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L. Kendall Krause
University of Colorado- Denver

Leilani Townsend
St Joseph Mercy Hospital

Michael L. Orser
University of Colorado School of Medicine

Jennifer Mulhausen
University of Colorado School of Medicine

Jodi Duke
University of Colorado Denver

See next page for additional authors

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Authors

L. Kendall Krause, Leilani Townsend, Michael L. Orser, Jennifer Mulhausen, Jodi Duke, Weston T. Waxweiler, and Robert P. Dellavalle

Benchmarking US Department of Veterans Affairs dermatologic services: Results from a national survey

L. Kendall Krause, MD,^{a,b,c} Leilani Townsend, DO,^d Michael L. Orser, MAcc,^e Jennifer Mulhausen, BA,^e Jodi Duke, MPH, CPH,^a Weston T. Waxweiler, BS,^f and Robert P. Dellavalle, MD, PhD, MSPH^{a,c,g}
Aurora and Denver, Colorado; Ann Arbor, Michigan; and Augusta, Georgia

Background: How well Department of Veterans Affairs (VA) dermatology services provide clinical care, medical education, and innovative research is a largely unexplored topic in the literature.

Objective: We sought to benchmark VA dermatology services by surveying VA dermatologists about their environment, resources, and the pros and cons of working in the VA.

Methods: Printed surveys were mailed to VA dermatologists and responses were compiled and analyzed.

Results: Of 105 dermatology services surveyed, 48% returned surveys completed by board-certified dermatologists (n = 50); 20 surveys completed by nondermatologists were excluded from the analysis. Most services trained dermatology residents (72%) and medical students (80%). One third of services reported significant research involvement. Qualitative analysis revealed the academic environment, patient population, and decreased business management responsibilities as the 3 most commonly cited advantages to VA employment. The most commonly listed disadvantages included low salaries, bureaucracy, and lack of resources.

Limitations: The survey data were self-reported and not independently verified. Not all services returned the survey.

Conclusions: Outpatient VA dermatology services accomplish significant primary care and preventive services (eg, sun safety counseling, skin cancer screening, and treatment). However, the small number of dedicated dermatology services, their irregular geographic distribution, and the lack of staffing and resources may adversely affect optimal patient care. Dermatologist responses regarding the positive and negative aspects of working in the VA system may lead to improved management strategies to better retain and recruit dermatologists to provide patient care, medical education, and medical research despite dramatically lower dermatologist salaries within the VA system compared with private practice. (J Am Acad Dermatol 2012;66:e103-7.)

Key words: dermatology; dermatology research; dermatology services; graduate medical education; qualitative analysis; Veterans Affairs.

The Department of Veterans Affairs (VA) system provides benefits, primary and specialized care, and related medical and social support services for some 7.9 million enrolled veterans and

their dependents; in any given year, approximately 5.2 million veterans access services.¹ Since its inception, the Veterans Health Administration has evolved into the nation's largest integrated direct health

From the Department of Dermatology, University of Colorado Denver, Aurora^a; Preventive Medicine Residency Program, University of Colorado Denver^b; Colorado School of Public Health, Aurora^c; Dermatology Residency Program, St Joseph Mercy Hospital, Ann Arbor^d; University of Colorado School of Medicine, Aurora^e; Medical College of Georgia School of Medicine^f; and Dermatology Service, Department of Veterans Affairs Medical Center, Denver.^g

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Reprint requests: Robert P. Dellavalle, MD, PhD, MSPH, Dermatology Service, Department of Veterans Affairs Medical Center, 1055 Clermont St, Box 165, Denver, CO 80220. E-mail: robert.dellavalle@ucdenver.edu.

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care delivery system, consisting of 153 medical centers, 135 nursing homes, 43 rehabilitation centers, and 795 community-based outpatient clinics.¹ The system is single payer; most physicians are salaried and the hospitals are government owned.

Although dermatologic illness is common,^{2,3} specialized dermatologic services are not available at all VA Medical Center and ambulatory clinic locations; instead, physicians refer patients to approximately 100 dermatology services within the VA system and to dermatologists outside the system. These specialty services are commonly found in urban, high-population areas (Fig 1). As such, veterans in certain geographic areas may have difficulty accessing dedicated dermatology services. This study benchmarks VA dermatology services by surveying VA dermatologists.

METHODS

Study design

This study was approved by the Colorado Multiple Institutional Review Board (COMIRB protocol 07- 0348).⁴ Identification and contact information for VA service leaders was obtained from the Federal Practitioner 2007 Directory, which lists administrative clinical leaders at VA Medical Centers.

A 35-question survey (Fig 2) was distributed via postal mail, and included questions about staffing, administration, clinical services, and opinions regarding the challenges facing VA dermatology services.

Survey administration included a prenotice postcard (mailed on May 16, 2007), followed by the questionnaire (mailed May 23, 2007); up to two additional mailings were sent to nonresponders on June 21 and July 11, 2007. The postal mailings included

CAPSULE SUMMARY

- To our knowledge, this is the first survey to characterize dermatology clinical service, education, and research within the Department of Veterans Affairs (VA) and it serves as a benchmark for future assessments.
- The small number of dedicated VA dermatology services, irregular geographic distribution, and perceived lack of staffing and resources may adversely affect optimal patient care.
- Response patterns regarding perceived positive and negative aspects of working in the VA system may provide opportunities for the VA to better achieve stated mission objectives.

