

Colorado Medicaid eConsult CME Webinar Series Session 1

Eczema Pearls: Tips on the Assessment and Management of Eczema in Children and Adults

**CME Webinar Series provided by:
Safety Net Connect (SNC)**

*Vendor partner to the Department of Healthcare Policy & Finance (HCPF)
for the Colorado Medicaid eConsult Platform*

**Hosted by:
ConferMED**

Virtual Specialty Network Partner for the Colorado Medicaid eConsult Platform



COLORADO
Department of Health Care
Policy & Financing

Introductions

Department of Healthcare Policy and Finance (HCPF)

Emily Woessner
eConsult Contract Administrator

HCPF Vision for eConsult

- Colorado Medicaid eConsult is funded by the Department of Health Care Policy and Financing (HCPF).
- Statewide initiative aligns with HCPF's goals of improving healthcare access, equity and outcomes.
- Free, secure, web-based platform that connects Primary Care Medical Providers (PCMPs) to Specialists for guidance on Member care.
- Platform addresses specialty care access challenges across the state.
- eConsults are reimbursable for practices submitting Fee-For-Service (FFS) claims and are allowable for FQHC/s RHCs.
 - [Telemedicine Billing Manual](#)

What is an eConsult?

Electronic consults, or eConsults, are asynchronous (store and forward) clinical communications between a primary care medical provider (PCMP) and a specialty provider (specialist). PCMPs can use the web-based Colorado Medicaid eConsult platform to transmit secure eConsult requests to specialists.



PCMP identifies
specialty need for
Medicaid member

PCMP submits a
clinical question

Specialist provides
clinical guidance

PCMP reviews and
signs off on the
eConsult

PCMP shares plan of
care with patient

Specialties available for eConsult

Adult Specialties (21)

Addiction Medicine
Allergy/Immunology
Cardiology
Dermatology
Endocrinology
Gastroenterology

Geriatric Medicine
Hematology/Oncology
Hepatology
Infectious Disease
Nephrology
Neurology

OB/GYN*
Orthopedics
Otolaryngology (ENT)
Pain Medicine
Physical Med/Rehab
Psychiatry

Pulmonology/Sleep Med
Rheumatology
Urology

Pediatric Specialties (16)

Allergy/Immunology
Cardiology
Dermatology
Developmental Peds

Endocrinology
Gastroenterology
Hematology/Oncology
Infectious Disease

Nephrology
Neurology
Orthopedics
Otolaryngology (ENT)

Psychiatry
Pulmonology
Rheumatology
Urology

* OB/GYN is available for Adult and Adolescents ages 14 and up

Colorado Medicaid eConsult

- Dermatology is the top specialty accessed for Pediatrics.
- Dermatology accounts for **13% (166)** of eConsult submitted.
- **93%** of Dermatology eConsults have provided actionable guidance for the PCP, averting the need for a specialist visit.

Top Adult Specialties Accessed	Top Pediatric Specialties Accessed
Endocrinology Neurology Rheumatology	Dermatology Psychiatry Neurology

Build the Network

Safety Net Connect

- Developed and implemented the eConsult Platform
- Leads PCMP outreach, enrollment and training
- Manages the Virtual Specialty Network: ConferMED

ConferMED

- Recruits and maintains the Colorado Virtual Specialty Network made up of Colorado-based and National network specialists
- Specialist Requirements:**
 - ✓ Must have a Colorado Medicaid Provider ID
 - ✓ Licensed to practice in the State of Colorado



In partnership with



Eczema Pearls

Tips on the Assessment and Management
of Eczema in Children and Adults

Jarod Conley, MD | April 22, 2025

Objectives

- 1) Review what constitutes eczema and factors that contribute to developing eczema.
- 2) Discuss management strategies for eczema in pediatric and adult patients.
- 3) Learn how treatment options can impact patient compliance and outcomes.

