

Table SI. GRADE profile for outcomes for studies investigating patients with psoriasis

Certainty assessment							Summary of the results
Number of participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall certainty of evidence	
Disease severity (follow up: 6-12 months; measured with: PASI, BSA, PtGA, IGA)							
394 (3 RCTs)	serious ^a	serious ^b	not serious	not serious	not identified	⊕⊕○○ Low	The outcomes were displayed utilizing various scoring systems. While no substantial distinction was observed between the intervention and control groups, a slight advantage leaned towards the intervention group, albeit grounded in evidence of limited certainty.
Quality of life (follow up: 6-12 months; measured with: DLQI, CDLQI and Skindex)							
394 (3 RCTs)	serious ^a	serious ^b	not serious	not serious	not identified	⊕⊕○○ Low	The outcomes were displayed utilizing various scoring systems. No substantial distinction was observed between the intervention and control groups.
Safety							
330 (2 RCTs)	serious ^a	serious ^b	not serious	serious ^c	not identified	⊕○○○ Very low	Two studies reported no clinical difference in adverse events of number of irritation events during treatment
Cost-efficacy							
64 (1 RCT)	serious ^a	not serious	serious ^d	not serious ^c	not identified	⊕○○○ Very low	An observed benefit revealed an incremental cost-effectiveness ratio of \$16,318.75 per QALY saved for the in-office group in comparison to the online group. These findings stem from a limited participant pool within a specific context, thus rendering the results less robust.
Mobility (follow up: 6 months)							
296 (1 RCT)	serious ^a	not serious	serious ^d	not serious	not identified	⊕⊕○○ Low	A solitary study indicated a significant reduction in travel distance, transportation, and waiting time for in-person visits. While the advantages for the intervention group seem intuitive, the extent of these benefits remains uncertain.
Length and frequency of consultation (follow up: mean 12 months)							

Certainty assessment						Summary of the results	
64 (1 RCT)	serious ^a	not serious	not serious	very serious ^c	not identified	⊕○○○ Very low	A single study suggested that the frequency of online visits was 1.7 times lower compared to in-person visits. However, these results are surrounded by a high degree of uncertainty.
<p><i>Explanations</i></p> <p>a. There are some concerns regarding the potential for bias, randomization procedures, and blinding in certain cases.</p> <p>b. Results are clinically heterogeneous. The results however show a consistent homogenous trend.</p> <p>c. Very little results were presented.</p> <p>d. The findings originate from a remote area and might hold lesser relevance for more urbanized regions.</p> <p>e. Results were based on a study with 64 participants.</p>							

BSA: Body Surface Area; (C)DLQI: (Children's) Dermatology Life Quality Index; IGA: Investigator Global Assessment; PASI: Psoriasis Area and Severity Index; PtGA: Patient Global Assessment; QALY: Quality-Adjusted Life Years; RCT: Randomized Controlled Trial

Table SII. GRADE profile for outcomes for studies investigating patients with atopic dermatitis

Certainty assessment							Summary of the results
Number of participants (studies)	Risk of bias	Inconsistency	Indirectness	Imprecision	Publication bias	Overall certainty of evidence	
Disease severity (follow up: 12 months; measured with: POEM, IGA, SCORAD)							
446 (3 RCTs)	serious ^a	serious ^b	not serious	not serious	not identified	⊕⊕○○ Low	The outcomes were displayed utilizing various scoring systems. No substantial distinction was observed between the intervention and control groups.
Quality of life (follow up: 12 months; measured with: DLQI, CDLQI and Skindex)							
348 (2 RCTs)	serious ^a	serious ^b	not serious	not serious	not identified	⊕⊕○○ Low	The outcomes were displayed utilizing various scoring systems. No substantial distinction was observed between the intervention and control groups.
Cost-efficacy (follow up: mean 12 months)							
192 (1 RCT)	serious ^a	not serious	not serious ^c	very serious ^d	not identified	⊕○○○ Very low	An observed benefit revealed an incremental cost-effectiveness ratio of \$16,318.75 per QALY saved for the in-office group in comparison to the online group. These findings stem from a limited participant pool within a specific context, thus rendering the results less robust.
<p>a. There are some concerns regarding the potential for bias, randomization procedures, and blinding in certain cases</p> <p>b. Results are clinically heterogeneous. The results however show a consistent homogenous trend.</p> <p>c. The findings originate from a remote area and might hold lesser relevance for more urbanized regions.</p> <p>d. Results were based on a study with one study with 192 participants.</p>							

(C)DLQI: (Children’s) Dermatology Life Quality Index; IGA: Investigator Global Assessment;
 POEM: Patient-Oriented Eczema Measure; QALY: Quality-Adjusted Life Years; RCT: Randomized
 Controlled Trial; SCORAD: Severity Scoring of Atopic Dermatitis