

AAD 17: Continuation of Anticoagulation Therapy in the Office-based Setting for Closures and Reconstruction After Skin Cancer Resection Procedures

- **National Quality Strategy Domain: Patient Safety**
- **Meaningful Measure Area: Medication Management**

2024 COLLECTION TYPE:
QCDR MEASURE

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of procedures in patients, aged 18 and older with a diagnosis of skin cancer, on prescribed anticoagulation therapy, who had intermediate layer and/or complex linear closures OR reconstruction after skin cancer resection performed in the office-based setting where anticoagulant therapy was continued prior to surgery.

This measure is stratified by intermediate layer or complex linear closure or reconstructive procedures.

High Priority Measure: Yes
Meaningful Measure Area: Medication Management
Risk-Adjusted: No
Inverse Measure: No
Proportional Measure: Yes
Continuous Variable Measure: No
Ratio Measure: No
Number of performance rates required for measure: 3rd Performance Rate
Care Setting: Ambulatory Care: Clinician Office/Clinic

INSTRUCTIONS:
This measure may be reported by eligible physicians and allied professionals who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry
ICD-10-CM diagnosis codes, CPT codes or HCPCS codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All procedures in patients aged 18 and older with a diagnosis of skin cancer on prescribed anticoagulation therapy, who underwent:

Strata 1: Intermediate layer or complex linear closures after skin cancer resection

Strata 2: Reconstruction after skin cancer resection

Strata 3: Intermediate layer and complex linear closures AND reconstruction after skin cancer resection in the

office-based setting (Weighted average of Strata 1 and 2)

*Office based: not billed with an ASC or inpatient facility code

Denominator Criteria (Eligible Cases):

All procedures in patients aged 18 and older with a diagnosis of skin cancer, on prescribed anticoagulation therapy, who underwent:

AND

On prescribed anticoagulant therapy to include aspirin (ASA), clopidogrel, dipyridamole, prasugrel, ticagrelor, ticlopidine, warfarin, dabigatran, rivaroxaban, apixaban, edoxaban, bertrixaban

AND

Strata 1:

CPT for Encounter Intermediate layer and complex linear closures

12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, 13120, 13121, 13131, 13132, 13151, 13152

OR

Strata 2:

CPT® for Encounter Reconstruction

14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061; 15050, 15100, 15120; 15200, 15220, 15240, 15260; 15570, 15572, 15574, 15576, 15740, 40525, 40527

and

ICD-10 Codes for most common skin cancers:

C43-C44

D03-D04

and

Place of Service Code: 11 (office)

Strata 3: FOR REPORTING

Strata 1 + Strata 2; Calculate as (numerator 1 + numerator 2)/(denominator 1 + denominator 2), not the average of the performance rates

Denominator Exclusions:

None

Denominator Exceptions:

Medical reason exceptions such as consultation with managing physician which resulted in medication modification

Patients who are taking aspirin (ASA) without a prescriber's recommendation /prescription

Patient taking warfarin, with a supratherapeutic INR

NUMERATOR:

Patients for whom anticoagulant therapy was continued prior to surgery

CLINICAL RECOMMENDATION STATEMENT:

The Work Group recommends that clinicians should continue anticoagulant, antithrombotic, and antiplatelet medications for adult patients undergoing reconstruction after skin cancer resection in the office-based setting.

Evidence Quality: Moderate

Recommendation Strength: Moderate

Chen et al, ASPS, Reconstruction After Skin Cancer Resection Guideline 2019

RATIONALE:

Pragmatic case series and cohort studies that have detected a higher rate of bleeding in reconstructions associated with anticoagulant use recommend continuing such medications perioperatively as the same studies have noted that cases of increased bleeding did not result in serious consequences for patients (Bordeaux JS 2011; Cook-Norris RH 2011; Otley CC 1996; Billingsley EM 1997). On the other hand, there are numerous case reports of medication cessation being associated with death as well as serious adverse events (Khalifeh MR 2006; Alam M 2002; Schanbacher CF 2000; Kovich O 2003) including strokes, cerebral emboli, myocardial infarctions, transient ischemic attacks, deep venous thromboses, pulmonary emboli, and retinal artery occlusion leading to blindness.

Potential benefits of continuing anticoagulant, antithrombotic, and antiplatelet medications include, most importantly, reduced risk of any thromboembolic event, and reduction in mortality. From a patient standpoint, not stopping medications may improve compliance, decrease patient confusion, and reduce the risk that medications will inadvertently be managed improperly. Potential risks of continuing medications perioperatively are milder, including slightly increased risk of bleeding, which may require bandage change, or further measures to secure the reconstruction with additional sutures or pressure dressings. Concurrent concerns may be a minor elevation in the risk of graft or flap loss, possible delay in wound healing, increased duration of the procedure, patient inconvenience relating to returning to the physician for a bleeding-associated complication, and the direct and indirect medical costs of additional medications, office visits, or procedures that may be required. Conceivably, surgeons concerned about a bleeding-associated complication may choose a less aesthetically or functionally optimal repair to minimize the risk. Importantly, the risks, harms, and costs of continuing oral anticoagulant, antithrombotic and antiplatelet medications can be collectively characterized as minor inconveniences and costs, while the potential benefits are reduction in the incidence of severe adverse events and death.

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