

# Quality Matters

Q2 2019

*A quarterly quality & safety e-newsletter for QualDerm-affiliated providers.*

## A Message from John Albertini, MD, Quality Council Chairman

As we near the year's midpoint, I'm pleased to report that the Quality Council will reconvene this week to review 2nd Quarter progress reports from our 2019 Retreat agenda. We are working hard to develop best practice standards that will benefit our patients, improve operational efficiencies, and demonstrate our commitment to high quality, cost-effective, safe care that exceeds the expectations of our patients, staff and referring providers. We look forward to sharing our progress and endorsing quality measures of which we all will be very proud.

For those of us attending the recent American College of Mohs Surgery Annual Meeting, it was easy to see why QualDerm has earned a reputation for quality. Several of our affiliated physicians were speakers, and Barry Leshin, MD, ended his term as ACMS President. Further, Evan Stiegel, MD, won the prestigious Tromovitch Award for his work *Mastering Mohs Histopathology Over a 1-year Fellowship*. I am honored to be affiliated with such high-caliber physicians who are leading the way in our speciality.

Each of us has a responsibility to keep quality as our core focus. We encourage you to submit any suggestions that can help us stay true to our mission to [quality@qualderm.com](mailto:quality@qualderm.com).

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## Highlights from the Literature

Quality Matters is a platform for all of us to exchange ideas to enhance the quality and safety of the care we deliver.

We'd like to share your published work. Please forward any articles published by our QualDerm-affiliated physicians that we can feature in Quality Matters to [quality@qualderm.com](mailto:quality@qualderm.com).



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## Sunscreen Controversy

Many of us became aware of another recent controversy regarding sunscreen safety and systemic absorption of active ingredients that was published in JAMA in early May. It will be important for all QDP providers to understand that this preliminary study examined only chemical ingredients and **does not** recommend avoiding sunscreens or sun protective behavior. Read the JAMA article [here](#).

The Editor in Chief of JAMA Dermatology wrote an excellent editorial that confirms this

message that sunscreen use should continue and describes an optimal strategy for patient recommendations and education. Read the full editorial [here](#).

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## Patient Care

### Novel therapy for Actinic Keratosis – combining topical psoriasis medication with 5-FU

In 2017, investigators identified a novel combination topical therapy for actinic keratosis that augmented the cytotoxic effects of 5-fluorouracil through the immunologic antitumor effect induced by calcipotriol in the skin. The results were very impressive with *88% reduction of AKs in only 4 days of treatment*. Read the full article [here](#).

I have personally used this treatment on numerous patients with excellent results and tolerance and would recommend becoming familiar with the regimen. The treatment course is only 4 days of twice daily application using calcipotriene 0.005% ointment mixed together with 5% 5FU cream. Immunosuppressed patients were excluded. 82% of patients rated this regimen as more effective than previous field treatments for AKs. 91% of patients in the combined regimen reported delayed erythema and peeling which peaked at Day 10-11 and 39% reported burning sensation compared to 13% with Vaseline and 5FU. Itching and scaling were reported similarly and the combined calcipotriol and 5FU regimen resulted in no erosions or crusting, a common event with prolonged 5FU courses.

Here are links to a [patient education instruction sheet](#) with Questions & Answers and an [application instructions calendar](#) that we use at The Skin Surgery Center.

### High Value Care for Dysplastic Nevi

High value care encompasses high quality, cost-effectiveness and patient satisfaction and safety. The management of dysplastic nevi has evolved over time and we should all consider recent evidence and the latest recommendations in order to “do no harm”. Gone are the days when patients with dysplastic nevus syndrome are subject to innumerable excisions and the resultant disfiguring scars. The Quality Council is developing recommendations for pigmented lesion management, including dysplastic nevi, atypical melanocytic lesions in special sites (scalp, trunk, face/neck) and in various populations and ages. We will disseminate these guidelines later this year.

We all know that mildly dysplastic nevi do not require further excision and severely dysplastic nevi are generally considered potential precursors of melanoma. But, moderately dysplastic nevi have created great confusion for clinicians who are forced to balance the equivocal risks of malignant transformation and the complications of surgery. Fortunately, it now seems clear that **moderately dysplastic nevi generally do not require further excision. Observation of sites and close surveillance of these high risk patients is most critical.**

In the ACMS Newsletter, Todd Cartee, MD, from Penn State Hershey Dermatology recently reviewed some recent literature and provided evidence-based recommendations for moderately dysplastic nevi management. Read the article [here](#).

