Teledermatologic Consultation and Reduction in Referrals to Dermatologists

A Cluster Randomized Controlled Trial

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For each of the 4 prestrata (2 towns and 2 practice sizes [1-3 GPs vs ≥4 GPs]; block size, 2), one of us (N.E.) assigned codes to practices and ensured an even number of practices for each of the 3 rounds of randomization. On the same day, N.E. sent the departmental secretary a copy of these code lists, including practice names. Another one of us (G.t.R.) received a second copy of the code lists without the practice names and assigned each of the codes to teledermatologic consultation or usual care using block-randomization in each of 4 strata and dedicated randomization software (Duploran, a random numbers program designed by Alphons G. Kessels, MD, MSc, Department of Epidemiology, Maastricht University, Maastricht, the Netherlands). G.t.R. then sent the randomization results to N.E., who phoned the practices to inform them of their group assignment. Therefore, G.t.R. was blinded to the practice names while performing the randomization, whereas N.E. knew that comparison of the secretary's copy of the code list with G.t.R.'s copy during data analysis would reveal any violations.