



Quality Matters

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

Introducing Quality Matters

A message from the Quality Council, John Albertini, MD, FAAD, FACMS, Chairman

As Chair of the Quality Council (QC), I would like to take this opportunity to introduce our “Quality Matters” e-newsletter. This newsletter is designed to communicate with all QualDerm providers and to share the activities of the QC. We hope this quarterly publication will serve not only to inform, but also and more importantly, to engage all the tremendous talent within the QualDerm organization for the benefit of patient care.

As a reminder from our Charter, “QualDerm Partners, LLC (QDP) has established a Quality Council to oversee the clinical systems and frameworks of its affiliated practices. The Quality Council will assist QDP’s Audit, Quality, and Compliance Committee in fulfilling its oversight responsibilities in the areas of patient safety, clinical quality, clinical risk management and patient satisfaction. The mission of the Quality Council is to *enable QDP to demonstrate its commitment to providing the highest quality and cost-effective access to medical services to its patients.*”



Speaking of engagement with our talent, we are always looking for ideas or solutions to improve the quality and safety of the care we provide. As Bill Southwick recently described in the inaugural “The Loop” e-newsletter, “...at QualDerm our core focus is on delivering quality patient care. That’s why we seek to only partner with practices that share the same philosophy.”

The Quality Council is one mechanism for accomplishing this goal and is comprised of providers from across our practices with different areas of expertise. But, we don’t have all the answers and, like Bill, fully recognize that everyone who works at QualDerm is a valuable contributor to this mission of safe, high quality care.

Therefore, we are introducing a new communication tool to share ideas or suggestions.

Quality@qualderm.com is an email account that the Quality Council will monitor to consider those ideas from the field that may be scalable or transferred broadly to partner practices. We know you all have experience and knowledge. So please share any suggestions, small or large, that can help highlight the “Qual” in QualDerm!

Patient Safety Culture Survey

As QDP strives to enhance our care, we are very excited to introduce a new survey instrument that will further this mission. The survey is designed specifically for outpatient medical offices and asks providers and staff for their opinions about the culture of patient safety and health care quality at their workplace.

Our NC and OH practice sites (17 total) piloted the survey last month and the results are both impressive and also showed us some areas that we can improve. Overall, QDP exceeded the average composite scores in 8/10 areas and identified staff training and support for safety initiatives as only slightly below average. Furthermore, we achieved 94% participation rates, which greatly exceed the norm for surveys. We thank all staff members for diligently completing the survey and contributing valuable feedback. Management teams are currently developing action plans to address opportunities for improvement.

The Quality Council and QDP leadership team fully endorses this initiative and we will continue to communicate with all providers and office sites with action plans and a timeline to introduce the survey across all states/practices throughout 2019. We strongly believe this effort will help us all recognize opportunities to improve, share best practices, and highlight to colleagues, organized medicine and critics of dermatology companies that QDP differentiates itself by the commitment to a higher standard.

About the Survey

The Agency for Healthcare Research and Quality (AHRQ) sponsored the development of the Medical Office Survey on Patient Safety Culture. AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

AHRQ Definition of Safety Culture

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

The survey can be used to:

- Raise provider and staff awareness about patient safety,
- Assess the current status of patient safety culture,
- Identify strengths and areas for patient safety culture improvement,
- Examine trends in patient safety culture change over time,
- Evaluate the cultural impact of patient safety initiatives and interventions, and
- Conduct comparisons within and across organizations.

Table 1. below outlines the content areas explored in the survey.

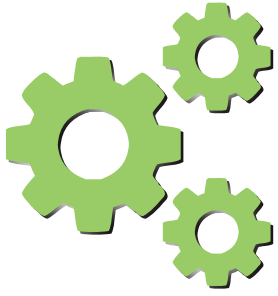
Table 1. provides the patient safety culture composites included in the survey and their definitions.

