Quality Matters

Q1 2019

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

A Message from John Albertini, MD, Quality Council Chairman

Last year, the Quality Council was formed with a mission *to enable QualDerm to demonstrate its commitment to providing the highest quality and cost-effective access to medical services to its patients.*

During our short tenure, the Quality Council has made strides toward that goal through initiatives such as the Patient Safety Culture Survey and most recently by establishing 8 key Council priorities, which are discussed in more detail below. We've also expanded the Council to include members from our Georgia and Pennsylvania practices as well as representatives who can share their expertise in Cosmetics and Dermatopathology.

Each of us is responsible for ensuring quality remains our core focus. We encourage you to submit any suggestions that can help us stay true to our mission to quality@qualderm.com.

Literature Review

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.

Mohs surgery alone provides effective treatment and excellent outcomes for high-risk squamous cell carcinoma patients.

In January, **Dr. Gerardo Marrazzo** from The Skin Surgery Center, Hickory was featured in a podcast from The American College of Mohs Surgery in which he discusses his experience treating high-risk SCC patients with Mohs surgery and the recent JAAD publication*.

https://www.mohscollege.org/education/podcast/episode-4

Clinical outcomes in high-risk squamous cell carcinoma patients treated with Mohs micrographic surgery alone

Gerardo Marrazzo, MD[a], John A. Zitelli, MD[b], and David Brodland, MD[b]
Hickory, North Carolina, and Pittsburgh, Pennsylvania

Background: There is little evidence to predict patient outcomes after the treatment of high-risk cutaneous SCC (hrSCC) using Mohs micrographic surgery (MMS).

Objective: We sought to report the rates of poor outcomes in patients with hrSCC treated by MMS alone and to determine if any specific clinical factors may be more predictive of these outcomes.

Methods: We conducted a retrospective chart review of all patients with hrSCC who were treated in our clinic between October 2011 and December 2015.

Results: We identified 647 hrSCC tumors that met the inclusion criteria. During the follow-up period, there were 19 local recurrences (2.9%), 31 nodal metastases (4.8%), 7 distant metastases (1.1%), and 7 disease-specific deaths (1.1%). Two factors, poor differentiation and invasion beyond the subcutaneous fat, were positively associated with local recurrence, nodal metastasis, and disease-specific death through multivariate analysis.

Conclusions: Invasion beyond the subcutaneous fat and poor histologic differentiation may carry a greater risk of poor outcomes than other factors in hrSCC. MMS alone provides excellent marginal control with low rates of local recurrence, nodal metastasis, and disease-specific death. (J AM Acad Dermatol 2019;80:633-8.)

*Marrazzo, Gerardo & A. Zitelli, John & Brodland, David. (2018). Clinical outcomes in high-risk squamous cell carcinoma patients treated with Mohs micrographic surgery alone. Journal of the American Academy of Dermatology. 10.1016/j.jaad.2018.09.015.

North Carolina Dermatology Association Annual Meeting

An Update from John Albertini, MD

Private equity in Dermatology remains a hot topic and Dr. Sailesh Konda, the author of the controversial JAAD article specifically criticizing practice models like QualDerm Partners, was a guest speaker at the North Carolina Dermatology Association Annual Meeting in January. His talk reiterated the generalizations and misrepresentations outlined in the paper.

Fortunately, I was able to provide a counterpoint presentation at the meeting that refuted his claims and rebutted his arguments as they relate to QualDerm. My key message was that all practice models, like a bell curve, have high, average and low performers. There are clearly some low quality outliers whether private practice, academics, single specialty or multispecialty groups, or PE backed companies. DermOne, which is now defunct, is one such example and the reason Dr. Leshin and I declined their interest many years ago, as it was obvious that our culture of high quality, patient-centric care was missing.

I was also able to identify many conflicts of interest and hypocrisy in his presentation. The most important point I made, however, was to highlight and outline the many efforts made by QualDerm to differentiate our model from a quality, safety, service and compliance perspective. We will all continue to come under attack as the status quo is challenged by new practice models like ours that threaten to undermine the current

paradigm that favors and advantages academic and other large non-profit health systems. Our best response is to demonstrate how we do it better, how we provide high value.

2019 Quality Council Retreat

In order to demonstrate **value** we need to focus on proving our quality and service efforts, since our costs will always be lower than these health systems. For this reason, the QualDerm Quality Council recently convened a retreat at our Nashville office with a very ambitious agenda to develop our priorities for quality metrics for 2019-2020.

We identified several key areas for further focus:

1. **Non-physician provider training and supervision**. Dr. Julie Countess (TN) will be establishing a subcommittee of NPPs to explore these issues, which constitute our highest priority given our goal to provide the best care possible in a team approach and due to the intense scrutiny of NPPs by our critics.

2. **Patient and referring provider satisfaction surveys**. Dr. Dave Brodland (PA) will be working with Operations to refine our survey instruments to identify areas for improvement and to show patients and the medical community how central they are to our care mission.

