

Dermatology Care in Rural Communities

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Accessing dermatologic care in rural communities can be challenging. Fewer dermatologists practice in rural areas, leading to longer travel distances, limited appointment availability, and extended wait times for patients. These barriers are part of a broader healthcare gap affecting millions of rural patients across the United States. This article explains why these challenges exist, how they impact skin health, and what patients can do to navigate them.

Barriers to Care

First, it is important to define what constitutes a rural community. About 20% of the U.S. population lives in rural areas, however, these regions vary widely. Some include farmland or remote areas outside cities, but others include mountain towns in New England, desert communities in the Southwest, or Native American reservations across the country. Rurality is best defined as a combination of low population density, geographic isolation, local economics, and cultural factors (1,2).

To this point, dermatologists are unevenly distributed across the nation, with most concentrated in urban areas. Approximately 39% practice in the most densely populated counties, compared to just 1.8% in the least populated counties. Additionally, 60% of U.S. counties do not meet recommended dermatologist-to-population ratios, further limiting patient access to care (3). To illustrate this point, consider that Wyoming has less than 5 Mohs surgeons across the entire state, while New England hospitals might have 5 Mohs surgeons in one just one hospital's department.

Impact on Skin Health

Limited access to dermatologic care has real consequences for patient outcomes. Many rural residents have higher ultraviolet (UV) exposure due to outdoor occupations such as farming, construction, or mining, increasing the risk of skin cancers (4). Rural populations also experience higher rates of morbidity and mortality from skin cancer (5), in part because delayed care can lead to more advanced disease at diagnosis and worse prognosis.

In some cases, patients may not recognize which skin changes require medical attention, contributing to delays in evaluation (6).

Even when patients can access care, visits may be more intensive. To minimize travel, multiple procedures such as several Mohs surgeries, or same-day consults and treatments may be performed in a single visit. While efficient, this can be physically and emotionally overwhelming. Some patients requiring complex reconstruction may need to return for follow-up procedures, creating further logistical challenges that can influence the treatment planning from the physician's perspective.

Travel costs, time away from work, and the need for support persons can also make attending appointments difficult (6).

What can you do as a rural patient?

If a dermatologist is not readily available, primary care providers (PCPs) are an excellent starting point. Many PCPs are now trained to evaluate skin conditions and, importantly, can perform biopsies to quickly begin a diagnostic workup while coordinating follow-up care with a dermatologist.

Performing monthly self-skin exams after a shower is also a helpful habit. Take photos to track moles or lesions to track changes over time, which can aid patients and physicians when creating an accurate history of the lesion.

Teledermatology is another valuable option for rural patients, allowing patients to share images or have virtual consultations. Mobile clinics, and free skin cancer screenings are increasingly common as well. Lastly, many patients will coordinate multiple doctor's appointments on the same day to reduce travel burden.

Looking Ahead & Takeaways

Fortunately, many medical training programs are expanding their rural health access to address these mentioned needs. Programs like Rural Access to Dermatology consist of brilliant dermatologic leaders who push for systematic improvements such as establishing rural residency tracks, creating rural satellite clinics, and actively recruiting physicians to practice in rural settings.

Takeaways: Living in a rural setting and make access to dermatologists more difficult, but this is the reality for millions of patients. Regular self-skin checks, utilization of PCPs and teledermatology, can help catch problems sooner. The future for rural healthcare access is bright and improving.

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