DESCRIPTION:
Patient involvement and proactivity in their treatment and care improves patient outcomes. Moreover, building a strong patient-doctor communicative relationship has been shown to increase patients’ quality of life and satisfaction during treatment. When patients are not actively involved in the decision process, their priorities in the treatment process are not taken into consideration. National Comprehensive Cancer Network (NCCN) guidelines stipulate that based on patient preference, alternate therapies such as 5-fluorouracil, imiquimod, photodynamic therapy, or cryotherapy may be considered for superficial NMSCs. Physician appreciation of patients’ expectations, priorities, and level of medical literacy is critical to assure an effective discussion of therapeutic options and provision of true informed consent. This provider-patient discussion to obtain informed consent does not require the presence of multiple treatment options, but it is an appropriate process for all decisions that carry significant risk, even when only a single option is available. Thus when a decision carries risk and uncertainty, informed consent and shared decision making are appropriate.

Given the variety of options available for Non-Melanoma Skin Cancer, NCCN Guidelines also recommend the customization of all treatment decisions to account for the particular factors present in the individual case and for patient’s preference. The guidelines mention that while surgical approaches remain the most effective modality, other considerations such as function, cosmesis, and patient preference can lead to the choice of alternative modalities as the most optimal treatment method. Superficial basal cell carcinoma and squamous cell carcinoma in situ are low-risk tumors that can be effectively and efficiently treated with a variety of surgical and non-surgical modalities.

INSTRUCTIONS:
This measure is to be reported for all patients treated for at least one superficial basal cell carcinoma or squamous cell carcinoma in situ by scalpel-based excisional surgery (including standard excision and Mohs surgery) within the reporting period. Require documentation in the patient chart of a discussion carried out by the operating physician of the risks and benefits for at least one alternative treatment modality, including but not limited to the use of topical medications, destructive therapies (cryotherapy, electrodesiccation, curettage), and photodynamic therapy. A statement such as the following must be documented in the patient chart: “The patient (or legal caregiver) was informed of the risks and benefits, including known cure rates for alternative treatment modalities: [specify treatment], and provided with the opportunity to provide input into the treatment decision. Patient questions were answered.” While this discussion should occur with every surgical encounter, reporting the discussion to meet the requirement for this measure is required only once a reporting period.

Measure Reporting via Registry
ICD-9-CM/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 treated for at least one superficial basal cell carcinoma or squamous cell carcinoma in situ by scalpel-based excisional surgery (including standard excision and Mohs surgery) within the reporting period.
NUMERATOR:
Number of patients for whom there is documentation of patient (or legal caregiver) input regarding treatment options at least once per reporting period.

Exclusions:
None

Potential Benchmarks:
>80%. This benchmark will be adjusted based on the mean and standard deviation of the previous reporting years.

RATIONALE:
With over 2 million procedures performed for non-melanoma skin cancer (NMSC) in the United States Medicare population in 2006 and the number of surgical procedures expected to increase (at an annual rate of about 2.6% as noted from 2006-2008) it is important that the effectiveness of treatment options for different conditions and scenarios are discussed with the patient and documented. Documentation of patient input will encourage communication of treatment options between patients and providers, which can lead to improved outcomes in patients’ quality of life and satisfaction during treatment.

CLINICAL RECOMMENDATION STATEMENTS:
This measure will assess the number of patient for which there is documentation showing patient (or legal caregiver) input in their treatment options. The goal of this measure is to encourage communication and it is postulated that one discussion is enough to enable the patient in all future discussions to make informed decisions and ask educated questions.