### MaineHealth MaineHealth Knowledge Connection

Maine Medical Center

All MaineHealth

7-2022

### Impact of Dermoscopy Training for PCPs on NNB to Detect Melanoma

Madeline Prentiss Maine Medical Center

Kathryn Stevens Maine Medical Center

Henry Stoddard Maine Medical Center

Peggy Cyr Maine Medical Center

Laura Houk Maine Medical Center

See next page for additional authors

Follow this and additional works at: https://knowledgeconnection.mainehealth.org/mmc

🔮 Part of the Dermatology Commons, and the Family Medicine Commons

### **Recommended Citation**

Prentiss, Madeline; Stevens, Kathryn; Stoddard, Henry; Cyr, Peggy; Houk, Laura; Ahrns, Hadjh; and Seiverling, Elizabeth, "Impact of Dermoscopy Training for PCPs on NNB to Detect Melanoma" (2022). *Maine Medical Center*. 2693.

https://knowledgeconnection.mainehealth.org/mmc/2693

This Poster is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Medical Center by an authorized administrator of MaineHealth Knowledge Connection.

### Authors

Madeline Prentiss, Kathryn Stevens, Henry Stoddard, Peggy Cyr, Laura Houk, Hadjh Ahrns, and Elizabeth Seiverling

This poster is available at MaineHealth Knowledge Connection: https://knowledgeconnection.mainehealth.org/mmc/ 2693





Madeline Prentiss BA<sup>1</sup>, Kathryn Stevens FNP<sup>1</sup>, Henry Stoddard MPH<sup>2</sup>, Peggy Cyr MD<sup>3</sup>, Laura Houk MD<sup>1</sup>, Hadjh Ahrns MD<sup>3</sup>, Elizabeth V. Seiverling MD<sup>1,4</sup> Maine Medical Center Division of Dermatology<sup>1</sup>, Maine Medical Center Research Institute CORE<sup>2</sup>, Maine Medical Center Department of Family Medicine<sup>3</sup>, Tufts University School of Medicine<sup>4</sup>

## Introduction

Primary care providers (PCPs) play a critical role in skin cancer detection. Dermoscopy improves the user's ability to differentiate benign melanocytic nevi from melanoma. A needs assessment at our institution found fewer than 10% of PCPs were trained to use dermoscopy. To address this training gap, a multimodal dermoscopy curriculum was created, implemented, and disseminated across our health system. 267 (of 412) PCPs were trained. The curriculum included:

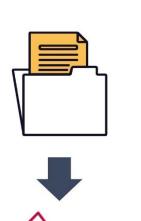
- Hands-on 90-minute dermoscopy workshop (15 completed)
- Monthly 60-minute tele-mentoring dermoscopy sessions using Extension for Community Health Outcomes (ECHO)

The goal of this project was to analyze the impact of dermoscopy training on the number of melanocytic nevi needed to biopsy (NNB) to detect a melanoma in the primary care setting.

# Methodology



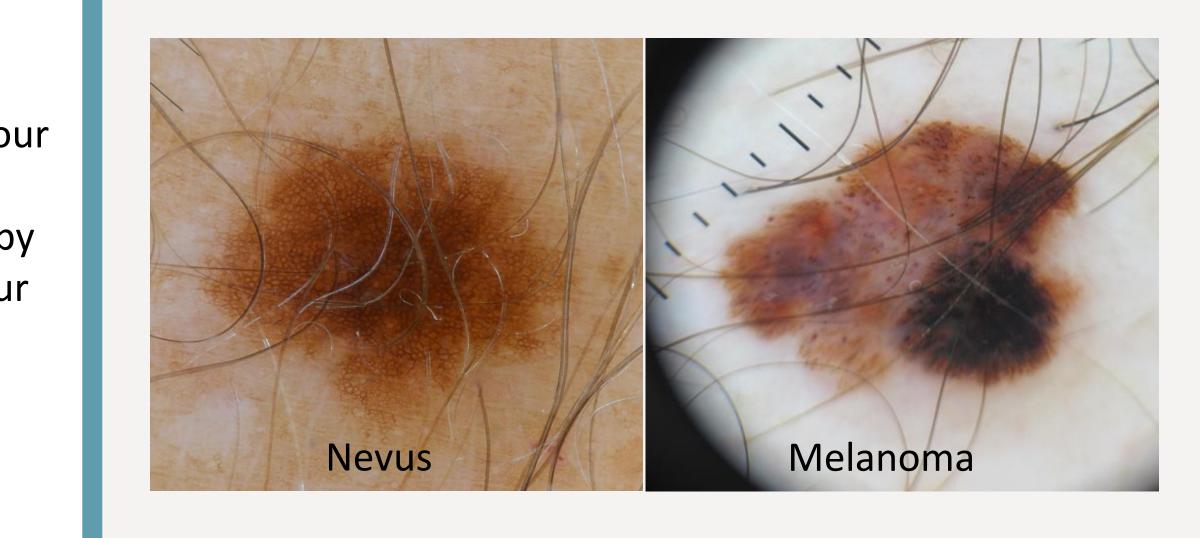
**Biopsy data extracted from electronic medical record** using Epic BI Portal to filter time frame and provider specialty. *Inclusion Criteria*: Performed by MaineHealth PCP between 11/05/2013-11/06/2021. *Exclusion Criteria:* Performed by dermatologist or surgeon