Disclosures

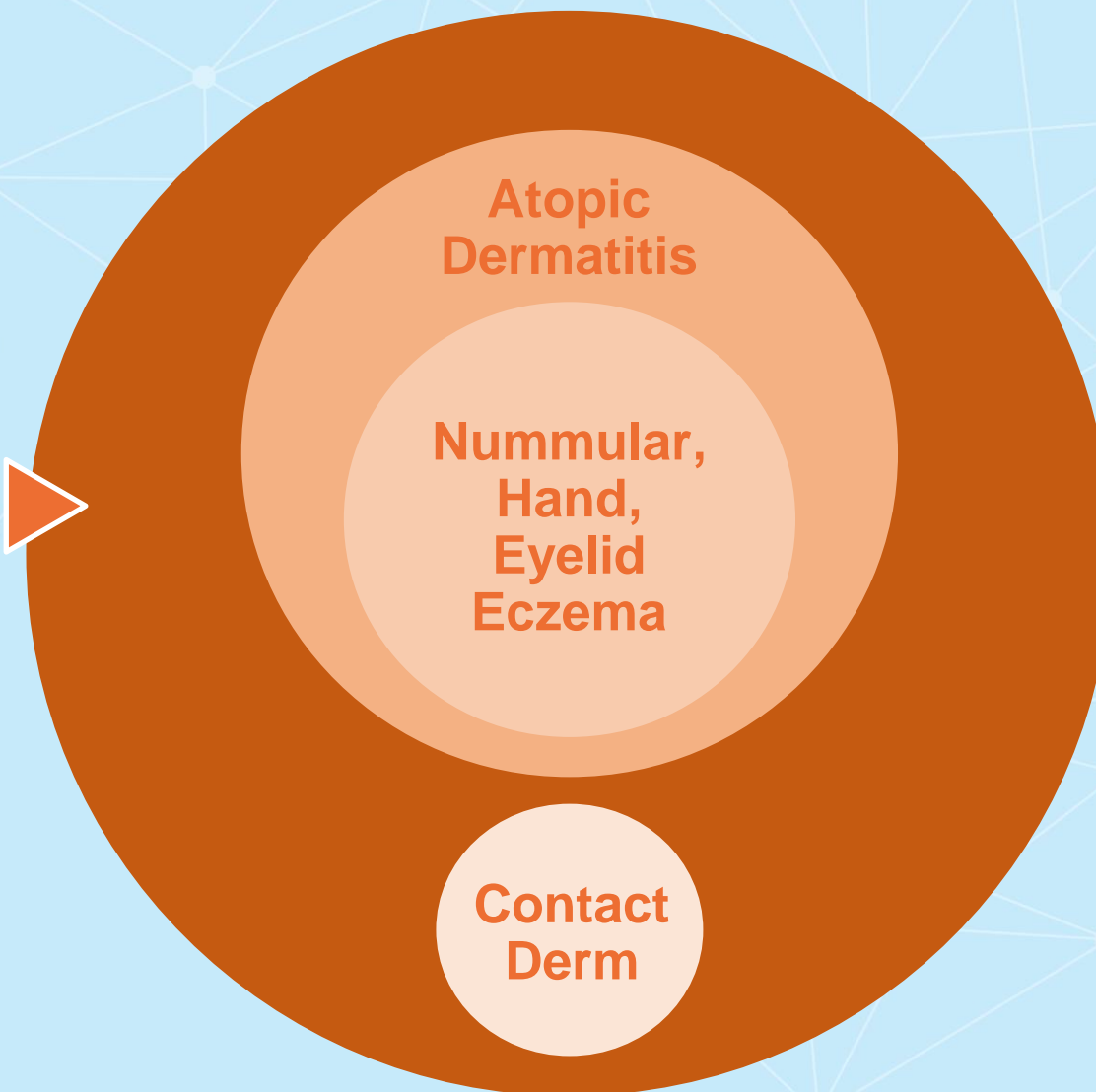
- None
- Clinical images are from:
 - ◎ Visual Dx (www.visualdx.com)
 - ◎ DermNet (<https://dermnetnz.org/topics/atopic-dermatitis>)

Overview

- What is Eczema?
- Review the cause
- Discuss management
- Bonus!!!
 - ◎ *5 clinical pearls*

What is Eczema?

