

Council for Graduate Medical Education and shall disclose the name of the board or association in which the person is certified.

The ASDSA has received numerous complaints on deceptive advertising using the term “board certified” in a vague or misleading way. Adopting the ASDSA addendum creating greater transparency in the use of “board certified” in advertising would greatly assist patients’

abilities to make the best decision for their health.

Using these model bills and recommendations as policymaking tools, the ASDSA aims to improve patient safety across the nation. Statehouses are filled with countless voices all clamoring to be heard. By bringing model legislation to the table, the ASDSA is likelier to be heard and to see favorable legislation

passed. These bills also provide a starting point for health care policy discussions and give dermatologic surgeons the supplies needed to become effective advocates.

For more information on ASDSA policy recommendations and to see examples of ASDSA model bills, please refer to the Patient Safety Model Bills Kit at www.asds.net/modelbills/. ■

societies embark on determining appropriate use criteria for Mohs surgery

There is an epidemic of skin cancer in the U.S., causing a dramatic increase in treatments for non-melanoma skin cancer in recent years. Although Medicare data indicates an increase in all modalities for treatment of skin cancer, utilization of Mohs codes has increased by 400 percent between 1995 and 2009. This increase has been much greater than the increase in use of destruction and excision codes. Whereas Mohs surgery was used to treat approximately one in 10 skin cancers in 2002, it was used to treat roughly one in four in 2009 according to Medicare utilization data.

As utilization of Mohs increases, so too does scrutiny with regard to the appropriateness of utilizing Mohs. In an effort to prevent sweeping public policy changes which could negatively impact our members’ ability to provide Mohs micrographic surgery to patients that need it the most, the ASDS, American College of Mohs Surgery (ACMS), American Society of Mohs Surgery (ASMS), and American Academy of Dermatology (AAD) have embarked on the development of appropriate use criteria (AUC) for the procedure.

Other professional organizations have developed AUC and have seen it improve

patient selection, clinical outcomes, and health-related quality of life, while reducing overall cost and resource utilization. At the core of these AUC are well-established and credible processes originally developed by the RAND Corporation and UCLA and further refined by a number of organizations.

The development of AUC will involve the contributions of many dermatologic surgeons including the following:

- A task force with representatives from all four societies to provide the scope of the document, develop clinical indications, create development of subjective terminology (e.g “high risk,”), define evidence review exclusion and inclusion criteria, and draft the final AUC document. This task force will oversee development of AUC based on well-established RAND Corporation/ UCLA processes, and selection of participants and placement of participants balanced according to expertise, society representation, conflict of interest and many other factors
- Indication reviewers to review evidence tables and draft clinical

indications prior to evaluation and scoring by a ratings panel

- A ratings panel to evaluate evidence tables and rate individual clinical indications to score appropriateness, working toward achieving a consensus (as stipulated by established RAND/ UCLA processes, more than fifty percent of the Panel will be made up of non-Mohs members to mitigate conflict of interest)
- ASDS, ACMS, ASMS and AAD Boards of Directors to provide final approval of the AUC

In 2011, representatives from the ASDS, ACMS, ASMS, and AAD will develop clinical indications, have the indications rated by a ratings panel, and develop a draft AUC draft manuscript. The goal is to have approval from the Boards of Directors of all four societies and publish the AUC in May 2012.

Other societies which have successfully employed AUC include the American College of Cardiology and the American College of Radiology. More information about process of development of AUC will be discussed in an upcoming issue of *Currents*. ■