

Dear sir or madam,

Letters to the Editor

To whom

Editor's note: The following comments were received regarding recent articles published in the *Bulletin*.

Letters should be sent with the writer's name, address, e-mail address, and daytime telephone number via e-mail to dschneidman@facs.org, or via mail to Diane Schneidman, Editor-in-Chief, *Bulletin*, American College of Surgeons, 633 N. Saint Clair St., Chicago, IL 60611.

Letters may be edited for length or clarity. Permission to publish letters is assumed unless the author indicates otherwise.

Apps incorporating clinical photography offer the potential to improve care

We read with interest the insightful article "Sharing clinical photographs: Patient rights, professional ethics, and institutional responsibilities" published in the October 2015 *Bulletin* (*Bull Am Coll Surg.* 2015;100[10]:17-22). Our own research experience using clinical photography for postoperative assessment has revealed several practical challenges related to secure image transmission and storage, image quality, and incorporation of remote assessments into surgeon workflow.

We are active clinicians and surgical researchers at the University of Washington, Seattle; University of Wisconsin, Madison; and Vanderbilt University, Nashville, TN, and are developing and testing Web- and smartphone-based tools incorporating clinical photography to manage postoperative patients. We have found that both patients and surgeons accept online approaches to care, and these techniques can be tailored to meet the needs of diverse populations, including the elderly.

We also have observed that wound images generated by patients and even providers are of variable quality and may be difficult to interpret. Patients have

different degrees of experience with digital photography and may have physical impairments, such as poor vision or tremor, which can impair their ability to capture a focused image suitable for clinical diagnosis.

Furthermore, a health care professional can only evaluate the portion of the patient that is included in the image, creating a risk for missing key findings. Issues of secure data transmission and storage also have come to light, as has the increase in volume of information to be managed. Current clinical processes and informatics systems may not have the capacity to handle this deluge of additional patient data.

Despite these challenges, mobile applications incorporating clinical photography offer the potential to increase access to patient-centered care and improve outcomes. As a surgical community, we recognize an opportunity to establish standards for the capture, transmission, assessment, and documentation of digital images that inevitably will be used to provide surgical care.

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