform in an urban academic safety-net health care system. *Telemedicine J E Health*. 2020 Jun 09. PubMed: PM32522105

Store-and-Forward Intervention Not Specified

31. Gabel CK, Nguyen E, Karmouta R, et al. Use of teledermatology by dermatology hospitalists is effective in the diagnosis and management of inpatient disease. *J Am Acad Dermatol.* 2020 May 07.

PubMed: PM32389716

Alternative Outcomes

 Marchell R, Locatis C, Burges G, Maisiak R, Liu WL, Ackerman M. Comparing high definition live interactive and store-and-forward consultations to in-person examinations. *Telemed J E Health*. 2017 Mar;23(3):213-218.
 PubMed: PM27705083

Economic Evaluations

Alternative Comparator

33. Datta SK, Warshaw EM, Edison KE, et al. Cost and utility analysis of a store-and-forward teledermatology referral system: a randomized clinical trial. *JAMA Dermatol*.



2015 Dec 01;151(12):1323-1329. PubMed: PM26375589

Review Articles

 Wang RH, Barbieri JS, Nguyen HP, et al. Clinical effectiveness and cost-effectiveness of teledermatology: where are we now, and what are the barriers to adoption? *J Am Acad Dermatol.* 2020 Jul;83(1):299-307.
 <u>PubMed: PM32035106</u>

 Rat C, Hild S, Rault Serandour J, et al. Use of smartphones for early detection of melanoma: systematic review. *J Med Internet Res.* 2018 Apr;20(4):e135.
 PubMed: PM29653918

Additional References

36. Hashiguchi TCO. Bringing health care to the patient: an overview of the use of telemedicine in OECD countries. [OECD Health Working Paper no. 116]. Paris, France: OECD, Directorate for Employment, Labour and Social Affairs, Health Division; 2020 Jan:

https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=DELSA/HEA/WD/HWP(2020)1&docLanguage=En Accessed 2020 Sep 14.

See pg. 54 study #1, pg. 70 studies #2-3, pg. 71 study #3, pg. 72 study #1