Dermatology nurse practitioners (NPs) interested in autonomy, a challenging work setting, and a chance to make a substantial difference for their patients, need look no further than rural practice settings. Because rural populations lack adequate access to primary care and even less to specialty care,1-3 opportunities in rural health may offer a good fit for NPs looking to affect change in underserved communities.4 Insufficient numbers of patients to support a specialist, transportation burdens, inability to pay for care, and financial inability of the community to entice specialists all contribute to inadequate dermatology care among rural populations.3,5 The lack of consensus in defining what rural is and is not also impedes policies and funding. However, there are some estimates that up to 42% of the United States population reside in areas underserved by dermatologists.6 Although no studies specifically address the rural needs for dermatology care, rural needs may be inferred from the population at large.7

Economic disparities are often enormous. Rural populations are poorer, often living below the poverty line. Almost a quarter of rural children live in poverty. For rural minority groups, the discrepancies are appreciable higher. Almost 25% of the US population resides in a rural area, yet only 10% of physicians practice in rural America. Fortunately, 20% of NPs provide care in rural communities.5,8,9

Skin problems are one of the most common reasons patients visit their primary care providers, yet inaccurate diagnoses of dermatologic conditions are well documented.10,11 The cost of delayed diagnosis and treatment for skin disorders can be significant. Skin cancer is the most prevalent cancer, with over 3 million cases diagnosed every year. Early diagnosis and timely interventions not only reduce health care costs; they save lives.12 Moreover, dermatologic problems affect the overall health, self-esteem, and comfort of all age groups, from infants to the elderly, males and females, and all races.7,13

Solutions to inadequate access to dermatology care among rural residents described in the literature are scarce. Although health care by NPs is not new to rural areas, dermatology NP specialists would be a novel solution to the disparities of underserved, often poor rural groups.

Implementing an NP-owned dermatology clinic in a central location within a rural region could address the unmet needs of underserved residents. Advantages of a dermatology NP-run clinic include lower costs for patients and insurance companies, and expedient access that results in early diagnosis and intervention, thereby improving outcomes for patients with skin problems. The financial burden of opening a new clinic, professional isolation, and stress from patient volume, long work hours, disparities in pay are disadvantages that must be carefully weighed before committing to this unique approach.1,9,14

Through the NP-run dermatology clinic, teledermatology could be used by primary care providers within the geographical area to consult with the NP dermatology expert. This well-suited use of telemedicine could increase accurate diagnosis and timely treatment. It could potentially provide additional revenue for the clinic and appropriate referrals. However, the cost of equipment and staff training are impediments that must be addressed in
the fixed and variable costs of the clinic. Fortunately, telemedicine is a rural priority, and funds have been allocated for implementation. Lack of acceptance of doctorally trained dermatology NPs by physicians may continue to be an obstacle, but younger physicians tend to practice in rural areas and may be more amenable to change than their elder colleagues.

Using a mobile health clinic as a means to access other health care provider clinics on specified days may be an effective time-management and cost-efficient strategy for experienced dermatology NPs to provide specialty care to primary care patients. The capital cost of a mobile unit can be one of the biggest disadvantages of this health care delivery model; however, this novel approach may be particularly appropriate for those seeking grant funding. Time lost to travel by the NP and staff must also be considered in the cost analysis of a mobile clinic.

Access to specialty health care continues to be a hurdle for rural Americans. Dermatology NPs are in a unique position to offer specialty care to this consistently underserved group. Creative health care delivery models, such as those previously described, can also meet dermatology NPs’ professional goals.

References
