



ANMC Dermatology eConsult (Teledermatology) Guidelines

TELEHEALTH
www.afhcan.org

eConsult (Teledermatology) is a telehealth method that involves collecting and transmitting patient information, such as medical history, diagnostic data, and high-resolution images to request a specialist’s opinion and/or ask for guidance on a specific issue.

The dermatology provider will perform a written consult which will be sent to the referring provider clinic. The referring provider will be responsible for carrying out recommendations.

Adhering to dermatology eConsult (Teledermatology) guidelines is crucial for: ensuring accurate diagnosis and treatment, receiving faster specialist input, and optimizing patient outcomes. By following these guidelines, your team can help deliver high-quality, efficient, and patient-centered care.

Submit your request:

AFHCAN Form: Request for Telemed Consult: Dermatology eConsult (Teledermatology)

Oracle Referral Order: Referral, ANMC Dermatology eConsult (Teledermatology)

Direct Secure Message: ANMC_Dermatology_Referral@direct.anthc.org

ANMC Dermatology accepts eConsult requests for the following **Diagnoses:**

- Rash not yet diagnosed
- Eczema
- Psoriasis
- Acne
- Rosacea
- Warts
- Seborrheic dermatitis
- Seborrheic keratosis
- Melanotic nail streaks

Patients who have other diagnoses may be scheduled for a dermatology evaluation to be seen in-person or by video appointment.

Please include the following information when submitting your request:

1. The patient and I discussed the risks and benefits of referring them for a virtual telehealth consultation. Risks include potential breaches in privacy and lack of a physical exam. However, in order to expedite care and prevent delays, the patient and I agreed the benefits of a telemedicine consult outweigh the risks. **The patient provided informed consent to participate in today’s telemedicine consult.**

2. **Patient history** should include:

- Diagnosis
- Location on body
- Time of onset
- Symptoms
- Phases of progression
- Treatments already tried and their outcomes
- Past history of skin problems
- Medication list
- Allergy List

3. Please send in multiple **Images** that include:

- Ruler for scale
- Focused close up view
- Regional view with anatomic landmark
- Side view for height and surface
- Labels including body part and laterality

4. Include name of person for receiving recommendations back and preferred method of communication to send back final consult note.

ANMC Dermatology Clinic

Healthy Communities Building
3900 Ambassador Drive, 3rd Floor
Anchorage, AK 99508

Phone: 907-729-1933

Fax: 907-729-1506

Hours: 8am-4:30pm, M-F

ANTHC Telehealth Program Development

Email: telehealthprgm@anthc.org

Phone: (907) 729-2260