Table 1. Patient Safety Culture Composite and Definitions

Patient Safety Culture Composite	Definition: <i>The extent to which...</i>
1. Communication About Error	Providers and staff are willing to report mistakes they observe and do not feel like their mistakes are held against them, and providers and staff talk openly about office problems and how to prevent errors from happening.
2. Communication Openness	Providers in the office are open to staff ideas about how to improve office processes, and staff are encouraged to express alternative viewpoints and do not find it difficult to voice disagreements.
3. Office Processes and Standardization	The office is organized, has an effective workflow, has standardized processes for completing tasks, and has good procedures for checking the accuracy of work performed.
4. Organizational Learning	The office has a learning culture that facilitates making changes in office processes to improve the quality of patient care and evaluates changes for effectiveness.
5. Overall Perceptions of Patient Safety and Quality	The quality of patient care is more important than getting more work done, office processes are good at preventing mistakes, and mistakes do not happen more than they should.
6. Owner/Managing Partner/Leadership Support for Patient Safety	Office leadership actively supports quality and patient safety, places a high priority on improving patient care processes, does not overlook mistakes, and makes decisions based on what is best for patients.
7. Patient Care Tracking/Follow up	The office reminds patients about appointments, documents how well patients follow treatment plans, follows up with patients who need monitoring, and follows up when reports from an outside provider are not received.
8. Staff Training	The office gives providers and staff effective on-the-job training, trains them on new processes, and does not assign tasks they have not been trained to perform.
9. Teamwork	The office has a culture of teamwork, mutual respect, and close working relationships among staff and providers.
10. Work Pressure and Pace	There are enough staff and providers to handle the patient load, and the office work pace is not hectic.

Private Equity in Dermatology

A message from Bill Southwick, QualDerm CEO



This year we've seen an uptick in discussions surrounding private equity investment in healthcare. There have been several news articles and the American Medical Association (AMA) announced it will study the impact of corporate investment on medical practices. The American Academy of Dermatology (AAD) is following suit, issuing its own resolution regarding private equity, and asking subspecialty industry groups for their support. However, the American College of Mohs Surgery (ACMS) declined the AAD's invitation.

The underlying fear is that corporate investment will prioritize profit over patients. At QualDerm, we understand that this is a real concern among physicians. This understanding is the foundation of our physician-led partnership model. QualDerm has always been – and always will be – committed to maintaining our physician partners' clinical autonomy.

We also believe there is a true benefit when physicians partner with a support-driven, quality-focused organization. In fact, Ernest & Young conducted a survey of executives from private equity-backed healthcare services companies which found:

- The majority of those surveyed overwhelmingly agreed that private equity investment has been beneficial to their businesses, specifically in areas such as strategic planning, growth, and recruiting.
- Those surveyed did not anticipate private equity firms would significantly impact clinical operations and cited improvements in tracking patient outcomes and patient satisfaction, as well as compliance improvements.

These survey results were validated by John Albertini, MD, our affiliated partner at The Skin Surgery Center. Since affiliating with us, his practice has grown significantly while realizing the above mentioned improvements, among others. Similar success stories are happening throughout the QualDerm network. Here's why:

- We choose to partner with high-caliber physicians who share our commitment to delivering patient-centric, quality care, and we hire experienced business professionals to handle the non-clinical areas of practice management.
- Our Regional Joint Operating Committees and Quality Council ensure our physician partners lead the discussions on clinical matters as well as in other areas that impact the practices and patients, like the training/oversight of NPPs, how clinical schedules and EMR templates are developed, etc.
- Our investors are experienced in healthcare and have a successful track record in the industry. They understand that medical practices are more than just businesses.

On the surface, it's easy to understand why the partnership of clinical quality and business expertise should merge so well. Each side brings highly-developed skills to a company that must first be about patient care and also must navigate complex regulatory and financial environments. There is a balance that must be found where each side is able to operate at the top of their profession. Unfortunately, not all players in our industry follow the same standards. Therefore, we anticipate more articles and studies on this issue. We will continue to keep you informed and share our insights. We welcome you to share your viewpoints with us as well.

QualDerm has earned a reputation for partnering with well-respected dermatologists and for delivering on our promise of quality. We do things the right way, and because of this, we are well positioned for long-term success.

Thank you for your hard work and dedication to building a quality-focused dermatology company.

Photoprotection

Everyone who works in a dermatology practice should feel comfortable and well informed with the latest evidence-based recommendations for photoprotection for patients and ourselves. The following link is an extremely educational video from former American Academy of Dermatology (AAD) President and melanoma expert Dr. Darrell Rigel.

