

★ AAD 32: Basal Cell Carcinoma/Squamous Cell Carcinoma: Surgical Safety Post-Operative Communication – National Quality Strategy Domain: Patient Safety and Efficiency and Cost Reduction

DESCRIPTION:

The following process measure evaluates a clinician's post-operative communication. Inherent to the surgical follow-up protocol of many practices is the lack of the ability to capture patients that do not see the clinician that performed the procedure if a complication occurs. Oftentimes, when complications occur or when the patient is concerned about a potential complication, patients present to the emergency room or urgent care rather than to the clinician that performed the procedure where treatment was provided. In this scenario, it is not always clear whether there was truly a complication; this prevents the clinician from effectively caring for their patients and truly understanding their complication rate in order to improve their process. The goal of this measure is not to identify every complication; it is to improve the post-operative surgical care process within a clinician's practice and to prevent complications and unnecessary care.

This measure aims to improve patient communication and access by tracking the post-operative communication between the clinician and the patient. This process measure evaluates whether the clinician has communicated with the patient within the 2-week post-operative period to determine whether a complication has occurred or is potentially occurring. The communication can be in the form of HIPAA secure messaging, a telephone call, or a clinic visit. When a clinician's practice adequately communicates with a patient in the 2-week post-operative period, appropriate care can be streamlined and unnecessary visits or interventions can be avoided. This measure evaluates whether the communication occurred as the gap in care does not fall in the capability of providing appropriate care, it lies in adequate communication between the clinician and the patient in order to facilitate care.

The denominator is limited to excisions/destructions for malignant tumors on the trunk and upper extremities to limit reporting burden and these are codes that are widely used by all clinicians.

INSTRUCTIONS:

This measure is to be reported by any clinician that performs scalpel-based surgical procedure for non-melanoma skin cancer located on the trunk or upper extremities. This measure may be reported by clinicians 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 patients undergoing a scalpel-based surgical procedure for non-melanoma skin cancer located on the trunk or upper extremities (codes 17311 through 17315, 11600 through 11646, 17260 through 17266, 17270-17274, 17276) within the reporting period.

NUMERATOR:

1. PROCESS MEASURE: POST-OPERATIVE COMMUNICATION NUMERATOR:

The number of patients that were contacted by the clinician's practice within 15 days of the surgical encounter and documentation of the communication is made in the patient's chart. Appropriate forms of communication include HIPAA secure messaging, a telephone call, or a clinic visit in which the wound was evaluated. The secure messaging and telephone call only requires documentation that the clinician's practice has attempted communication with the patient. An example of appropriate documentation in the patient's chart is as follows: "The patient was sent a HIPAA secure message and/or was called on (date) to check on their status following their procedure."

CODES

Surgical procedure for non-melanoma skin cancer (codes 17313 through 17315, 11600 through 11646, and 17260 through 17266)

Potential Benchmarks:

Patients contacted: >95%

RATIONALE:

As the number of outpatient surgical procedures has increased in the United States, evaluation of safety remains paramount for these procedures. The rate of surgical intervention for non-melanoma (NMSC) skin cancer has increased as the rate of diagnosed NMSC has increased. Dermatologic surgical interventions for NMSC are typically performed in the ambulatory clinical setting and represent a more cost-efficient model than equivalent procedures performed in dedicated surgical centers with general or regional anesthetic. Given perceived risks, state medical boards have increasingly regulated outpatient procedures.

CLINICAL RECOMMENDATION STATEMENTS:

The measure will assess a clinician's post-operative communication. This is done first through the clinician contacting and documenting a communication with the patient within 15 days of the surgical encounter. This is to help in increasing communication with patients and reducing severity of post-operative complications.

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