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Barriers to Dermatological Care in Patients who Received Extensive Mohs Surgery - An In-Depth Qualitative Analysis

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Barriers to dermatological care in patients who received extensive Mohs surgery – an in-depth qualitative analysis

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Introduction

Mohs micrographic surgery (MMS) is used to treat cutaneous malignancies in a way that optimizes conservation of healthy tissue while excising the cancer.¹

MMS is performed over 876,000 times per year in the USA with half done on Medicare patients – meaning people over 65 years.²

Extensive MMS is defined as 3 or more layers and may suggest patients prolonged dermatological care.²

Objective

To identify barriers for early intervention in the geriatric patient population with cutaneous carcinoma.

Methods

Ten patients treated with Mohs surgery to remove their cutaneous carcinomas were recruited from Atrium Wake Health dermatology clinics.

Patients were interviewed through a phone call or in-person. Interviews were audio-recorded, transcribed, and deidentified.

Patient	Number of Layers Removed	Surgical Location
1	3	Left nasal tip
2	3	Right neck
3	3	Right vermilion lower lip
4	4	Right posterior scalp
5	3	Left alar groove
6	4	Left nasal ala
7	13	Right nasal tip
8	4	Left cavum concha
9	3	Left nasal ala
10	3	Left lower eyelid

Themes	Subthemes
Lack of knowledge of common dermatologic diseases	Belief lesion was harmless
	Feared treatment of the lesion
Delayed care due to individual and systemic factors	Individual factors: technology and transportation difficulties
	Systemic factors: distance to the dermatology clinic and scheduling issues
Relationships are an integral part of patients' experience in dermatology	Poor communication impacts the physician-patient relationship
	Patient-physician relationship influences motivation for seeking

Results

- Belief was harmless
 - I thought the lesion was just thin skin. I was surprised when it was cancer!”
- Fear treatment of the lesions
 - “I was reluctant because of the pain with the treatment.”
- Technology
 - “I don’t have a computer or smartphone or know how to use them”
- Transportation
 - “I don’t feel comfortable going by myself for longer rides, so I bring my daughter”
- Distance
 - “It takes me hour and it’s a bit of a hike”
- Scheduling
 - “It took 7 months to get in”
- Communication
 - “It was so hard to get in touch with the staff and dermatologist”
- Relationships
 - “I would have liked it if the doc spent more time and cared”

Discussion

Challenges risking delays in dermatological diagnosis and treatment in the geriatric population exist. Major area for potential intervention for cutaneous carcinoma identified were lack of knowledge, delayed care, and relationships. Early skin cancer intervention is essential to avoid extensive MMS and to optimize patient health outcomes. Early education, direct and consistent communication and personal provider-patient relationships may be beneficial preventing disease progression.

References

1. Shriner DL, McCoy DK, Goldberg DJ, Wagner RF Jr. Mohs micrographic surgery. *J Am Acad Dermatol.* 1998 Jul;39(1):79-97. doi: 10.1016/s0190-9622(98)70405-0. PMID: 9674401.
2. Asgari MM, Olson JM, Alam M. Needs assessment for Mohs micrographic surgery. *Dermatol Clin.* 2012 Jan;30(1):167-75. x. doi: 10.1016/j.det.2011.08.010. PMID: 22117877; PMCID: PMC3225895.