*Please note that QualDerm does not endorse the company that produced the video, but wanted to share it because of its outstanding content.

<https://www.neutrogenamd.com/evidence-based-value-high-spf-sunscreen>

Dr. Bryan Baillis from QDP-OH has done a great job summarizing this material into a single page document that can be reviewed, printed and shared with patients and staff. Please see below. Download a copy at <https://bit.ly/2A6Of3S>

Sun Protection: Know the Facts

– An Update –

What Should I Know?

- Skin cancer continues to have a higher yearly incidence than all other cancers **combined**.
- The lifetime risk of melanoma continues to climb.
- The field of dermatology plays an integral role in both the treatment **and** prevention of skin cancer.
- SPF = Sun Protection Factor. A quantitative measure of ultraviolet radiation (UVR) needed to produce erythema (redness, sunburn) on protected skin compared to unprotected skin. Put simply: As the SPF value increases, sunburn protection increases.
- Using sunscreen is easy, relatively inexpensive, and offers patients a means to long-term sun protection, decreased incidence of skin cancer and improved overall skin health.

Does it Really Matter?

- Yes! Based on recent surveys, sunscreen compliance remains low. Less than 30% of women and 15% of men regularly use sunscreen. Additionally, less than 40% of American households even purchase sunscreen.¹
 - Patients often under apply sunscreen. Studies have demonstrated consumers often use 25-50% of the tested amounts, translating to less overall protection.²
 - Recent studies demonstrate decreased incidence of both melanoma and nonmelanoma skin cancers with regular sunscreen use.³
 - There is even cosmetic benefit! Evidence of improvement in skin texture, clarity, and dyspigmentation is observed with regular sunscreen use.⁴
 - Recent literature demonstrates higher SPF sunscreens are more effective than lower SPF in protecting against sunburn and UVR exposure.⁵
- Takeaway: **The higher the SPF, the more benefit to the patient.**

What Should I Recommend?

- Follow the objective evidence in the literature:
 - First things first: Initiate the discussion and recommend sunscreen use and sun protection.
 - Recommend sun protection and sunscreen to **all** patients – not just those we perceive at risk.
 - Recommend **high** SPF sunscreens.
 - Review correct sunscreen application and reapplication measures.
- Patient education helps empower the patient and allows them to be proactive with their own care.

Who Can Make a Difference?

- We all can: Physicians, mid-level providers, nurses and ancillary staff can **all** help educate our patients.
- By staying current with the literature and consensus recommendations, together we can help provide the best care to our patients and play a key role in patient education and preventative medicine.
- Take home: An Evidence-Based Practice helps us all elevate the quality of medicine delivered.

Where Can I Learn More?

- American Academy of Dermatology
- Dr. Rigel's clinical discussion of high SPF sunscreen. (link above)
- Above article citations:
 1. Farberg AS, Rigel AC, Rigel DS. [Online Survey of US Dermatologists' Sunscreen Opinions: Perceptions, Recommendation Factors, and Self-Usage](#). J Drugs Dermatol. 2016 Sep 1;15(9):1121-3.
 2. Dulley B, Ferguson H. Assessment of Photoprotective properties of sunscreens. Clinical guide to sunscreens and protection. Pg 53-63. Lim H, Draeos Z. Photoprotection. Informa Healthcare 2009
 3. Green AC¹, Williams GM, Logan V, Strutton GM. Reduced melanoma after regular sunscreen use: randomized trial follow-up. J Clin Oncol. 2011 Jan 20;29(3):257-63
 4. Randhawa M¹, Wang S, Leyden JJ, Cula GO, Pagnoni A, Southall MD. Daily Use of a Facial Broad Spectrum Sunscreen Over One-Year Significantly Improves Clinical Evaluation of Photoaging. Dermatol Surg. 2016 Dec;42(12):1354-1361.
 5. Williams JD¹, Maitra P¹, Atillasoy E¹, Wu MM¹, Farberg AS², Rigel DS³. SPF 100+ sunscreen is more protective against sunburn than SPF 50+ in actual use: Results of a randomized, double-blind, splitface, natural sunlight exposure clinical trial. J Am Acad Dermatol. 2018 May;78(5):902-910.e1

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
- **Bill Southwick**, QualDerm CEO
- **Todd Falk**, QualDerm COO