3. **Patient and staff safety**. The AHRQ Patient Safety Culture Survey performed at NC and OH sites in 2018 revealed very high marks and we are focusing efforts on some minor deficiencies. The survey will be further administered to all our sites/states in late 2019 when integrations are more established.

4. **Cost-reduction strategies and standardizing medical and surgical supplies**. We have identified several areas of high yield to simplify our inventories and formularies and opportunities for significant cost savings, such as pre-packaged procedure/surgery packs.

5. **Enhanced provider collaboration/communication/education**. We are developing a comprehensive list of available options for dermatology education and internal communication to leverage the tremendous wealth of expertise and experience among QualDerm providers. Dr. Rutledge Forney (GA) is working on a medical dermatology journal club / literature review project to help us all stay current, given the state of information overload that exists in our specialty. Dr. Omar Sangueza (NC DermPath) will be developing an Education Module for optimal biopsy technique, site/lesion selection, and transport medium for different tumors and conditions.

6. **Best practice guidelines**. Drs. Jim San Fillipo and Deepa Lingham (OH) are researching and developing evidence-based laboratory monitoring guidelines for acne, antifungals, and biologics to guide our QualDerm providers in best current practices and to demonstrate our commitment to efficient, appropriate, low cost care.

7. **Support of providers to reduce burnout and administrative burdens**. A team of administrative support staff is developing best practice guidelines to optimize the Prior Authorization process for drugs and products.

8. **Compliance**. Compliance with regulations remains critical for QualDerm providers to ensure we code and bill accurately and appropriately, reduce our audit risk and receive timely and appropriate reimbursement for our services. The Compliance Committee meets regularly to develop policy and review areas needing clarification or education.

Monthly Coding Education Topics will be disseminated and our Compliance consultant provides individual feedback to ensure everyone is informed about current regulations and requirements. Remember to send any questions or comments to compliance@qualderm.com.

Intralesional 5-Fluorouracil for the Treatment of Hypertrophic Scarring and Keratoacanthoma

Brian Leach, MD, The Skin Surgery Center of Charleston

5-Fluorouracil (5-FU) has long held a prominent clinical role in the topical treatment of diffuse actinic damage, actinic keratoses and superficial Non-Melanoma Skin Cancer (NMSC). However, far fewer providers use 5-FU intralesional injection, which can be a useful clinical adjunctive therapy.

5-Fluorouracil injectable solution is supplied in a 10 or 50 mL vial at a concentration of 50 mg/ mL suspension. Typical injection amounts depend on size and number of lesions, varying between 0.5 to 2.0 mL. Injections may be performed every 1 to 4 weeks depending on patient tolerance and response. Reviews of 5-FU injection have revealed no reported cases of systemic adverse events or changes in patient lab values.[1]

In our practice, I have found the following to be notable/ useful tips in the use of intralesional 5-FU:

- Confirm with the patient there are no contraindications (pregnancy, lactation, renal/ liver dysfunction, hematologic disease, bone marrow suppression or active infection) prior to injection.
- Counsel the patient that the injection is quite painful (more so than local anesthetic) but that it is transient and dissipates quickly.
- A 27 gauge ½" needle works well for firmer scars. I typically insert the needle fully and inject the 5-FU as retracting until the lesion blanches.
- For longer linear scars I will break up the incisions into aliquots and thread out as above.
- 5-FU has less tendency to atrophy, form telangiectasia or spiculate in darker skin types than triamcinolone so it is ideal post-surgically to finesse hypertrophic scars.[2]
- Massage of the site following injection helps to resolve pain more quickly.
- Typically I inject hypertrophic scars every 4 weeks with 0.5 – 1.0 cc 5-FU until desired result is achieved.
- Eruptive Keratoacanthoma and Keratoacanthoma Centrifigum Marginatum also respond well to intralesional 5-FU. Interestingly, in patients with multiple SCC's (especially heavily sun-damaged legs in women), it is common to see immunogenic clearance of non-injected sites as well. Dividing the total dose among a few larger lesions can show clearance of many more. Volumes up to 2.0 cc weekly can be injected safely, and are mainly limited by patient tolerance.
- Successfully treated sites should be monitored for regrowth, however, recurrence rates are low.

Additional combinations with triamcinolone and/ or lidocaine have also been used/ reported, so intralesional 5-FU can be custom-tailored to serve your own clinical practice well.

1. Intralesional 5-fluorouracil (FU) as a treatment for nonmelanoma skin cancer (NMSC): A review . Metterle L, Nelson C, Patel N. J Am Acad Dermatol 2016;74:552-7.

2. Treatment of keloid scars with intralesional triamcinolone and 5-fluorouracil injections – a randomized controlled trial. Hietanen KE, et al. Journal of Plastic, Reconstructive & Aesthetic Surgery 2019;72:4–11.

About 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 Sangueza, MD, The Skin Surgery Center (Dermatopathology Advisor)
- Bill Southwick, QualDerm CEO
- Todd Falk, QualDerm COO

QualDerm Partners
210 Jamestown Park Dr., Ste. 250, Brentwood, TN 37027
615.250.6723 | QualDerm.com