

# Identifying and defining complications of dermatologic surgery to be tracked in the American College of Mohs Surgery (ACMS) Registry

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**Background:** In recent years, increasing emphasis has been placed on value-based health care delivery. Dermatology must develop performance measures to judge the quality of services provided. The implementation of a national complication registry is one such method of tracking surgical outcomes and monitoring the safety of the specialty.

**Objective:** The purpose of this study was to define critical outcome measures to be included in the complications registry of the American College of Mohs Surgery (ACMS).

**Methods:** A Delphi process was used to reach consensus on the complications to be recorded.

**Results:** Four major and one minor complications were selected: death, bleeding requiring additional intervention, functional loss attributable to surgery, hospitalization for an operative complication, and surgical site infection.

**Limitations:** This article addresses only one aspect of registry development: identifying and defining surgical complications.

**Conclusion:** The ACMS Registry aims to gather data to monitor the safety and value of dermatologic surgery. Determining and defining the outcomes to be included in the registry is an important foundation toward this endeavor. (J Am Acad Dermatol 2016;74:739-45.)

**Key words:** American College of Mohs Surgery; complications; dermatologic surgery; Mohs; outcome measures; registry; value-based health care.

In today's rapidly changing health care environment, increasing emphasis is being placed on *quality* of care over quantity of care. In a paradigm shift from traditional fee-for-service medicine, this "value-based health care" strives to link a provider's performance on a set of defined

measures to financial incentives, in an attempt to improve the quality of health care delivered and slow the growth of health care spending.<sup>1</sup>

Paramount to the implementation of value-based health care is the development of validated outcome measures for specialty services. Toward this end,

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many surgical specialties have developed registries to collect clinical information with the intent of measuring and improving quality of patient care.<sup>2-17</sup> The American College of Mohs Surgery (ACMS), the largest organization of fellowship-trained skin cancer and reconstructive surgeons, created the ACMS National Registry and Outcomes Committee to design a surgical registry for member surgeons to insure quality of care and measure patient outcomes.

One objective of the ACMS Registry is to monitor patient safety by collecting data on the incidence and types of surgical complications experienced by patients undergoing Mohs micrographic surgery. A complications subcommittee of the ACMS National Registry and Outcomes Committee was formed to select a list of complications to be included in the ACMS Registry. The charge of the complications subcommittee was 3-fold: to identify which surgical complications to include, to create standardized definitions of these complications in accordance with existing accepted definitions in the literature, and to define the acceptable methodology and time periods of follow-up for each measured complication. The complications selected were to enable the evaluation of safety in the care of skin cancers by dermatologic surgeons, and ultimately all specialties that perform cutaneous surgery, and were to be relevant to patients, physicians, and payers.

In an effort to facilitate the most accurate selection of complications to be tracked by the ACMS Registry, a Delphi process was undertaken. The Delphi method is an anonymous iterative process for reaching group consensus that has been shown to yield more accurate outcomes than expert consensus alone. The method entails a group of individuals who anonymously reply to a questionnaire and subsequently receive feedback in the form of a statistical representation of the group response, after which the process repeats itself. At each round, individuals may change their responses as they see fit, with the goal of reducing the range of responses and arriving at a consensus.<sup>18</sup> This article summarizes the results of the Delphi process used by the ACMS National Registry and Outcomes Committee to identify and define complications to be included in the ACMS Registry. In addition, the

establishment of definitions, follow-up periods, and follow-up methodology for the identified complications will be reported.

## METHODS

An ACMS National Registry and Outcomes Committee (Table I) was appointed by the ACMS

Board of Directors for their recognized expertise as Mohs surgeons. Members of the complication subcommittee were pulled from within the National Registry and Outcomes Committee and membership at large (Table II). Members of the committee were chosen to be representative of the ACMS membership, with private and university physicians, and fellow trainees. The complications subcommittee designed a Delphi

### CAPSULE SUMMARY

- Surgical registries are useful tools to monitor patient safety.
- Death, bleeding, functional loss, and hospitalization are major complications to be monitored by the American College of Mohs Surgery Registry.
- By monitoring major and minor complications in dermatologic surgery, we hope to gain information to improve the safety of dermatologic procedures.

process to guide selection of complications for inclusion in the ACMS Registry. All members of the ACMS National Registry and Outcomes Committee (Table II) were polled using the Qualtrics World Wide Web platform (Qualtrics, Provo, UT) for free-text entries of major and minor complications. Polled responses remained anonymous. Once free-text responses were received, the complications subcommittee reviewed the responses, and combined synonymous terms.

This condensed list was then subjected to a 2-round Delphi process. A second survey was sent to the entire committee. In this survey, respondents were asked to rate the complications in the condensed list on a 1-to-9 scale, with 1 being lowest possible relevance and 9 being highest possible relevance. Cutoffs were prospectively set such that any complication rated as highly relevant (7-9) by 70% or more of the respondents would be considered for inclusion within the registry. Likewise any complication rated as low relevance (1-3) by 30% or more of respondents would be removed from consideration.

Responses were collected and analyzed. Any complication not reaching either of these thresholds was entered into the second round of the Delphi process. These complications were sent out to the entire committee. Mean scores from the first rating round were included so that respondents could modify their ratings based on the anonymous feedback of the group. The same relevance cutoffs were applied for inclusion and exclusion from registry consideration.

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