Eczema...



Risk Factors



- **10-20% of population**

- **Genetics**

- Atopy

- 1 parent: 2 to 3x

- 2 parents: 5x

- FLG mutations

- **Environmental**

- **Immune Dysregulation**

- TH2 → IL-4, IL-13

1

2

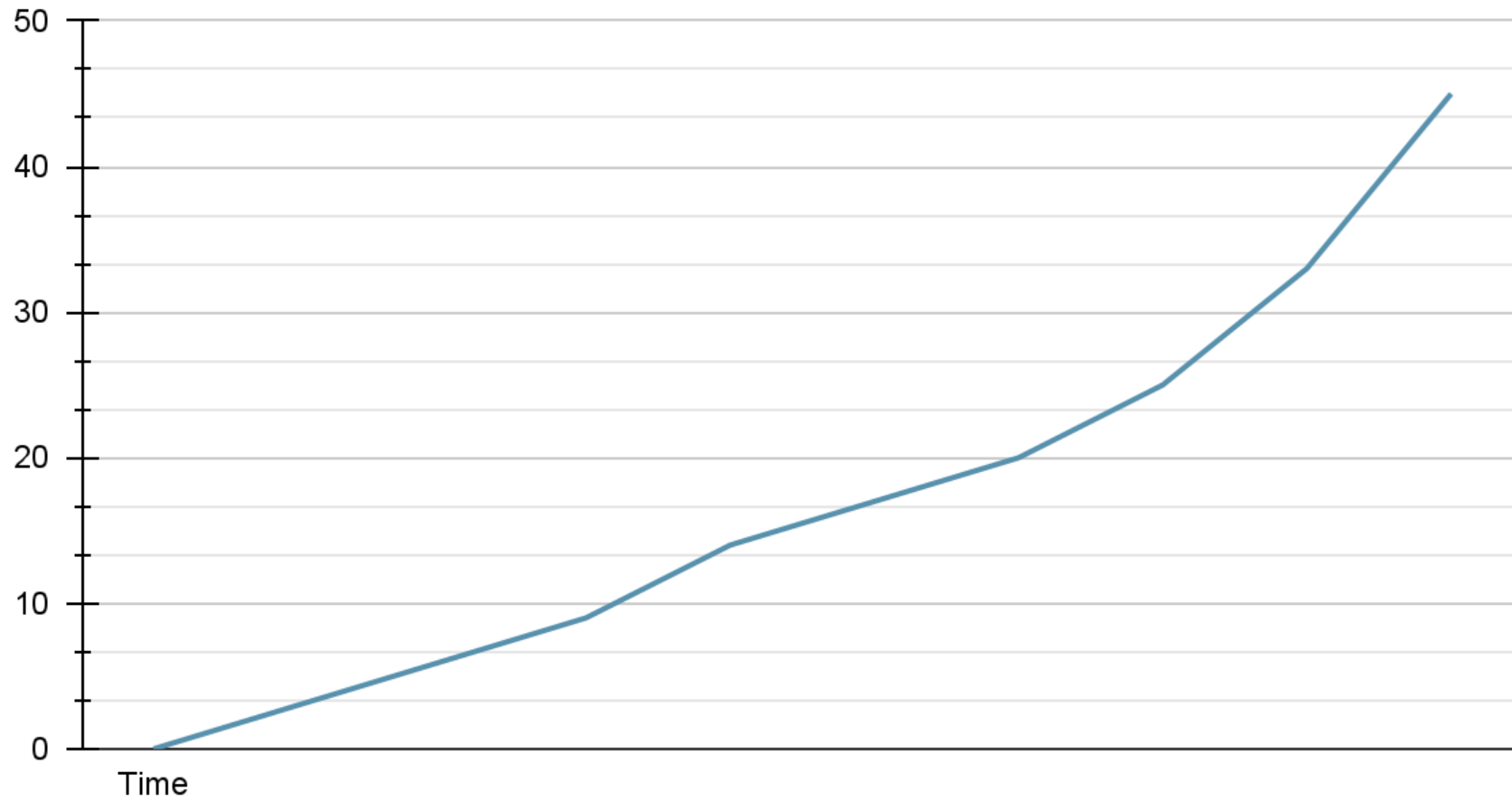
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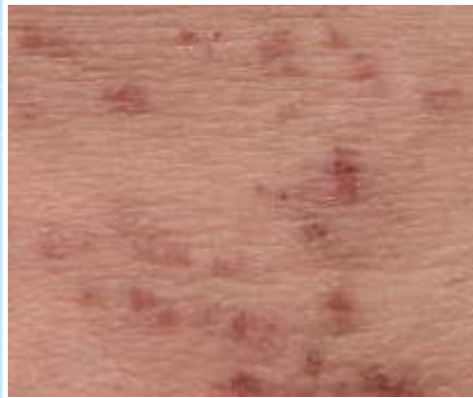
Bonus Clinical Pearl #1