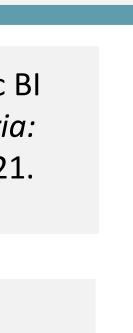


Manual Review of Pathology Reports Categorized by pathologic diagnosis. Inclusion criteria: melanocytic growth

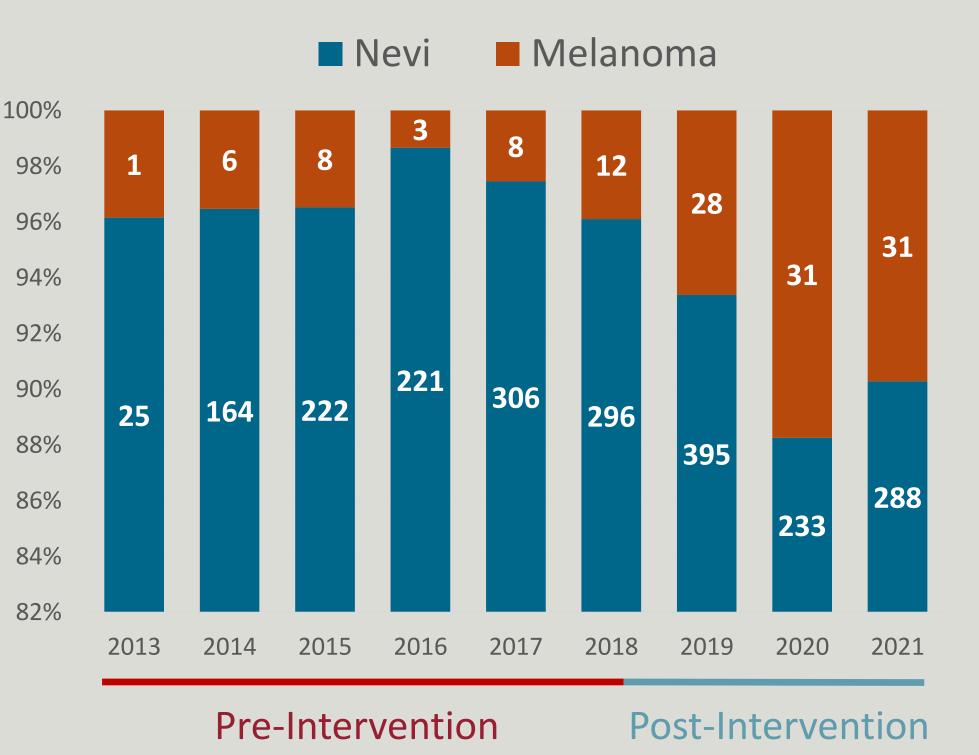
Data Analysis Data stored in REDCap Database. NNB calculated in R (Version 3.6.2)