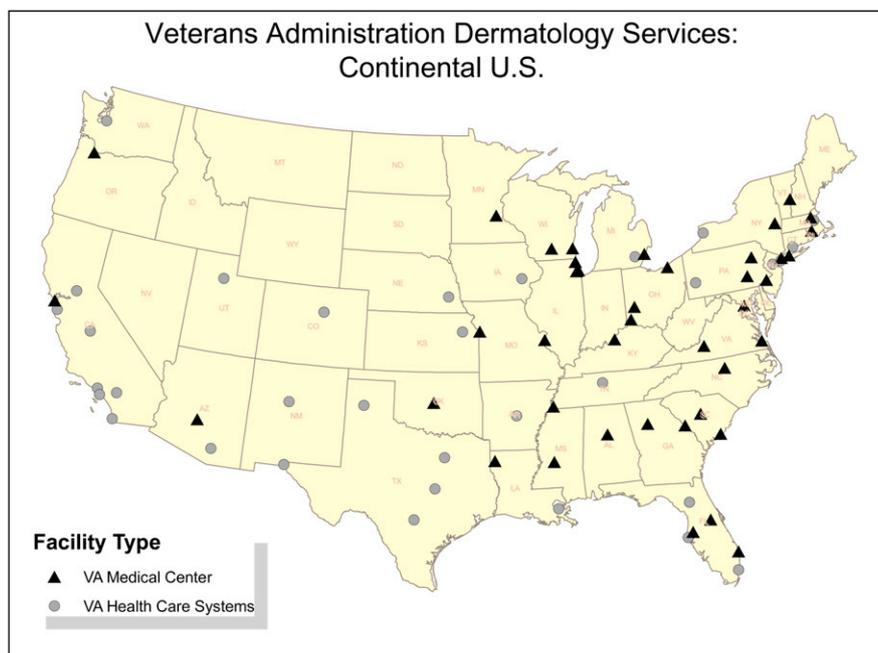


Fig 1. Map demonstrating locations (by zip code) of Veteran Affairs Medical Centers and Veterans Administration Health Care Systems (VAHCS) with dermatology services as identified in the Federal Practitioner 2007 Directory. Note: Veterans Affairs facilities in the Philippines, Hawaii, Puerto Rico, and Guam are not pictured. Figure courtesy of Ariann Nassel, MA, and Deborah Thomas, PhD, Department of Geography & Environmental Sciences, University of Colorado Denver.

**Department of Veterans Affairs
National Dermatology Assessment 2007**

Please help us characterize national VA dermatology services by answering the following questions regarding dermatology services at your VA:

1) Are you the current leader of the Dermatology services provided at your VA?

Yes

No → Please tell us your role in dermatology services at your VA: _____

2) Does your VA have a Dermatology Service?

Yes (Proceed to question 3)

No → Is there a dermatology clinic(s) at your VA hospital?

Yes (Proceed to question 3)

No → Where do primary care physicians at your VA send patients for dermatology consults (check all that apply below and proceed to question 29)?

Dermatologists at another VA

Fee basis private practice dermatologists

Other: _____

Clinics

3) How many half-day dermatology clinics per week occur at your VA? Count any amount of dermatology service occurring in any morning or afternoon as a ½ day clinic:

1 4 7 10

2 5 8 >10 (How many?): _____

3 6 9

Fig 2. The first page of the printed questionnaire. (The full questionnaire is available from the corresponding author by written request.)

a cover letter, questionnaire, and prepaid return envelope.

To maintain respondent anonymity, return envelopes were labeled with identifying numbers. The survey did not contain any identifying information, and did not specify the service's geographic location. Upon receipt by study personnel, the return envelopes were separated from the surveys and used to update a separate, password-secured database of participant response status. The database was used to identify nonresponders to prevent redundant mailings to responders. This database was accessed only by study personnel and was

destroyed after the third mailing. Subsequent databases do not contain any kind of identifying information. All questionnaire responses remained confidential and anonymous. No incentives were provided to respondents.

Analysis

Surveys not completed by board-certified dermatologists were excluded from the analysis. Responses were combined and reported as mean Likert scores with 95% confidence intervals. For comparisons between group attitudes and opinions, responses were dichotomized.

Responses to the questions “What are the pros and cons of working at a VA dermatology service?” and “Why do you choose to work at the VA?” were analyzed using thematic qualitative analysis.⁵

RESULTS

Demographics

Seventy-two percent of responders were male, 66% were older than 50 years, and 66% had acted as the leader of their dermatology service for more than 5 years.