TEWL



Clinical Features

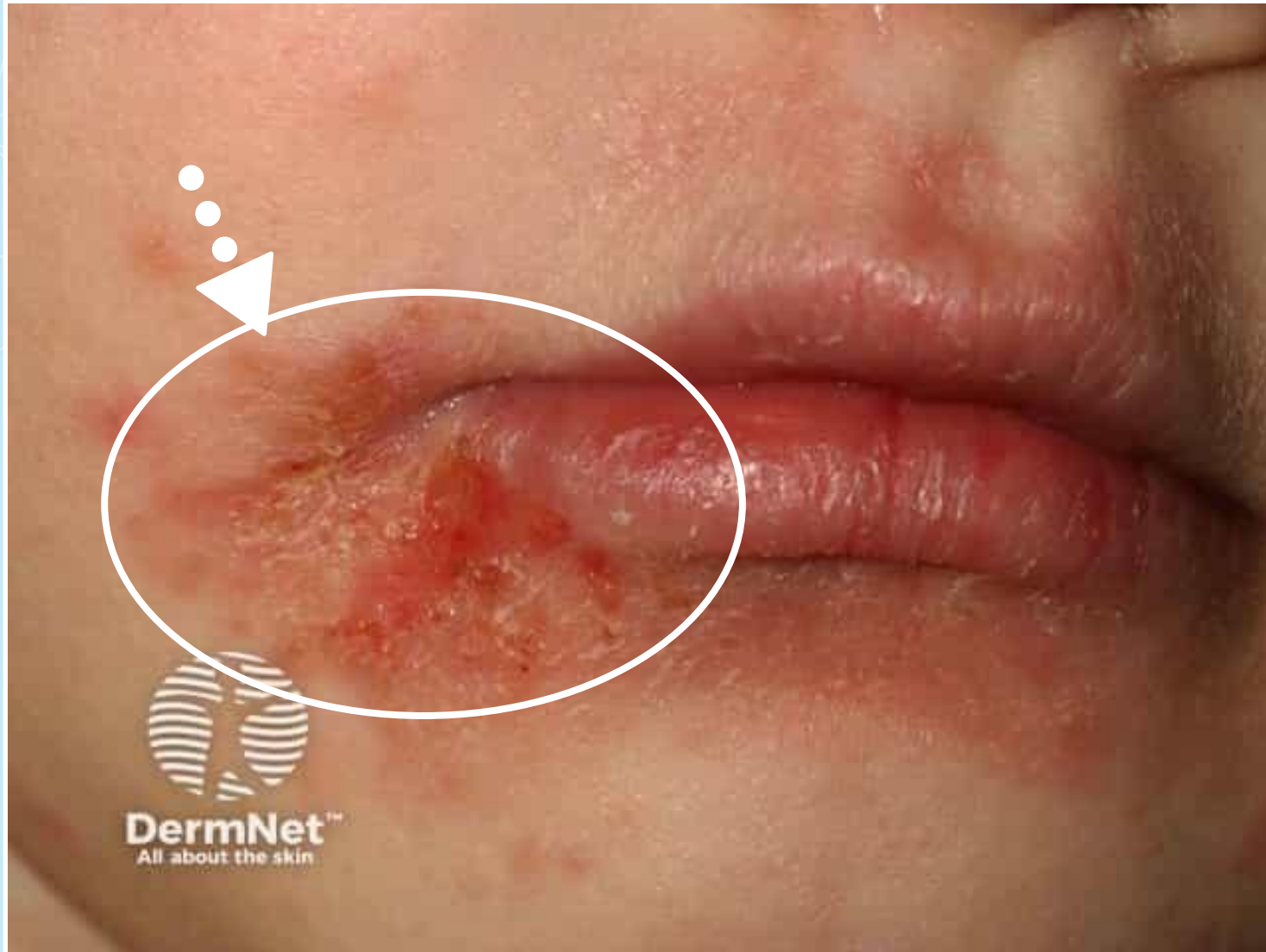
Findings



- **Many appearances**
 - ◎ Scaly, lichenification, crusting, excoriations
 - ◎ Duration impacts appearance
- **Often itches**
- **Can leave hyperpigmentation**











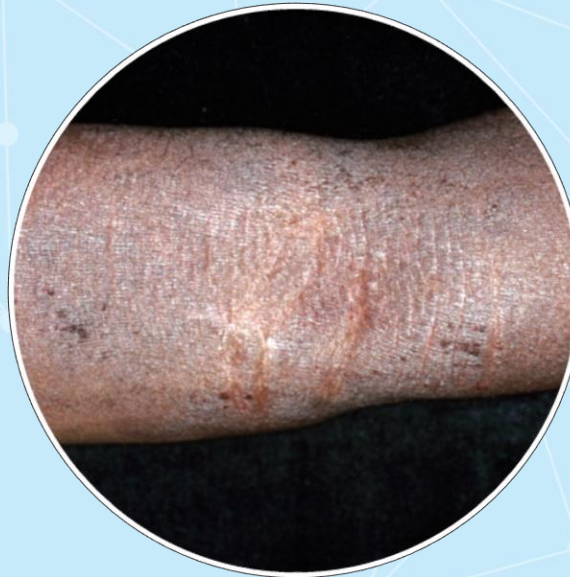


Impact of Age



