

Quality Matters

Q3 2019

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

A Message from John Albertini, MD, Quality Council Chairman

As Dermatologists, we are trained to treat the 3,000 conditions that fall under the umbrella of our specialty. It is up to all of us to advocate about the importance of our work.

The AAD has developed the **Skin Serious** campaign to improve the perception of Dermatologists among the public, media, patients and other clinicians. There has been a trend in entertainment and the media to portray Dermatologists as merely glorified cosmetologists, and such popular YouTube sites as 'Dr. Pimple Popper' reinforce these stereotypes. In response, the AAD has produced an excellent video that QualDerm plans to include on our affiliated practices' websites. Our hope is that we can reverse the stigma characterized by the famous Jerry Seinfeld line to his Dermatologist girlfriend, "You call yourself a life saver. I call you Pimple Popper, MD!"

[Watch the video here.](#)

Further, 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.

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.



Hundreds of pregnancies per year! Is iPLEDGE effective?

In the July 2019 issue of JAMA Dermatology, Tkachenko et al. describe FDA reports of pregnancy and adverse events associated with isotretinoin and study the efficacy of iPLEDGE in eliminating this exposure risk. From 1997 to 2017 there were 6,740 pregnancies among women exposed to isotretinoin, peaking in 2006. While the more stringent reporting system for thalidomide, another well-known teratogen, has been incredibly effective, evidence suggests that far too many pregnancies (several hundred annually) continue to occur for women taking isotretinoin, the vast majority of which is

prevented by Dermatology providers. Given the devastating consequences for both mother and fetus, all of us QualDerm clinicians need to continue our strict vigilance and compliance with the iPLEDGE program requirements.

The editorial by Dr. Arielle Nagler reinforces these key points and challenges the FDA and clinicians to improve the current system. “Despite its limitations, many of which relate to data availability, this study makes an important point: **too many fetal exposures to isotretinoin continue to occur** in spite of iPLEDGE and its strict requirements. Preventing fetal exposures to isotretinoin is important because its outcomes can be devastating, with a 20% risk of spontaneous abortions and an embryopathy risk of 18% to 28% among live births.” Even one fetal exposure to isotretinoin is too many!

*Tkachenko E et al. US Food and Drug Administration reports of pregnancy and pregnancy-related adverse events associated with isotretinoin [published online July 17, 2019]. *JAMADermatol*.

Nagler AR. Early strides for necessary data-driven improvement in iPLEDGE. [published online July 17, 2019]. *JAMADermatol*.



Management of dysplastic nevus with moderate atypia

*QDP Update by Dr. Kevin Stein
The Skin Surgery Center, Winston-Salem, NC*

Optimal management of biopsy-proven dysplastic nevi with moderate cytologic atypia and positive margin(s) (MDM) remains a vexing clinical conundrum. Factors influencing management include biopsy technique, intra- and inter- observer variability in gradation of dysplasia by dermatopathologists, longitudinal risk of monitoring for recurrence and whether or not dysplastic nevi are true precursors to melanoma. The term “dysplastic” implies pre-malignancy akin to cervical dysplasia, but a direct path from dysplasia to melanoma has not been established definitively.

A recent study demonstrated no progression of MDM to melanoma. The Melanoma Prevention Working Group followed 467 such nevi from 438 patients for a mean of 6.9 years. No cases of melanoma developed at the biopsy sites. However, and very importantly, 100 patients (22.8%) developed melanoma at a separate site. While the study does not prove that melanoma cannot occur at the site of MDM, it does suggest a very low risk. The increased risk of melanoma elsewhere necessitates vigilant skin cancer surveillance examinations. Also relevant is a study of 167 MDM with no clinical pigmentation following biopsy. Of these lesions, 6 (4%) recurred in an average of 1.7 years, however, none were melanoma.

For many dermatologists, it is standard practice to reexcise MDM. In fact, a recent article demonstrates that surveyed academic dermatologists tend to reexcise. However, recent studies suggest that reexcision of MDM may be unnecessary given the very low rate of melanoma development and low rate of dysplastic nevus recurrence. Practical benefits to observation include fewer procedures and surgical complications and lower costs to the overall health care system. Patients must, however, have routine skin exams given the high rate of cutaneous melanoma elsewhere.

Dr. Omar Sanguenza, our Quality Council Dermatopathology representative, has adopted these consensus recommendations on his own pathology reports, having eliminated recommendations for clinicians to reexcise moderately dysplastic nevi. Further, Dr. Sanguenza does not even report on mild atypia to avoid confusion and/or overtreatment.

A 2015 Consensus Statement by the Pigmented Lesion Subcommittee of the Melanoma Prevention Working Group presents the following conclusions.



