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Assessment and quality improvement of the Community Care Network: Veterans Administration (VA) patient access to community Mohs micrographic surgery

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To the Editor:

Nearly 10 million U.S. veterans receive healthcare through Veterans Health Administration [1]. Under Veterans Administration (VA) Mission Act of 2018, patients can pursue Mohs micrographic surgery (MMS) within their community care network (CCN), if wait time is over 28 days or drive time to VA is over 60 minutes. Before CCNs were established under Mission Act, patients did not receive community MMS sooner than they would have at VA [2]. Although MMS delay over weeks may not significantly impact non-melanoma skin cancer growth, delays may affect patient quality of life by potentially increasing anxiety and delaying the anxiety reduction that is seen with surgical treatment [3]. With Mission Act's expansion of patient eligibility for community care, we aimed to assess if, under current CCN, VA patients can access fellowship-trained community surgeons who can provide more timely MMS compared to VA. We cross-referenced American College of Mohs Surgery (ACMS) website and VA Community Provider Locator tool to develop a list of Mohs fellowship-trained surgeons in the local CCN. We employed a secret-shopper study design [4], calling 50 CCN clinics on behalf of a fictitious patient with a nasal basal cell carcinoma, to determine CCN MMS wait time compared to that of SFVAMC, the only site within the regional VA system where MMS is performed.

The VA Locator tool yielded no Mohs surgeon listings in the region of interest, but ACMS website and

phone calls identified 67 fellowship-trained surgeons. Of these, 32 unique Mohs surgeons at 50 clinics were part of the CCN. **Figure 1** demonstrates that of the 33 clinics that provided wait time estimates, 73% of CCN clinics located closer than SFVAMC were able to schedule MMS a) sooner than VA and b) in under 8 weeks. **Table 1** further demonstrates CCN surgeon availability and wait time by VA site.

However, we found two key barriers to accessing community care. First, tools allowing VA providers to

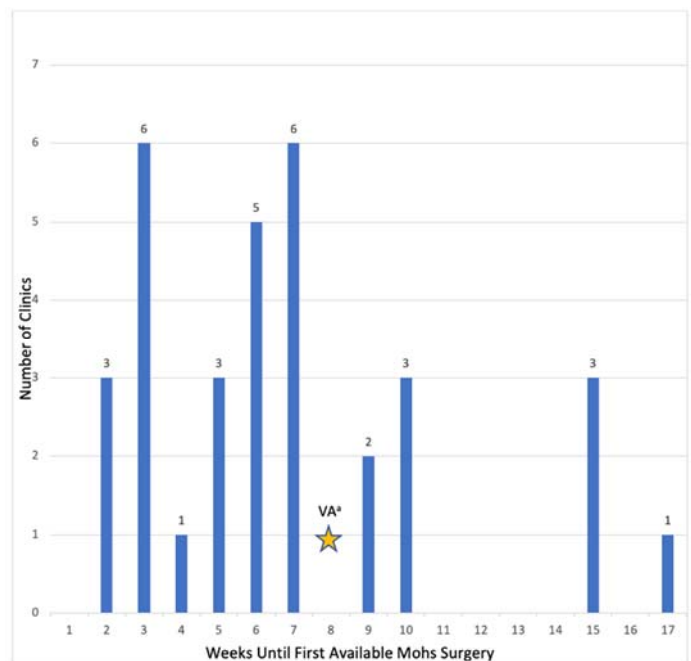


Figure 1. Distribution of weeks until first available surgery within Community Care Network.

Table 1. Number of Community Care Network (CCN) Mohs surgeons available by Veterans Administration (VA) site.

VA Site	Distance to San Francisco VA Medical Center (VAMC) Parent Facility (mi) ^{a,b}	Number of CCN Mohs surgeons <VAMC Parent Facility (mi) ^{b,c,d,e}	Number of CCN Mohs surgeons <VAMC Parent Facility (mi) and with surgery availability sooner than VA ^{b,c,d,e}	Number of CCN Mohs surgeons <50 mi ^{b,d,f}
San Bruno	12	22	22	22
Santa Rosa	55	12	12	12
Clearlake	109	26	23	4
Ukiah	115	9	5	0
Eureka	271	6	6	0

^aCalculated as driving distance from VA site to San Francisco VA Medical Center (VAMC) Parent Facility, the only site within the regional VA system where Mohs surgery is performed.

^bBased on provider search results from American College of Mohs Surgery (ACMS) website.

^cLocated at a distance less than that from VA site to VAMC Parent Facility, per ACMS website.

^dSurgeons were not necessarily unique to each site, as some served multiple regions within the CCN.

^eSearch for Eureka was limited by maximal searchable radius (200 miles), which is less than the full distance to the VAMC Parent Facility.

^fLocated within 50 miles of VA site, an additional distance that was included as a surrogate for drive time of 60 minutes, one of the possible Mission Act eligibility criteria.

search for CCN providers (VA Locator Tool) do not adequately match local availability. Second, greater CCN participation is essential, as nearly half of local Mohs surgeons identified were not within CCN. Thus, recruitment of qualified local providers and timely updates of key resource websites for professional organizations and VA are vital. Our study focuses on Mohs fellowship-trained community surgeons, given lack of clear data on other CCN providers. However, we believe this is not a major limitation because of the Veterans Health Administration directive 1101.12 stating that effective April 30, 2021, VA requires that Mohs surgeons have completed fellowship training [5]. Our secret-shopper design also provides estimated, rather than actual, time-to-surgery within the local VA healthcare system. However, SFVAMC

wait time of 8 weeks is consistent with prior work assessing Mohs wait time at VA sites across 13 states: 42% of sites reported wait times under one month and 95% under 6 months [6]. For rural VA sites such as Ukiah, CA, although surgeons exist who are closer than SFVAMC, 1) they can have longer wait times than VA, and 2) their overall availability within 50 miles declines steeply. Incentivization for specialists to practice in rural areas, in addition to greater CCN participation, is needed to overcome the challenge that distance places on rural veterans and will likely improve access to this timely care.

Potential conflicts of interest

The authors declare no conflicts of interest

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