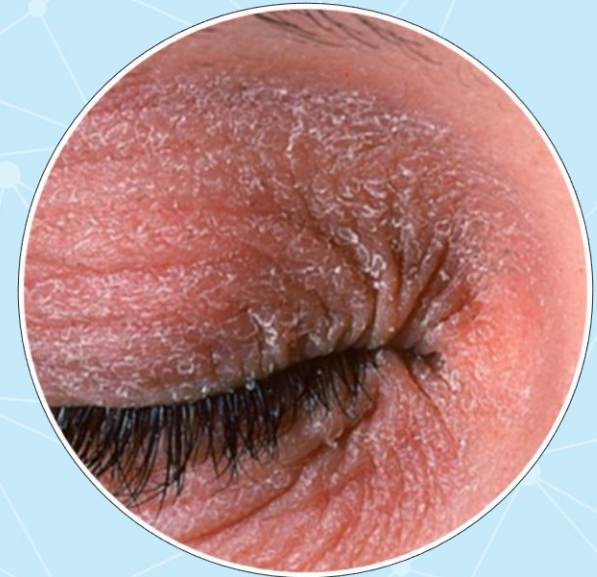
● Infants

- Extensor sites, face
- Crusting, exudate



● Adolescents

- Flexure sites
- Lichenification



● Adults

- Face, neck, hands

Infants







Adolescents



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Te Whatu Ora
Health New Zealand



