

Supplementary Online Content

Wu KK, Armstrong AW. Differences in face-to-face time spent with a dermatologist among patients with psoriasis based on race and ethnicity. *JAMA Dermatol*. Published online August 3, 2022. doi:10.1001/jamadermatol.2022.2426

eMethods.

This supplementary material has been provided by the authors to give readers additional information about their work.

eMethods

The National Ambulatory Medical Care Survey (NAMCS) is a survey of outpatient visits completed by providers across the United States. This survey collected visit information such as patient demographics, treatments, diagnoses, and visit duration. The NAMCS utilized a three-stage probability survey design to create a nationally representative dataset of visits.

International Classification of Diseases, 9th Revision (696.1) and 10th Revision (L40.9) codes were used to identify psoriasis patient visits. Race and ethnicity were self-reported by patients. Racial and ethnic groups included non-Hispanic White, Hispanic/Latino, non-Hispanic Black, and Asian. Other racial and ethnic groups were excluded due to small sample sizes. The Asian category in NAMCS included “Asian Indian,” “Chinese,” “Filipino,” “Japanese,” “Korean,” “Vietnamese,” and “Other Asian” racial groups. Visits with non-dermatologist providers and with procedures such as skin biopsies and excisions were excluded. A complex topical regimen was defined as three or more of the following topical medications prescribed for psoriasis: clobetasol, tacrolimus, pimecrolimus, desonide, desoximetasone, fluocinolone, halobetasol, triamcinolone, hydrocortisone, calcipotriene, fluocinonide, halcinonide, tazarotene, betamethasone, betamethasone with calcipotriene, and alclometasone. Systemic agents for treatment of psoriasis included etanercept, adalimumab, infliximab, ustekinumab, methotrexate, acitretin, mycophenolate mofetil, apremilast, and systemic corticosteroids. Phototherapy included any ultraviolet light therapy for the skin.