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Tracking Mohs micrographic surgery referrals at the VA

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Abstract

Large dermatology centers such as the Veterans Affairs health care system carry the challenge of providing adequate care for patients within an appropriate timeline. Herein we begin a discussion about the tracking systems in place at busy hospitals, such as the VA, where numerous biopsies are referred to outside providers for further treatment. The complex psychosocial aspect of providing care specifically to veterans is also addressed. Finally, we describe our system, which monitors malignant skin biopsies that are referred to outside clinics for Mohs Micrographic Surgery (MMS).

Keywords: Mohs micrographic surgery, patient follow-up, tracking system, referral, continuity of care

Introduction

In recent years, the Veterans Affairs (VA) health care system has received scrutiny amidst patient appointment delays and efficiency concerns [1]. A recent United States government accountability review showed that patients referred under the VA Choice Referral program could wait up to 81 calendar days from referral to appointment with an outside provider. Even urgent cases wait on average 63 calendar days [2].

Body of Article

At our VA dermatology clinic, patients with biopsy-proven skin cancer who need treatment with Mohs

Micrographic Surgery (MMS) receive VA Choice Referrals to outside MMS providers. VA Choice Referrals are administratively completed once the patient has any appointment with the outside provider, including a preoperative visit, and does not indicate that treatment of the skin cancer has occurred. Moreover, the complex psychosocial aspects of military experience place veterans into an at-risk category and create deficiencies in follow-up care [3, 4]. Here we discuss the importance of recognizing veterans as an at-risk population and our system to monitor the status of veterans' referrals to outside MMS clinics to ensure that appropriate, timely treatment is accomplished.

The delay in referred care for veterans is multifaceted due to the complex psychosocial aspects of caring for veterans who have comorbidities that affect their desire to obtain healthcare. Veterans have problems with homelessness and psychological health [3, 5]. These issues complicate health care adherence, especially when care extends across numerous clinical sites to treat a single problem. Recent literature has provided logical connections between depression in veterans and a lack of desire to obtain a reward, in this case treatment of skin cancer [5]. We posit that the delay in referred care for veterans in our dermatology clinic includes a combination of the psychosocial issues faced by veterans, the high volume of VA Choice Referrals, and the patient's lack of familiarity with MMS, including the terminology. These factors necessitate close management of this population.

Figure 1. Representation of the Excel spreadsheet used to organize and follow-up on patients' biopsy results.

Biopsy date	Patient name	MRN	Procedure type	Biopsy location	Pathology Results	Treatment plan	Treatment status
9/6/17	Patient 1, Test	123	Shave biopsy	Right nasal ala	BCC	Mohs	Mohs done 10/6/2017
9/6/17	Patient 2, Test	456	Shave EDC	Left forearm	SCCis	EDC done	EDC done 9/6/2017
9/6/17	Patient 3, Test	789	Punch biopsy	Right zygomatic cheek	Lentigo maligna	Excision by ENT	ENT excision scheduled 10/16/2017
9/6/17	Patient 4, Test	234	Shave biopsy	Left temple	BCC	Mohs	Mohs scheduled 10/11/2017

Our VA clinic implemented a system to ensure that each patient with biopsy-proven skin cancer diagnosed in the clinic is followed for timely treatment. We log every biopsy into a HIPAA-compliant Microsoft Excel spreadsheet including biopsy date, patient identifying information, procedure type, location of biopsy, pathology results, treatment plan, and treatment status (**Figure 1**). This list is updated daily and treatment status is readdressed weekly until completed. Biopsies are color-coded based on non-pigmented malignancies (red) and pigmented malignancies (purple), so appropriate treatment occurs within 3 months and

within 1 month, respectively. This visual cue allows providers to triage the most time-dependent cases. Patients are longitudinally followed until documentation of treatment is received and color coding is removed. This process provides efficient management of numerous biopsy results and verifies the proper treatment for each biopsy site.

Conclusion

With this letter, we hope to begin a conversation of the most effective way to manage outside referrals and outcomes for veterans in the VA health system in the field of dermatology.

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