Theme 5

Digital transformation and telemedicine

Psoriatic disease is an autoimmune disease that includes two specific inflammatory conditions. The two conditions, psoriasis and psoriatic arthritis, result from an overactive immune system.

The role of technology in dermatology is expanding. Physicians and patients are increasingly using telemedicine and eHealth to manage psoriatic disease. During the COVID-19 pandemic, the need for social distancing increased the use of teledermatology. To ensure that telemedicine meets the standards of face-to-face clinical medicine, the practice of telemedicine needs to be standardised and regulated.

What is at stake?

Early diagnosis of psoriatic disease is crucial for initiating treatment and avoiding significant and permanent joint damage. Frequent rheumatological visits are associated with improved health outcomes[1]. However, many obstacles and barriers to early diagnosis have been reported[1]. Due to the frequent relapsing-remitting nature of the disease, an immediate rheumatological assessment in case of an acute exacerbation is rarely feasible[1].

Telemedicine is a modern technology supporting health care at a distance and improving accessibility of specialist consultations. Being a visually-dependent specialty, dermatology is well-suited for remote consultation and the demand for teledermatology as a tool for the monitoring and managing skin lesions is surging[2].

The difficulties in diagnosing and managing psoriatic arthritis are confounded by the emergence of the COVID-19 pandemic[3]. The use of digital technologies for health (eHealth) helped close this gap in care by enabling faster, more targeted, and more streamlined access to rheumatological care for patients with psoriatic disease[4]. During the pandemic, telemedicine and remote consultations were also leveraged to protect patients and health care workers from the risk of infection

About the thematic briefs

The 2022 IFPA Forum will bring together stakeholders from the psoriatic community to develop a roadmap for action and promote regional uptake and implementation of the recommendations put forward in the World Health Organization (WHO)'s Global Report on Psoriasis. The Forum discussion will focus on the most pressing unmet needs of people with psoriatic disease and the quality of care. It will be structured around the following five themes:

- **Psoriatic disease, mental health, stigma, and quality of life**
- **Health workforce**
- **Access to early diagnosis, proper treatment, and financing for psoriatic disease**
- **Involving patients and patient organisations in decision-making processes**
- **Digital transformation and telemedicine**

from COVID-19 by reducing the flow of patients through health care facilities[5]. However, integrating digital health technology could offer opportunities to complement rheumatology care, even beyond a global pandemic[1]. For example, teledermatology technologies that can empower individuals with self-care platforms on which they can self-check their symptoms are available[6].

At the same time, access to telemedicine services is not always equitable and may increase the digital divide; not all patients may have the digital skills or are comfortable using telemedicine[5]. Dermatologists have also reported difficulties in conducting assessments via virtual visits. In France, dermatologists interviewed voiced their frustration with remote diagnostics, especially in cases where body parts are difficult for patients to show on camera[6].

Policy and practice in Europe

Across Europe, the digital transformation has been embraced. For example, in a survey in the UK, 18% of patients felt their virtual consultation was extremely effective compared to an in-clinic consultation, and 49% felt telemedicine was somewhat or equally as effective; furthermore, 48% felt that such virtual consultations would benefit them after the pandemic[7].

For harmonising digital apps, the European Alliance of Associations for Rheumatology (EULAR) has recently published points to consider for developing, evaluating, and implementing mobile health applications, aiming to provide guidance and guidelines on important aspects of self-management inpatient with rheumatic and musculoskeletal diseases[3]. Further, the Joint Pain Assessment Scoring Tool (JPAST) is a European Union-funded project on digital health in rheumatology that combines eHealth with the analysis of validated biomarkers[4].

Harnessing digital transformation for enhanced care

1. Clinicians should be appropriately trained in digital competencies and supported with clear guidance relevant to their specialty. Integrating a curriculum covering basic digital competencies that are essential for all physicians will serve as a first approach to pursue the incorporation of digital competencies in postgraduate education.

2. Telemedicine services that improve quality of care and efficiency for people with psoriatic disease should be supported with government investment and services appropriately reimbursed as part of a health services catalogue[5].

3. A virtually connected and collaborative health care model is needed for psoriatic disease. By incorporating virtual visits as a central component of the psoriatic disease care continuum, there is an opportunity to formalise people-centred, integrated care for people with psoriatic disease. Equitable access to the benefits of telemedicine should be supported with the government investment in broadband infrastructure and programs to enhance digital literary skills[5].

Key takeaway

Increasing the connection between different health care professionals is crucial, considering that psoriatic disease may have a range of comorbidities requiring other specialists.

About IFPA

Founded in 1971, IFPA is the international federation of psoriatic disease associations. We are the psoriatic disease community. Our members represent over 60 million people living with psoriatic disease. Together, we advocate for progress.

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