Editorial

The Magic Words

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By now, many physicians are aware of a study published last year in the *Journal of the American Academy of Dermatology*.[1] The report focused on patient wait times for cosmetic services and was subsequently picked up and disseminated by the national media. The findings demonstrated that patients seeking botulinum toxin for cosmetic purposes have more rapid access to dermatologists than has been previously reported for patients seeking urgent consultation for a changing mole.[1]

In this study, Resneck et al[1] sought to evaluate access to dermatologists for patients requesting cosmetic services. Scripted patient telephone calls were made to 898 dermatologists in 12 metropolitan areas to assess wait times for an appointment to receive cosmetic botulinum toxin injections. The areas chosen were surveyed completely, and respondents represented approximately one tenth of practicing dermatologists in the United States. The study design utilized by the authors was identical to a previous study of wait times for evaluation of a changing mole.[1,2]

The authors found that one half of dermatologists who responded (50.7%; 455/898) offered appointments for botulinum toxin injections.[1] The median wait time for these appointments was 8 days. Many dermatologists (27%; 241/898) employed physician extenders, and 39% of these extenders (95/241) also offered appointments for botulinum toxin injections; the median wait time was 6 days. Compared to a previous study presenting a median wait time of 26 days for evaluation of a changing mole in these communities, the wait time for cosmetic injections was significantly shorter ($P<.001$).[1,2]

The authors noted several limitations to their study. They could not differentiate between many possible explanations for the observed differences in wait times, including scheduling methods and economic benefits of a cosmetic practice.[1]

This was certainly an intriguing and thought-provoking investigation. Although the exact causes of this differential in wait time are unclear, I am sure that the finding itself is quite disturbing to many physicians and patients. In most cases, the median wait time reported for a changing mole would probably not change the clinical outcome, but I think these data give us the impetus to do better.

The first question that comes to mind is, what can I, the individual dermatologist, do within my practice to improve the situation? How can I get patients seeking urgent consultation for a changing mole or other potentially serious conditions into the office as soon as possible?

One possible first step we can take is to sensitize our office staff to selectively recognize and respond to those patients who call or come to the office to make an appointment for more pressing health reasons. If we can ingrain the phrases *changing mole*, *changing lesion*, *possible skin cancer*, *bleeding mole*, or any variation thereof, it might make a difference. If we teach our staff to triage patients and arrange for earlier appointments, we might be able to reverse the problem. Most patients who present will have benign nevi or seborrheic keratoses, and some patients might abuse this complaint to get earlier appointments, but beyond these cases, we will find some melanomas and nonmelanoma skin cancers earlier, which is our objective.

This is just one idea to address the issue, but I am sure there are many others. I encourage you to think of your own ways to respond, and please write to *Cutis*® with any insights you may have.

REFERENCES

1. Resneck JS Jr, Lipton S, Pletcher MJ. Short wait times for patients seeking cosmetic botulinum toxin appointments with dermatologists. *J Am Acad Dermatol*. 2007;57:985-989.
2. Tsang MW, Resneck JS Jr. Even patients with changing moles face long dermatology appointment wait-times: a study of simulated patient calls to dermatologists. *J Am Acad Dermatol*. 2006;55:54-58.

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