# Impact of Dermoscopy Training for PCPs on NNB to Detect Melanoma



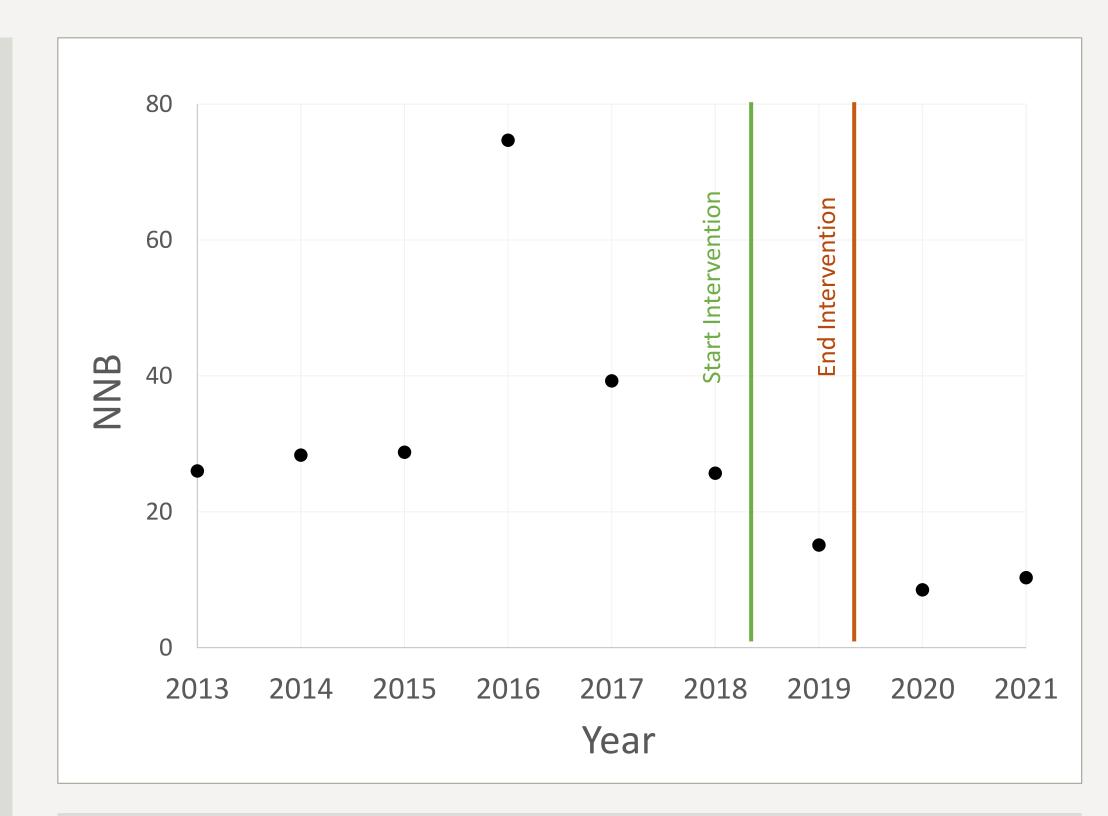


**Figure 1.** Relative percent of melanomas detected per year with melanoma and nevi count listed respectively



### Results

	Nevi	Melanoma	NNB	
Pre-Intervention	1200	36	34.3	
Post-Intervention	950	92	11.3	



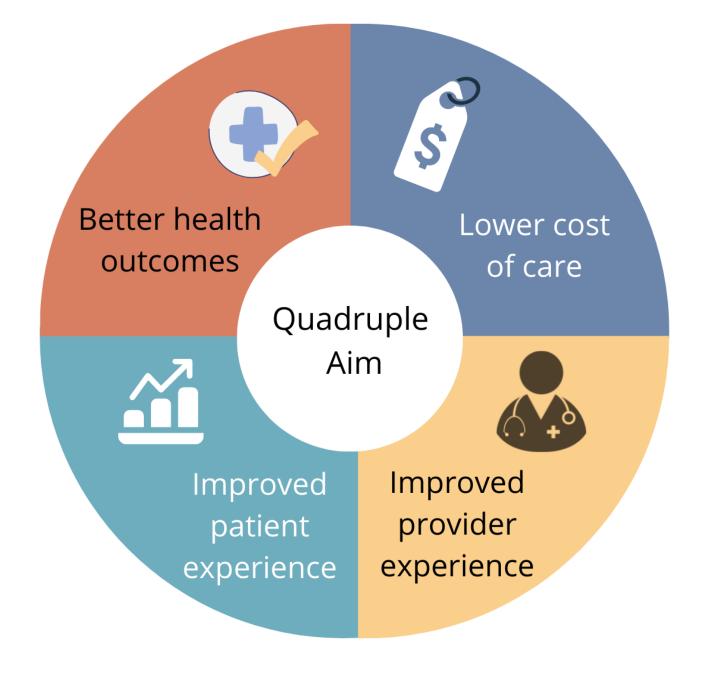
**Figure 2**. Average NNB per year with dermoscopy training intervention start and end date indicated





### Conclusions

• Following dermoscopy training there were meaningful reductions in NNB to detect a melanoma in the primary care setting • Dermoscopy training for PCPs hits on all aspects of the quadruple aim: improves diagnostic accuracy, reduces cost per melanoma diagnosed and fosters provider engagement.



# Next Steps

Reduce barriers to dermoscopy use and training in primary care setting Cohort sub-analysis of PCPs trained vs untrained Recognize the risk of skin cancer overdiagnosis and focus on optimizing dermoscopy to improve quality and diagnostic accuracy