Quality Improvement Initiative to Increase Skin Cancer Screenings Among Primary Care Physicians

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Background

The first line of defense against skin cancers is often provided by primary care physicians due to healthcare disparities. In one study, 36.5% of patients who presented to their PCP had at least one skin problem1. In this QI project we aim to address this care gap by implementing routine skin cancer screenings at our residency affiliated FCPC. The purpose of this quality improvement project is to increase the number of skin exams and indicated skin biopsies and cryotherapy procedures performed in an outpatient office setting, for patients of all age groups, by 2024 by 20% from the previous year. The project will utilize a multi-faceted approach including patient education, marketing efforts, graduate medical education for residents, clinic staff training, and regular progress monitoring. By meeting these goals, we aim to provide timely and effective treatment of skin conditions for our patient population and improve the quality of care provided at our clinic.

Objective

Increase the number of skin cancer screenings and indicated skin biopsies and cryotherapy treatments by 20% in the outpatient office setting for patients of all age groups by December 2023.

Methods

The outcome measures for this project will be an increase in coded skin checks and related skin procedures from patient encounters in clinic.

Study Period:

April 2023 to December 2023

Goals:

1. Increase the number of skin cancer screenings and skin procedures by 20% in patients among all age groups by December 2023 at our continuity clinic.

Interventions:

1. Implementing skin examinations as part of annual exams
2. Increasing patient awareness of skin checks and procedures
3. Education to residency program and clinic staff

1. Residents will be given lectures and workshops on using dermatoscopes. They will be provided with educational material and algorithms with a step by step approach to identify lesions.
2. Skin examinations will be promoted in the clinic by adding posters and flyers.
3. Pilot surveys will be distributed among residents before initiation and every 3 months until the conclusion of the study period.
4. Efforts will be made to increase the number of skin exams, educate clinic staff, and raise awareness of skin cancer among patients
5. Data will be collected from the previous year’s clinic encounters and compared against clinic encounters during the study period to assess if the study’s aim was met

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*End of study

Discussion

Inequities in the use of outpatient dermatologic care is a significant healthcare problem2. The most cited barrier among dermatology patients was financial and insurance challenges. Hispanics, African Americans, males, uninsured, and those with a lower education level have worse outcomes due to a lack of screening.3,4 Skin cancer has one of the highest disparities in care among dermatologic conditions5.

Meanwhile, per the CDC, the most common cancer in the USA is skin cancer and the incidence of basal cell carcinoma, squamous cell carcinoma, and melanoma continue to rise6. Early detection through skin cancer screening plays a critical role in reducing morbidity and mortality. Family physicians play an important part in skin cancer surveillance and with education and training can detectly detect skin cancers. One meta-analysis of studies comparing diagnostic accuracy of dermoscopy against naked eye examination found dermoscopy training increased the average sensitivity of melanoma diagnosis from 71% to more than 90% without a significant decrease in specificity.7 After a short dermoscopy training, visual screening for melanoma is 40% sensitive and 86% specific among PCPs compared with 49% and 98%, respectively, for dermatologists.8,9

As residents working in an underserved area in Florida and at a federally qualified health center, we aim to address this gap in care by increasing skin cancer screenings at our clinic, incorporating curricula into graduate education, and using proven clinical aids to improve skin examinations and ultimately patient health outcomes at our clinic. If well received and meet with success, this initiative could be expanded to other HCA family medicine residency programs to increase the sample size and provide better community care across the country.

References