1. Mildly and moderately DN with clear margins to not need reexcision.
2. Mildly DN biopsied with positive histologic margins without clinical residual pigmentation may be safely observed rather than reexcised.
3. Observation may be a reasonable option for management of moderately DN with positive histologic margins without clinically apparent residual pigmentation, however, more data is needed to make definitive recommendations.

This group also offers an excellent synopsis* of Clinical Care Principles for Management of DN and Incompletely Excised DN that is worthwhile reviewing.

References:

Observation of Moderately Dysplastic Nevi With Positive Margins: Are We There Yet?

Adamson AS, Nelson KC. JAMA Dermatol. 2018 Dec 1;154(12):1387-1388. doi: 10.1001/jamadermatol.2018.3303.

Risk of Subsequent Cutaneous Melanoma in Moderately Dysplastic Nevi Excisionally Biopsied but With Positive Histologic Margins. Kim CC, Berry EG, Marchetti MA, et al; Pigmented Lesion Subcommittee, Melanoma Prevention Working Group. JAMA Dermatol. 2018 Dec 1;154(12):1401-1408. doi: 10.1001/jamadermatol.2018.3359.

Recurrence of moderately dysplastic nevi with positive histologic margins.

Hiscox B, Hardin MR, Orengo IF et al. J Am Acad Dermatol. 2017 Mar;76(3):527-530. doi: 10.1016/j.jaad.2016.09.009. Epub 2016 Dec 24.

Recurrence, evolution, and re-excision of moderately dysplastic nevi.

Kantor J. J Am Acad Dermatol. 2017 Nov;77(5):e145-e146. doi: 10.1016/j.jaad.2017.05.062.

Reply: Do moderately dysplastic nevi with positive histologic margins need to be reexcised?

Hiscox B, Hardin MR, Orengo IF et al. J Am Acad Dermatol. 2017 Sep;77(3):e85. doi: 10.1016/j.jaad.2017.05.011.

Survey analysis on the management of moderately dysplastic nevi among academic dermatologists across the United States. Tessitore KM, Choi H, Kumar A, Patel NS

J Am Acad Dermatol. 2019 Jan;80(1):278-280. doi: 10.1016/j.jaad.2018.05.024. Epub 2018 May 23.

***Addressing the knowledge gap in clinical recommendations for management and complete excision of clinically atypical nevi/dysplastic nevi: Pigmented Lesion Subcommittee consensus statement.** Kim CC, Swetter SM, Curiel-Lewandrowski C et al. JAMA Dermatol. 2015;151(2):212-218. doi:10.1001/jamadermatol.2014.2694 Published online November 19, 2014.

Patient Care

Do you have a Basal Cell Nevus Syndrome (Gorlin's) patient?

Consider referring them for enrollment in a topical hedgehog inhibitor clinical trial showing early promising results in reduction of new basal cell carcinomas in these unfortunate patients. In our QDP footprint, clinical trial site options include Duke, Cleveland Clinic, University of Pennsylvania and PennState Hershey medical centers. I have one BCCNS patient enrolled at Duke who was very interested in participating and has had a good experience to date.

Brief Summary:

This is a global, multicenter, randomized, double-blind, stratified, vehicle-controlled study of the efficacy and safety of Patidegib Topical Gel, 2%, applied topically twice daily to the face of adult participants with Gorlin syndrome. Subjects will be required to apply the investigational product for 12 months. The primary endpoint is a comparison between the two treatment arms of the number of new surgically eligible BCCs (nSEBs) that develop over the 12 month period.

