Measure ASPS 21: Continuation of Anticoagulation Therapy in the Office-based Setting for Reconstruction After Skin Cancer Resection Procedures

This measure may be used as an Accountability measure.

Measure Description

Percentage of patients aged 18 and older on prescribed anticoagulation therapy who underwent reconstruction after skin cancer resection in the office-based setting for whom anticoagulant therapy was continued prior to surgery

Measure Components	
Numerator Statement	Patients for whom anticoagulant therapy was continued prior to surgery
Denominator Statement	All patients aged 18 and older on prescribed anticoagulation therapy who underwent reconstruction after skin cancer resection in the office-based setting
Denominator Exclusions	None
Denominator Exceptions	Medical reason exceptions such as consultation with managing physician which resulted in medication modification
Supporting Guideline	**4a. The Work Group recommends that clinicians should continue anticoagulant, antithrombotic, and antiplatelet medications for adult patients undergoing reconstruction after skin cancer resection in the office-based setting.** **Evidence Quality: Moderate** **Recommendation Strength: Moderate** Chen et al, ASPS, Reconstruction After Skin Cancer Resection Guideline 2019, in press
Measure Importance	
Rationale/ Opportunity for Improvement	Pragmatic case series and cohort studies that have detected a higher rate of bleeding in reconstructions associated with anticoagulant use recommend continuing such medications perioperatively as the same studies have noted that cases of increased bleeding did not result in serious consequences for patients (Bordeaux JS 2011; Cook-Norris RH 2011; Otley CC 1996; Billingsley EM 1997). On the other hand, there are numerous case reports of medication cessation being associated with death as well as serious adverse events (Khalifeh MR 2006; Alam M 2002; Schanbacher CF 2000; Kovich O 2003) including strokes, cerebral emboli, myocardial infarctions, transient ischemic attacks, deep venous thromboses, pulmonary emboli, and retinal artery occlusion leading to blindness.

© 2019 American Society of Plastic Surgeons. All Rights Reserved.

	Potential benefits of continuing anticoagulant, antithrombotic, and antiplatelet medications include, most importantly, reduced risk of any thromboembolic event, and reduction in mortality. From a patient standpoint, not stopping medications may improve compliance, decrease patient confusion, and reduce the risk that medications will inadvertently be managed improperly. Potential risks of continuing medications perioperatively are milder, including slightly increased risk of bleeding, which may require bandage change, or further measures to secure the reconstruction with additional sutures or pressure dressings. Concurrent concerns may be a minor elevation in the risk of graft or flap loss, possible delay in wound healing, increased duration of the procedure, patient inconvenience relating to returning to the physician for a bleeding-associated complication, and the direct and indirect medical costs of additional medications, office visits, or procedures that may be required. Conceivably, surgeons concerned about a bleeding-associated complication may choose a less aesthetically or functionally optimal repair to minimize the risk. Importantly, the risks, harms, and costs of continuing oral anticoagulant, antithrombotic and antiplatelet medications can be collectively characterized as minor inconveniences and costs, while the potential benefits are reduction in the incidence of severe adverse events and death. Gap in care: A 2007 paper reported on a 2005 survey (Kirkorian et al 2007) of derm-surgeons and found that 37% discontinue medically necessary aspirin and 44% discontinue warfarin at least some of the time. Although clopidogrel was not surveyed, 78 physicians included comments about the management of this agent. The group is in the process of repeating the survey and should have new data for us soon.
Harmonization with Existing Measures	N/A
Measure Designation	
Measure Purpose	Accountability Quality Improvement
Type of Measure	Process
Care Setting	Ambulatory care
Data Source	Medical record (paper or EHR), administrative data
Guidance	Reconstruction After Skin Cancer Resection: Reconstructive options may include tissue rearrangement, grafts, or flaps. Primary or complex linear closures are not included. See the specifications at the end of the document for exact codes included in each measure. Measures 2 and 3 are intended to be mutually exclusive- in measure 2, you either continue the anticoagulant or you consult with the managing physician to be excepted from the measure.

© 2019 American Society of Plastic Surgeons. All Rights Reserved.

Measure ASPS 21: **Continuation of Anticoagulation Therapy in the Office-based Setting for Reconstruction After Skin Cancer Resection Procedures**

<table>
<tr><td>Denominator (Eligible Population)</td><td>All patients aged 18 and older on anticoagulation therapy who underwent reconstruction after skin cancer resection in the office-based setting

Age ≥ 18 years

AND

CPT® for Encounter:
14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
15050, 15100,15120
15200, 15220, 15240, 15260
15570, 15572, 15574, 15576
15740
40525, 40527

AND

ICD-10 Codes for most common skin cancers:
C43-C44
D03-D04

AND
Place of Service Code: 11 (office)

Code descriptions - for reference only:
<table>
<tr><th>Code Range</th><th>Descriptors</th></tr>
<tr><td>14000 - 14061</td><td>Adjacent Tissue Transfer</td></tr>
<tr><td>14350</td><td>Filleted finger or toe flap, including preparation of recipient site</td></tr>
<tr><td>15050</td><td>Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter</td></tr>
<tr><td>15100 - 15120</td><td>Split Thickness Grafts</td></tr>
<tr><td>15200 - 15260</td><td>Full Thickness Grafts</td></tr>
<tr><td>15570 -15576</td><td>Formation of direct or tubed pedicle</td></tr>
<tr><td>15740</td><td>Island Pedicle Flap</td></tr>
<tr><td>40525 - 40527</td><td>Excision of lip, with flap</td></tr>
</table></td></tr>
<tr><td>Denominator Exclusions</td><td>none</td></tr>
<tr><td>Numerator</td><td>Patients for whom anticoagulant therapy was continued

Captured by attestation in the work flow of the QCDR</td></tr>
<tr><td>Denominator Exceptions</td><td>Medical reason exceptions such as medication modification recommended by another or managing physician</td></tr>
</table>

© 2019 American Society of Plastic Surgeons. All Rights Reserved.