Staffing

Eighty percent of services employed part-time dermatologists, with an average of 3.0 part-time dermatologists per facility. Thirty-eight percent had a full-time dermatologist on staff, with an average of two full-time dermatologists per facility. Thirty-two percent reported that volunteer dermatologists staffed their clinics, with an average of 6 volunteer dermatologists per facility. Twelve percent of the services reported a dermatopathologist on staff, whereas 16% employed a Mohs surgeon. A majority (72%) of dermatologists thought that dermatology staffing was inadequate for the provision of optimal patient care. The type of staff most lacking were physicians (58%) followed by clinical support staff (31%).

Services provided

The majority of VA dermatology services provide phototherapy (64%), including ultraviolet B, psoralen plus ultraviolet A, ultraviolet A, and other types of light therapy. Twenty percent of the dermatology services offer laser therapy, most commonly carbon-dioxide and pulse-dye lasers. Eighteen percent of the services provide photodynamic therapy, whereas 14% offer Mohs micrographic surgery.

Education and research

The majority of VA dermatology services (80%) are active in medical student education, with on average of two students rotating at each location. Of facilities, 72% train residents with an average of 3 residents staffing each dermatology clinic. Thirty percent reported having salaried research staff, most commonly involved in basic science research.

Pros and cons of VA employment

A total of 70 “pro” responses were provided by 42 individuals; 40 “con” responses were provided by 23 individuals. Analysis yielded 14 common themes for pros and 10 for cons. Of these pros, the academic

Table I. Respondents identifying specific pros of working at Department of Veterans Affairs

Academic environment/teaching opportunities	14	33%
Patient population	13	31%
No business to run	8	19%
Research opportunities	7	17%
Patriotism/service	6	14%
Good electronic medical record	5	12%
Providing quality care	5	12%
Good benefits	4	9%
Good coworkers	4	9%
Stable salary	4	9%
Good hours	4	9%
Focus is medicine not cosmetic dermatology	2	5%
Good case variety	2	5%
Autonomy	2	5%
Other*	13	31%

*Other responses were patients have access to medicines so physician can practice medicine full time; enjoy environment; easy access to academic dermatology at tertiary Department of Veterans Affairs; accessible care for veterans; continuity of care—worked (at Department of Veterans Affairs) for 20 y; Mohs micrographic surgery referrals; quality of life; time to spend with patients when needed; rarely concerned about patients paying out of pocket; convenient and close; exempt from all main regulations of private practice—government; will hire someone >70 y; to have a job.

environment (33%), patient population (31%), and absence of business management responsibilities (19%) were the 3 most commonly cited advantages to VA employment (Table I).

Disadvantages included low salaries, lack of resources, limited control, excessive patient workload, research limitations, and the homogeneous patient population. The 3 most commonly cited disadvantages were low salaries (43%), bureaucracy (43%), and lack of resources (35%) (Table II).

Limitations

The primary limitation of this research was that 100% of services did not return the survey, and that not all surveys were completed by board-certified dermatologists. Furthermore, the data collected did not allow for differentiation of services provided in rural versus urban locations, location of dermatology subspecialty services provided (eg, contiguous facilities vs in hospital for Mohs micrographic surgery), full- versus part-time status of respondents, service funding, referral base, or the number of VA dermatology patients referred to dermatologists outside of the VA system.

Conclusions

One particularly noteworthy issue revealed by this survey was dissatisfaction with VA dermatologist

Table II. Respondents identifying specific cons of working at Department of Veterans Affairs

Low salaries	10	43%
Bureaucracy	10	43%
Lack of resources	8	35%
Lack of sufficient support staff	6	26%
Too many patients/too much work	4	17%
Lack of control	4	17%
Cumbersome, inefficient	3	13%
Nonacademic focus, limitations on research	2	9%
Attendance/time clock	2	9%
Homogenous patient population	1	4%
Other*	11	48%

*Other responses were length of wait for consults because of small clinic and limited clinic time; increasing Department of Veterans Affairs–driven pressures on making Department of Veterans Affairs into health maintenance organization, rather than academic medical center; increased patient volume leading to decreased teaching; do not feel on cutting edge of some things; lack of cooperation and willingness to stand behind commitments; suboptimal dermatopathology makes our general dermatology 50% guesswork; advanced clinical access in theory is good, but when you have massive backlog, it is disaster!; lazy nurses; sole dermatologist—lonely, miss frequent (eg, weekly) interaction with other dermatologists.

salary. The median VA dermatologist pay in December 2007 was \$205,000 (written personal communication on July 13, 2009 to Dr Dellavalle from Lauren Kuiper-Rocha, BA, Director, Compensation and Classification Service, VA Central Office Administration)—more than 40% lower than the median US dermatologist pay of \$365,524,⁶ despite comparable output (relative value units).⁷ Lower salaries may make it difficult to recruit

and retain dermatologists, thus resulting in physician shortages and necessitating the use of nondermatologists as dermatologic care providers in some VAs.

This survey identifies targets for clinical service improvement—specifically many services reported insufficient staff and resources to appropriately care for their patient load. The small number of dedicated dermatology services and perceived lack of staffing and resources may adversely affect optimal patient care. Addressing these issues may pave the road not only for improved patient care but also improved dermatologist recruitment and retainment.

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