Adults



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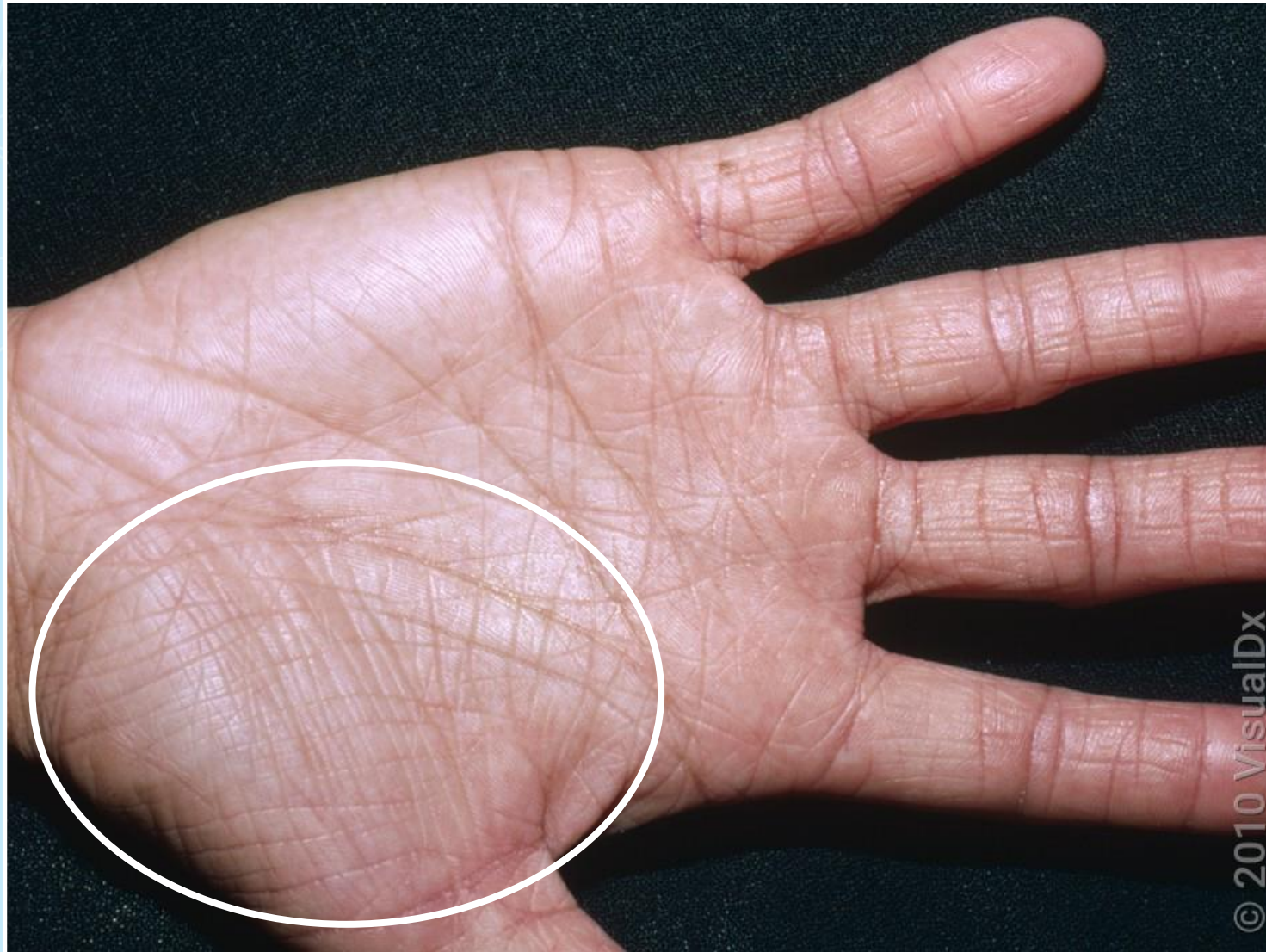


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Bonus Clinical Pearl #2





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Complications

Infections



Bacterial
Impetigo



Viral
Eczema herpeticum

Management

General Approaches



● Bathing—limited data

- ◎ Infants—less often
- ◎ Adolescents/Adults—up to daily
- ◎ No data to support bath vs shower

