



32 Requirements to be met to become an Atopic Dermatitis Center of Reference and Excellence (ADCARE)

| Infrastructure / Set up | | | |
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| Nr. | Requirement | Explanation | Deliverable(s) |
| 1. | Hospital setting | Centre needs to be in a hospital or affiliated with a hospital with inpatient facilities to allow for extended diagnostic work up and management of exacerbation | Evidence of hospital setting or affiliation with hospital |
| 2. | Outpatient clinic with separate clinic hours for atopic dermatitis patients headed by expert | Centre needs to have designated and expert leadership (experienced specialist physician) and to offer a minimum number of consultation hours per week exclusive for atopic dermatitis patients | Lead by experienced physician (board certified specialist) ≥4h / week of dedicated atopic dermatitis clinic (physician contact time) |
| 3. | Open to children and/or adult patients | Centres need to be able to provide care for pediatric and/or adult atopic dermatitis patients, either by Centre staff or affiliated specialists | Evidence that pediatric and/or adult atopic dermatitis patients are provided with state-of-the-art care |
| 4. | Team of dedicated staff, with specific atopic dermatitis training | Centre staff needs to comprise more than one physician and at least one nurse. All Centre staff needs to be specifically and regularly trained in atopic dermatitis | ≥2 physicians and ≥1 nurse Record of ≥1 atopic dermatitis training per staff member per year, e.g. GA²LEN school on atopic dermatitis, EAVD course, atopic dermatitis CME activity, etc. |
| 5. | Multidisciplinary approach | Centre needs to be able to interact with other specialties for the management of comorbidities, the treatment of patients with differential diagnoses, and to perform extended diagnostics | Evidence of interaction with other specialists |

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| 6. | Accessibility and visibility | Atopic dermatitis patients need to be able to find the Centre via information on the web; Centre needs to have referral network(s) of physicians; Centre needs to work with patient association(s), where applicable | Centre clinic hours are posted on website Evidence of local referral network Evidence that patient organization recommends the Centre |
| 7. | Communication skills | Centre staff needs to be able to communicate adequately with atopic dermatitis patients in national language and in English | Proof of adequate communication skills by interview with Centre staff |
| 8. | Quality management | Centre needs to have Quality Management (QM) system in place, need to have written protocols and standard operating procedures (SOPs) | Evidence of presence of QM system Proof of presence and use of SOPs/ protocols |
| 9. | Structured documentation, recording and archiving of patient data | Centre needs to have in place and use a databank to record patient data. Databank needs to allow retrieval of information needed to address scientific questions | Patient databank ≥250 (alternatively >50 patients with moderate/severe) atopic dermatitis patients in databank/year |
| 10. | Critical incidence reporting and error management ¹⁵ | Centre needs to have and make use of an incidence report book documenting all critical incidents. Centres must analyze all reported incidents and take and document appropriate action | Evidence of presence and use of incidence report book and follow up and documentation of error reports by appropriate action |
| 11. | Assessment of patient satisfaction and unmet needs | Centre needs to regularly assess how satisfied their patients are with the work of the Centre and take appropriate action based on the outcome | Proof that ≥100 patients were asked about their satisfaction in last 12 months (preferably by questionnaire) |
| 12. | In team communication | Centre needs to have regular meetings of staff to discuss projects and concepts. Decisions should be protocolled and followed by action where applicable. | Evidence of regular team meetings, at least once per month, on Centre logistics, projects and concepts |
| 13. | Active recruitment of research funding and support for educational activities and advocacy on atopic dermatitis | Centre needs to actively recruit extramural funding to support research, educational activities and/or advocacy on atopic dermatitis | Documentation of efforts to recruit funding (grant applications, donation program) |
| 14. | Support of the ADCARE network | Training and activities in auditing and certifying GA ² LEN ADCAREs and interaction with other ADCAREs | Letter of intent to serve as a GA ² LEN ADCARE auditor and to contribute to other ADCARE network activities |

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| 15. | “Never give up” attitude | Staff needs to exhibit high motivation to help atopic dermatitis patients and show understanding that they may be the last resort of patients. Staff needs to convey to patients, that they are in good care and that the Centre will help them, however hard this may be. | Evidence of “never give up”-attitude by staff interview |
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Management

| | Requirement | Explanation | Deliverable(s) |
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| 16. | Knowledge of and adherence to the national and international atopic dermatitis guidelines. In case of discrepancy preference for local and most recent guideline. | All Centre staff members need to know the current version of the national and international guideline, if available. Centre approach to atopic dermatitis needs to be based on guideline recommendations. | At least one national or international atopic dermatitis guideline in the most recent version is present (paper / electronic version) Centre staff can answer questions on the atopic dermatitis guideline recommendations Centre physicians can show, by use of a patient file, that management decision are in accordance with guideline recommendations |
| 17. | Knowledge and use of current nomenclature and classification of atopic dermatitis | Centre staff needs to know and use the current atopic dermatitis classification and nomenclature | Evidence that staff uses current atopic dermatitis nomenclature and classification, e.g. by interview and/or patient file review |
| 18. | Knowledge and use of guided history taking/anamnesis | Structured history taking by Centre physicians is essential and a checklist can facilitate this | Checklist for history taking needs to be present and used as evidenced by interview or atopic dermatitis patient file review |
| 19. | Knowledge of differential diagnostic | Centre physicians need to be aware of the differential diagnoses of atopic dermatitis and know how not to miss them. | Differential diagnostic knowledge needs to be present and used as evidenced by interview or atopic dermatitis patient file review |