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### Dr. Barry Leshin, QualDerm Partners founder and outgoing President of the American College of Mohs Surgery featured in Podcast

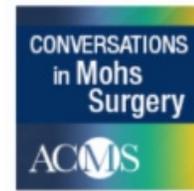
It has been my great privilege to collaborate with my colleague, partner and friend for 17 years at The Skin Surgery Center, Mohs College and QDP. His leadership, mentorship,

vision, research and service to the specialty of dermatology and Mohs surgery have had a tremendous impact on so many of us.

Please spend 30 minutes on your commute or while exercising to listen to this episode and subscribe to the "Conversations" Podcast. [Click here to hear the podcast.](#)

## Episode 7 of ACMS Podcast Now Available

A new episode of the College's podcast series, *Conversations in Mohs Surgery*, is now available at [www.mohscollege.org/podcast](http://www.mohscollege.org/podcast). Host Dr. Thomas Knackstedt interviews Dr. Barry Leshin, immediate past president of the ACMS, who discusses the past year leading the College, his career as a Mohs surgeon, starting his own practice, and lessons learned in 30+ years of practice.



In addition to listening on the ACMS website, subscribe to the podcast via iTunes/Apple Podcasts and Google Play Music by searching ACMS Podcast and tapping the Subscription button. Please take a moment to rate and review the podcast.

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## Quality Metrics, Benchmarks and Physician Behavior Change

Earlier this month, the *Improving Wisely* group from the Mohs College and Johns Hopkins published results in *JAMA Dermatology* of a successful intervention that demonstrated the positive impact of peer-to-peer data notification to reduce Mohs surgery outlier practice patterns, with very significant cost savings to the health care system of this behavior change. Changing physician behavior has been a great healthcare challenge for many years and this intervention supports best practices for effecting significant and lasting change. Read the full article [here](#).

ACMS members were notified through a confidential, collegial, non-punitive peer-to-peer data report that showed their average stages per case for Mohs surgery on the head and neck. Non-ACMS Mohs surgeons served as a control group and were not notified. ACMS members with average stages per case greater than 95th percentile were identified as an 'outlier' on the reports and provided educational and mentoring resources to help change their practice patterns. 14 months later, the notified physicians showed significant reductions in Mohs surgery overuse and Medicare savings of > \$11 million. I am also pleased to report that updated data at 22 months shows continued reductions in layers per case and further savings of >\$24 million to CMS.

Clearly this intervention is working and an Editorial by Drs. Jack Resnick and Marta Van Beek discuss how performance measures for physician change are best developed and implemented. Read the full editorial [here](#).

Physician benchmark metrics should be:

1. Prioritized based on the effect that attainable improvements could have on the population.
2. Endorsed by practicing physicians and specialty thought leaders.
3. Patient centered and applicable to diverse populations.
4. Built on accurate clinical data that are feasible to collect, difficult to game (or manipulate to artificially inflate scores), and rapidly made available to frontline physicians.
5. Risk adjusted when appropriate.
6. Easily attributable to the right clinician or team and easily benchmarked to peers.

7. Actionable by physicians who have control over the measured outcomes.

The Quality Council will be following this model and invites QDP providers to provide input and feedback on our ongoing efforts. Our goal remains continuous quality improvement.

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## The QualDerm Quality Council

The physician-led QualDerm Quality Council was created to help promote and advance the clinical excellence throughout QualDerm and our affiliated practices. Patient safety, clinical quality, clinical risk management and patient satisfaction are a few of the areas the Council helps oversee. The Council also works to facilitate the development of industry best practices among all QualDerm-affiliated practices. Only physician members have Council voting privileges. The Quality Council members are:

- John Albertini, MD, The Skin Surgery Center in North Carolina (Chairman)
- Julie Countess, MD, Cumberland Skin Surgery and Dermatology in Tennessee
- James San Filippo, MD, Center for Surgical Dermatology & Dermatology Associates in Ohio
- David Brodland, MD, Zitelli & Brodland in Pennsylvania
- Rutledge Forney, MD, Dermatology Affiliates in Georgia
- Deepa Lingam, MD, Center for Surgical Dermatology & Dermatology Associates (Cosmetics Advisor)
- Omar Sanguenza, MD, The Skin Surgery Center (Dermatopathology Advisor)
- Bill Southwick, QualDerm CEO
- Todd Falk, QualDerm COO

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