● Bleach baths

- ◎ ½ cup bleach in full bath
- ◎ <https://www.bleachbath.com>

● Emollients

Allergens

- **Controversial**
- **Environmental**
- **Food**
 - ◎ ~1/2 pediatric patients with test positive
 - ◎ Elimination diets do not help

Topical Therapy

- **Topical Steroids**
- **Topical Calcineurin Inhibitors**
- **Topical PDE4 Inhibitors**
- **Topical JAK Inhibitors**
- **Topical Aryl Hydrocarbon Receptor Agonists**

Topical Steroids

- **Mild disease:**

- Low potency: hydrocortisone 2.5%, desonide 0.05%

- **Moderate disease:**

- Mid potency: triamcinolone 0.1%, triamcinolone 0.5%, fluocinonide 0.05%

- **Severe disease:**

- High potency: clobetasol 0.05%, augmented betamethasone 0.05%

Topical Formulations

- **Ointment**
- **Cream**
- **Lotion:**
 - Hydrocortisone 2.5%, triamcinolone 0.1%
- **Solution:**
 - Mainly for fluocinolone, fluocinonide, clobetasol



Bonus Clinical Pearl #3

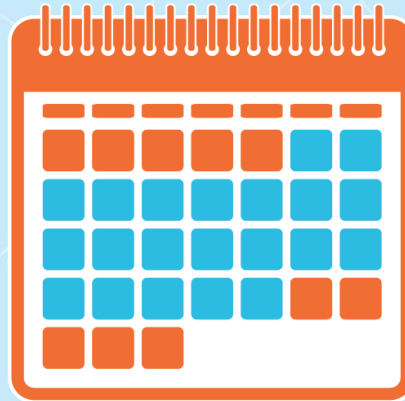


***Ointments
are not
necessarily better!***

Treatment Duration



**Mild
disease**
2 weeks



**Moderate
disease**
2-3 weeks



**Severe
disease**
2-4+ weeks



Bonus Clinical Pearl #4



**Steroids can be used for
more than 2 weeks.**

Topical Treatment

Insufficient quantity
is a significant contributor to noncompliance,
treatment failures.



Bonus Clinical Pearl #5



Tube Size

- **30 grams is needed to cover an entire adult body once**
- **Limited disease: 30-45 grams**
 - Hydrocortisone, desonide
- **Moderate disease: 45-80 grams**
 - Triamcinolone, fluocinonide
- **Extensive disease: 454 grams (1lb. jar)**
 - Hydrocortisone 2.5%, triamcinolone 0.1%

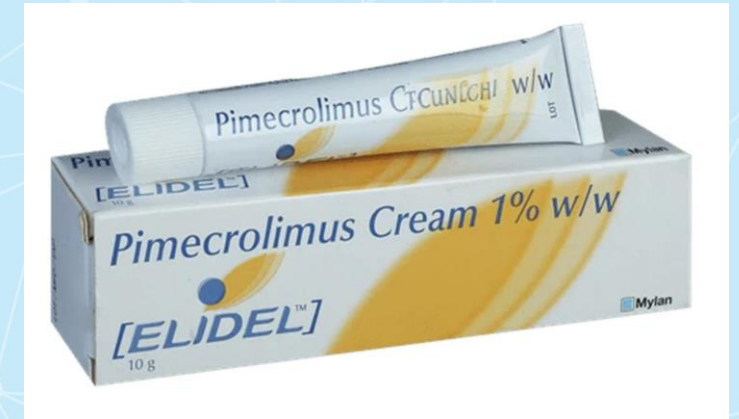
Topical Treatment

- **Maintenance therapy**
 - Moderate/Severe disease
 - Flares at same body site
 - Reduce use to 2-3 applications/week



Topical Calcineurin Inhibitors

- **Pimecrolimus 1% cream**
 - Approved for > 2 years
- **Tacrolimus 0.03% & 0.1% ointment**
 - 0.03% approved for > 2 years
 - 0.1% approved for > 16 years
- Can burn or sting with initial applications
- Black box warning