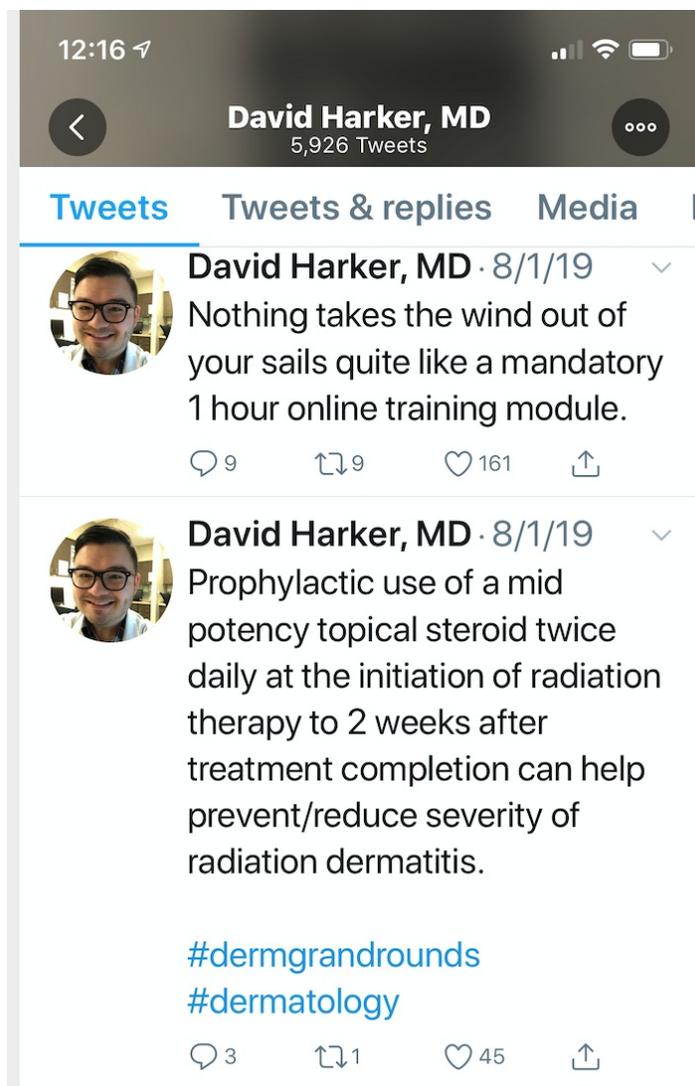
[Click here](#) to learn more.

Twitter can help you and your patients

Dr. David Harker is completing his Dermatology residency at UT Southwestern and will join our QDP practice site in Hickory, NC next summer. Dr. Harker was highlighted in July's Dermatology World article entitled [#Derm Twitter @ a glance](#).

I personally began following Dr. Harker earlier this year after meeting him at the AAD meeting and he's a great follow (especially if you appreciate corny dad jokes)! Social media has plenty of critics and has undoubtedly changed the landscape of modern life, for better or worse. But as this article points out, Twitter as a social media platform can also provide meaningful, brief clinical pearls and connect clinicians otherwise isolated, either professionally and/or geographically.

For example, on August 1, Dr. Harker tweeted this pearl he learned at Dermatology Grand Rounds in Dallas.



I was 1000 miles away in Winston-Salem, NC and had just treated yet another patient with high-risk, large nerve perineural squamous cell carcinoma who I was preparing to refer to radiation oncology for adjuvant treatment. I was struck by my lack of awareness of this simple and logical treatment. I performed a PubMed search and discovered numerous randomized controlled trials that demonstrate the efficacy of topical corticosteroids for radiation dermatitis and I will begin prescribing this for my patients.

There are so many sources of information and they compete for our time and attention. If you happen to be a Twitter user, consider following some dermatologists and you too may be surprised to learn something new in 140 characters.

Follow Dr. Harker [here](#).

Update from the Quality Council



Our Quality Council met this week to review the progress of our ongoing projects for 2019. One significant priority we discussed is how to optimize our training and supervision of Non-Physician Practitioners (NPP). There is a need not only from a quality and outcomes perspective for our patients, but also to respond to ongoing criticism that private equity companies over-utilize NPPs for profit. NPPs remain an important component of our team-based care approach through collaboration with QualDerm physicians, but certainly have various levels of training in Dermatology. Furthermore, supervision and billing requirements differ considerably at the level of state licensing boards. Our NPP subcommittee is led by **Dr. Julie Countess** of TN along with NPP representatives from each of our state entities. The Quality Council and NPP subcommittee has developed a consensus recommendation that complies with all state regulations for supervisory meetings held twice yearly with a standardized documentation and attestation.

The QDP management team, along with the QC, has also developed and approved a Patient Satisfaction Survey that can be utilized across practice sites and modified with any specific questions. The survey satisfies HCAHPS requirements, takes <1 minute, and can be used at checkout with iPad stations.

The Patient Safety Culture Survey developed by the national Agency for Healthcare Research and Quality was distributed to the NC and OH practice sites last year. This fall QDP management will assist the TN, GA and PA practices to survey their employees and providers. This well established survey instrument helps practices identify areas of strength that can be leveraged more broadly and opportunities for improvement in the quality and safety of patient care. The QC feels strongly that we can all enhance our patient care, improve our practices and staff, and further differentiate QDP as a high quality dermatology company.

The QC has endorsed QDP's Medical Supply Initiative transition to Delasco, which has already greatly reduced the time, effort and costs of inventory control and medical and surgical supplies. This transition in NC has been warmly received by physicians and staff and we are confident that other platforms and practices will also realize these numerous benefits.

Other areas of ongoing QC discussion include Virtual Journal Club and online journal access for providers, cosmetic equipment/laser utilization across practice sites, educational modules in Medical, Cosmetic and Surgical Dermatology and Dermatopathology, Quality Metrics for Mohs surgery, and provision and training for AEDs in practice sites.

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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