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| 20. | Standardized assessments and monitoring of disease activity, impact and control of disease | The use of instruments for assessing disease activity, impact and control allows for standardized measurements and monitoring of patients can help to optimize atopic dermatitis management. | EASI ¹ , SCORAD ² , IGA/PGA ³ , DLQI ⁴ , need to be present and used if needed |
| 21. | Identification of comorbidities and underlying causes | Centre needs to have access to and use measures to identify comorbidities and causes of atopic dermatitis, for example sensitizations, infections, etc. including biopsies | Evidence that diagnostic measures for atopic dermatitis comorbidities and underlying causes are used, e.g. skin prick test, prick-prick test, serum specific IgE, atopy patch test, standardized food challenge test and patch testing for concomitant contact dermatitis |
| 22. | Knowledge and use of preventive approaches | Centre physicians need to know and educate patients and caregivers in the use of prevention strategies, e.g., skin care, and in certain patient's air and food allergen avoidance, encasing, psychological therapy | Evidence that Centre physicians are familiar with the use of preventive strategies |
| 23. | Knowledge and use of therapeutic algorithm | Centre physicians need to know and use therapeutic guideline algorithms including systemic therapy for pediatric and adult patients | Evidence that staff uses current therapeutic algorithms for the treatment of chronic atopic dermatitis patients, e.g., by interview and/or patient file review |
| 24. | Counseling | Counseling of patients and their families, for example on skin care, triggers of exacerbation, stress, daily life issues can help to optimize atopic dermatitis management | Evidence that atopic dermatitis patients receive counseling, e.g., by interview and/or patient file review |

| Research | | | |
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| | Requirement | Explanation | Deliverable(s) |
| 25. | Scientific orientation | Centre staff needs to be up to date with the literature on atopic dermatitis, especially on pathogenesis, for example by participation in journal club, attending annual meetings of scientific societies, membership in research societies, for example ESDR, EAACI, EADV | Evidence of knowledge of the current atopic dermatitis literature, e.g., by interview |

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| 26. | Scientific activity | Research activities in basic science, clinical science, translational science, epidemiology, and/or public health | Evidence of scientific activities and projects on atopic dermatitis |
| 27. | Scientific productivity | Centre needs to show that its research activities result in publications and other scientific output | One peer reviewed paper on atopic dermatitis every 3 years |
| 28. | Clinical trials | Centre needs to participate in clinical trials, pharma- or investigator-initiated; diagnostic or therapeutic trials | One trial in atopic dermatitis every second year |
| 29. | Participation in registry | Registries can help to better understand atopic dermatitis. Centre needs to participate in international, national, and/or regional registry activities | Evidence that Centre contributes to a atopic dermatitis registry or willingness to participate in upcoming registries |

Education

| | Requirement | Explanation | Deliverable(s) |
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| 30. | Educational activities | Centre needs to contribute to the education of other specialists, e.g. dermatologists and allergists non-specialists such as general practitioners and family physicians, medical students, residents, patients, and the general public | Evidence of 1 educational activity on atopic dermatitis per year for physicians and 1 per year for patients and/or caregivers |

Advocacy

| | Requirement | Explanation | Deliverable(s) |
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| 31. | Increase awareness of atopic dermatitis | Centre needs to increase awareness and knowledge of atopic dermatitis | Evidence of 1 advocacy /awareness activity on atopic dermatitis per year |
| 32. | Interaction with and support of patient organization(s) | Patient organizations can help to improve the management of atopic dermatitis and atopic dermatitis patients | Evidence of interaction with atopic dermatitis patient organization |

References: 1 = Hanifin JM, Thurston M, Omoto M, Cherill R, Tofte SJ, Graeber M. The eczema area and severity index (EASI: assessment of reliability in atopic dermatitis. *Exp Dermatol* 2001; 10:11–8; 2 = Severity scoring of atopic dermatitis: the SCORAD index. Consensus Report of the European Task Force on Atopic Dermatitis. *Dermatology* 1993; 186:23-31; 3 = Eichenfield LF, Lucky AW, Boguniewicz M, Langley RGB, Cherill R, Marshall K, et al. Safety and efficacy of pimecrolimus (ASM 981) cream 1% in the treatment of mild and moderate atopic dermatitis in children and adolescents. *J Am Acad Dermatol* 2002; 46:495-504.; 4 = Finlay AY1, Khan GK. (1994) *Dermatology Life Quality Index (DLQI)*--a simple practical measure for routine clinical use. *Clin Exp Dermatol.*;19(3):210-6. This document was modified based on the ADCARE audit report, based on the original GA²LEN Quality Management report.

Abbreviations: EASI = Eczema Area and Severity Index; SCORAD = SCORing AD; IGA/PGA = Investigators/Physicians Global Assessment; DLQI = Dermatology Quality of Life Index; EAACI (The European Academy of Allergy and Clinical Immunology (www.eaaci.org)); ESDR = European Society for Dermatological Research (www.esdr.org); Global Allergy and asthma European Network; QM = Quality management, SOP = standard operating procedure; ADCARE = Atopic dermatitis Centre of Reference and Excellence; SID = Society for Investigative Dermatology (<http://www.sidnet.org>); EADV = European Academy for Dermatology and Venereology (<https://www.eadv.org>)