



Body System: Integumentary		
Session Topic: Benign Skin Tumors		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • Primary care physicians are frequently not adept at diagnosing common skin problems. • Primary care physicians are frequently not adept at treating common skin problems in accordance to clinical guidelines. • Suboptimal adherence to skin cancer screening recommendations. • Knowledge gaps with regard to the evaluation of suspicious moles or growths. • Physicians have knowledge gaps with regard to diagnosing and evaluating common skin diseases (e.g. acne, dermatitis, rosacea). • Primary care physicians often receive inadequate dermatology training in medical school. • Physicians have knowledge gaps with 	<ol style="list-style-type: none"> 1. Evaluate skin lesions, based on the history and gross examination, and assess the need for biopsy, referral, or treatment. 2. Select treatment options (e.g. excision, cryotherapy, curettage with or without electrodesiccation, or pharmacotherapy), based on the type of tumor and its location. 3. Utilize standardized terminology, coding, and documentation to accurately code for skin procedures. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



regard to appropriate coding/billing for skin procedures.		
ACGME Core Competencies Addressed (select all that apply)		
Medical Knowledge		Patient Care
Interpersonal and Communication Skills		Practice-Based Learning and Improvement
Professionalism		Systems-Based Practice
Faculty Instructional Goals		
<p>Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.</p> <ul style="list-style-type: none"> • Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations • Facilitate learner engagement during the session • Address related practice barriers to foster optimal patient management • Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the <u>References</u> section below are a good place to start <ul style="list-style-type: none"> ○ Visit http://www.aafp.org/journals for additional resources ○ Visit http://familydoctor.org for patient education and resources • Provide recommendations for evaluating skin lesions, based on the history and gross examination, and assess the need for biopsy, referral, or treatment. • Provide recommendations for selecting treatment options (e.g. excision, cryotherapy, curettage with or without electrodesiccation, or pharmacotherapy), based on the type of tumor and its location. • Provide recommendations for the use of standardized terminology, coding, and documentation to accurately code for skin procedures. • Provide recommendations regarding guidelines for Medicare reimbursement. • Provide recommendations to maximize office efficiency and guideline adherence to the diagnosis and treatment of common benign skin tumors • Provide an overview of newly available treatments, including efficacy, safety, contraindications, and cost/benefit relative to existing treatments. 		

Needs Assessment

Family physicians frequently encounter patients with benign skin tumors.¹ In 2010, diagnostic screening of the skin occurred, or were ordered, in over 167 million office visits; and among those, benign neoplasm was the primary diagnosis is over 11 million of those office visits.² Treatment, depending on type and location of the tumor, includes excision, cryotherapy,



curettage with or without electrodesiccation, and pharmacotherapy; and as such, over 36% of family physicians provide minor surgery services in their practice.^{3,4}

CME outcomes data from the American Academy of Family Physicians (AAFP) 2012 national course, *Skin Problems and Diseases*, indicate that family physicians lack confidence in their ability to differentiate between benign tumors and malignant lesions, lack training in the use of dermatoscopy to aid in the diagnosis of skin lesions, and require additional training to be able to select appropriate biopsy techniques for histopathologic examination to rule out malignancy. Additionally, CME outcomes data from 2014 AAFP Assembly (currently FMX): *Benign Skin Tumors* sessions, suggest that physicians have knowledge and practice gaps with regard to appropriate coding/billing practices for dermatological procedures; performing skin biopsies; accurate diagnosis of benign skin tumors; and performing common skin procedures.⁵ As medical knowledge expands in the field of dermatology, family physicians need to receive continuing education to improve their ability to diagnose and treat benign skin tumors.^{1,6,7}

A review of the literature suggests that while dermatologic conditions can be effectively managed in the primary care setting, more than 68% of initial evaluations are referred to a dermatologist, thereby increasing the cost of care with no improvement to overall quality.^{8,9} Primary care physicians frequently lack the confidence to effectively diagnose and treat common skin conditions. In part, this is due to inadequate training in medical school, as many have no or limited requirements for a formal clinical rotation on their dermatology service.¹⁰ Physicians often have difficulty diagnosing a generalized rash because many different conditions produce similar rashes, and a single condition can result in different rashes with varied appearances.¹¹ For example, mycosis fungoides (cutaneous T-cell lymphoma) mimics eczema in its early stages and is rarely diagnosed correctly at initial presentation. Reevaluation and possible referral are imperative in chronic eczematous conditions that do not respond to therapy.^{11,12}

Differentiating between benign and malignant skin lesions can be challenging, especially in patients who are undergoing physical or hormonal changes like pregnant women and newborns.¹³⁻¹⁵ There are also benign skin conditions that are more common in skin of color, adding to the complexities of benign skin tumor diagnosis and treatment.^{16,17} Physicians need to be able to counsel patients with benign skin tumors of the risks, benefits, and options of treatment.

Additionally, coding for common skin procedures is frequently a challenge for family physicians, and requires continuing education on appropriate skin procedure coding practices, including tools and resources to avoid mistakes.^{18,19}

Physicians may want to consider the following evidence-based recommendations when diagnosing common benign skin tumors:²⁰

- Ultrasonography can aid in the diagnosis of lipomas. High-frequency ultrasonography (i.e., with probes greater than 20 MHz) provides high-resolution images of subcutaneous tumors and surrounding structures.
- Diagnosis of dermatofibromas is based on the characteristic appearance and dimpling or retraction of the lesion beneath the skin with lateral compression.



- Intralesional steroid injection with interval excision can hasten resolution of inflamed epidermal inclusion cysts.
- The Leser-Trélat sign is the sudden onset or increase in the number of seborrheic keratosis lesions and may be the result of an underlying malignancy.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Common benign skin tumors⁴
- Newborn skin: Part II. Birthmarks¹³
- Common skin conditions during pregnancy¹⁴
- Dermatologic Conditions in Skin of Color: Part I¹⁷
- Dermatologic Conditions in Skin of Color: Part II¹⁶
- 12 errors to avoid in coding skin procedures¹⁸
- Don't get burned coding common skin procedures¹⁹
- How to reduce your malpractice risk²¹
- Thinking on paper: documenting decision making²²
- Simple tools to increase patient satisfaction with the referral²³
- Exam documentation: charting within the guidelines²⁴
- Engaging Patients in Collaborative Care Plans²⁵
- FamilyDoctor.org. Skin Rashes and Other Changes - Symptom Chart (patient resource)²⁶

References

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