

Utsikten Dermatology Clinic – A Success Story

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After 10 years at Karolinska Hospital, Docent Göran Wennersten is since 1980 working in private dermatology and has established one of the largest dermatology clinics in Stockholm. He is specially interested in different aspects of photodermatology. This article is sponsored by Merck Serono.

Utsikten is a dermatology clinic situated at wonderful Fjällgatan in Stockholm. With a relatively small staff they manage to run dermatological healthcare successfully.

The clinic was established as early as 1980. In 1984 it expanded and moved to the premises of Betaniastiftelsen on Östermalm in Stockholm. When Ersta hospital wanted to create an out-patient care unit, they made their old canteen available for the group running the dermatology clinic.

A classical dermatology clinic

“We work according to the same principles as those applied in the hospital”, says Göran Wennersten, head of the clinic. There is no official demand for a formal referral, but the staff give referred patients priority.

Referred patients come mainly (70%) from general practitioners. Other private dermatologists, lacking the phototherapy equipment of *Utsikten*, contribute 19% of referrals. The remainder of the referred patients come from company healthcare units and hospitals. The *Utsikten* clinic aims to treat patients with severe skin diseases, and therefore approximately 10%

of referrals are denied, because these referred patients have only cosmetic problems or banal complaints of a non-specialist character.

A total of 23,000–24,000 patients visited the clinic in 2007, the majority of them in the age range 45–64 years. Approximately half of the visits were to a doctor, while 12,000 visits were phototherapy sessions (ultraviolet B (UVB), ultraviolet AB (UVAB), psoralen + ultraviolet A (PUVA), Bucky (superficial X-ray), and photodynamic therapy (PDT)). A total of 552 patients were assessed by a nurse, and 500 visits were for bandaging etc., performed by a nurse.

The most important diagnosis groups were actinic keratoses and precancerous skin tumours, psoriasis, eczemas (atopic dermatitis, nummular eczema, and contact dermatitis), malignant skin tumours (basal cell carcinoma, spinal cell carcinoma and 20 patients with malignant melanoma), nævi and severe acne.

“We started out early with PDT of mainly superficial basal cell carcinomas and Bowen’s disease. Nurse Monika Söderteg at our clinic has organized our PDT treatment from the beginning”, says Dr Wennersten. The treatment leads to tumour cure in



Fig. 1. The dermatology clinic *Utsikten* with its splendid view.
Photo: Angela Pihut.



Fig. 2. Associate Professor Göran Wennersten. Photo: Angela Pihut.

80–90% of cases and the risk of relapse is low. PDT is especially effective when the tumour is located in an area unsuitable for surgery, e.g. the nose or ear.

It is important to be able to offer many treatment modalities to be in top position

More and more dermatology clinics are acquiring PDT equipment, but only a few have access to treatments such as PUVA and Bucky for psoriasis and eczema. These treatments are especially suitable for hand and foot disease. The machines are relatively expensive, but they help many patients to remain active and continue in employment. Only a few of the patients undergoing phototherapy are on sick leave.

“It’s necessary to have access to many treatment modalities in order to run the clinic”, Dr Wennersten says. He points out that it is a strength to have good finances, enabling investment in expensive machines, such as Bucky. *Utsikten* receives patients from the Greater Stockholm area and is a rather large clinic compared with the clinics at the Södersjukhuset and Danderyds Sjukhus hospitals.

The *Utsikten* clinic has five doctors, one locum and seven nurses. Annual expenses (physician salaries excluded) are about 5 million SEK. The clinic has an agreement with the local county council (“*vårdavtal*”), running to December 2011. The clinic could expand further if another physician’s position was allowed by the authorities. The demand is high.

New ideas important in active dermatology care

In order to maintain an active approach to clinical work new ideas are needed. That is why the *Utsikten* clinic has started



Fig. 4. The interior of *Utsikten*. Photo: Angela Pihut.

their rapid assessment programme (“*bedömningsmottagning*”), a model borrowed from the Department of Dermatology at Akademiska Sjukhuset in Uppsala (1).

The aim is to select from among the patient referrals, which to give a separate fast appointment to identify skin lesions, and to judge whether the lesions are benign and harmless or if they need further investigation. Evaluation showed that 75% (415 out of 552) of the patients could receive a diagnosis immediately at the visit without a biopsy or other investigative



Fig. 3. Monica Söderberg, nurse at *Utsikten*. Photo: Angela Pihut.



Fig. 5. One examination room at *Utsikten*. Photo: Angela Pihut.

measures. Eighty-five percent (470 out of 552) of the visits were managed directly without a second visit. The conclusion is that fast assessment appointment both functions well and is cost-effective. Unfortunately, the fee paid by the county council for these assessments is low.

One advantage of running a small organization such as *Utsikten* is that decisions can be made quickly, which makes work pleasant and stimulating. This has been confirmed recently in a study in which a depression rating scale was used to show that phototherapy (UVB and UVAB) elevated mood levels in both patients and controls (2).

Conflicts of interest: Dr Wennersten disclosed that he has not received any research grants or consulting fees from Merck Serono.

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Ref: 1) Poulin JCMS 2006 vol. 9. suppl.1

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