Topical PDE4 Inhibitors



- **Crisaborole 2% ointment**

- ◎ Approved for ages ≥ 2
- ◎ Burning, stinging
- ◎ Twice daily use



- **Roflumilast 0.15% cream**

- ◎ Approved ages ≥ 6
- ◎ Daily application

Topical JAK Inhibitors

- **Ruxolitinib 1.5% cream**
 - ◎ Approved for ages > 12
 - ◎ BID dosing
 - ◎ Black box warning



Topical Aryl Hydrocarbon Receptor Agonist



● Tapinarof 1% cream

- ◎ Approved for ages > 2
- ◎ Daily dosing

Systemic Treatment

- **Phototherapy**

- **Oral Steroids***

- **Biologics**

- Dupilumab: IL-4
- Tralokinumab: IL-13
- Lebrikizumab L IL-13

- **JAK Inhibitors**

- Abrocitinib
- Upadacitinib

- **Non FDA Approved Therapies**

- Methotrexate
- Mycophenolate mofetil
- Azathioprine

B O N U S

Extra Bonus Clinical Pearl

Oral Steroids

**Avoid the 3-6 day
methylprednisolone tapers!**

Cases



Case #1

**57 year old man with history of eczema,
now currently flaring.**

Patient has multiple medical problems and
takes over 10 medications a day.

Patient states he does not want another pill or injection.

What would be a reasonable treatment option?



Which is the best treatment option?



- 1) Fluocinonide 0.05% cream (120 grams) ◀...
- 2) Methylprednisolone 24mg day 1, 20mg day 2, 16mg day 3, 12mg day 4, 8mg day 5, 4mg day 6
- 3) Hydrocortisone 2.5% lotion (60ml bottle)
- 4) Triamcinolone 0.1% ointment (15 grams)



Case #2

**34 year old female
with new onset itchy rash on eyelids.**

No new lotions, make up, or other facial products.

Does have a history of perioral dermatitis in the past.

Not active currently but she is getting married
in 4 weeks and does not want a flare up
of perioral dermatitis on her wedding.





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Which is the best treatment option?



- 1) Clobetasol 0.05% cream (15 grams)
- 2) Pimecrolimus 1% cream (30 grams) ◀...
- 3) Hydrocortisone 2.5% cream (30 grams)
- 4) Dupilumab 600mg x 1, then 300mg every 2 weeks



Case #3

**44 year old male with
long standing rash on right arm/forearm.**

Itches often.

Will scratch until his skin bleeds.

Has tried different topicals in the past
but they were too messy
and left “grease stains” on his shirts.



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Part 1 of 3 Part Question

**What skin finding
is present?**



1) Lichenification



2) Crusting

3) Impetigo

4) Post inflammatory hyperpigmentation





Part 2 of 3 Part Question

**Which is the
best treatment option?**

- 1) Clobetasol 0.05% ointment (15 grams)
- 2) Triamcinolone 0.1% lotion (59 ml)
- 3) Fluocinonide 0.05% solution (60 ml)
- 4) Augmented betamethasone 0.05% cream (50 grams)





Part 3 of 3 Part Question

What is a reasonable expectation for treatment duration?

- 1) Use for 2 weeks, then take 2 weeks off, and resume if needed
- 2) Given the chronicity of his rash, this may need regular treatment for 4-6 weeks or more
- 3) His eczema should clear in 10-14 days
- 4) If not better in 7 days, see dermatology





Case #4

**72 year old female with onset of eczema
on the neck over the past 2 months.**

States she has never had eczema before.

She seems skeptical of your diagnosis.



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Which is the most appropriate guidance?



- 1) You have likely developed a food allergy and need to see an Allergist.
- 2) Individuals are born with eczema so you probably had it as a child but do not remember.
- 3) Go see dermatology and they'll explain.
- 4) Our skin holds on to moisture less efficiently over time, so we all have an increasing risk of developing eczema over time.





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Questions?

End of Webinar

Next steps to participate in the Colorado Medicaid eConsult Platform

Want to get started or learn more?

Email us at coloradosupport@safetynetconnect.com
or visit the Colorado eConsult Information Site
at <https://www.econsultco.info/>.