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# Title: Shifting Focus from ‘What we do’ to the ‘Impact of what we do’: application of outcome measures to routine clinical care in dermatology.

Amit Garg, MD[1], McKenzie A. Dirr, BA, BS[2], Gregor B.E. Jemec MD, DMSc[6,7], John R. Ingram[8], DM, FRCP, Jochen Schmitt, MD, MPH[9], Phyllis Spuls MD, PhD[10], Murad Alam, MD, MSCI, MBA[2-5]

**Affiliations:**
[1]Department of Dermatology, Donald and Barbara Zucker School of Medicine at Hofstra Northwell, New Hyde Park, New York.
[2]Department of Dermatology, Feinberg School of Medicine, Northwestern University, Chicago, IL
[3]Department of Surgery, Feinberg School of Medicine, Northwestern University, Chicago, IL
[4]Department of Otoloaryngology, Feinberg School of Medicine, Northwestern University, Chicago, IL
[5]Department of Medical Social Sciences, Feinberg School of Medicine, Northwestern University, Chicago, IL
[6]Department of Dermatology, Zealand University Hospital, Roskilde, Denmark
[7]Institute of Clinical Medicine, University of Copenhagen, Denmark
[8] Department of Dermatology, Division of Infection & Immunity, Cardiff University, Cardiff, UK
[9]Center for Evidence-Based Healthcare, Faculty of Medicine Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany.
[10]Department of Dermatology, Amsterdam Public Health, Infection and Immunity, Amsterdam, the Netherlands.

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**Corresponding Author:**
Amit Garg, MD
Donald and Barbara Zucker School of Medicine at Hofstra / Northwell
1991 Marcus Avenue, Suite 300
New Hyde Park, NY, 11042
Email: amgarg@northwell.edu

**Authors:**
Amit Garg; amgarg@northwell.edu, ORCID 0000-0003-0886-6856
McKenzie A. Dirr; mckenzie.dirr@northwestern.edu
Gregor B. E. Jemec; gbj@regionsjaelland.dk
John R. Ingram; ingramjr@cardiff.ac.uk, ORCID 0000-0002-5257-1142
Jochen Schmitt; jochen.schmitt@ukdd.de
Phyllis Spuls; ph.i.spuls@amsterdamumc.nl
Murad Alam; m-alam@northwestern.edu

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To the Editor

The American Academy of Dermatology (AAD) in its capacity as a CMS-approved intermediary for the Merit-based Incentive Payment System (MIPS) has created a robust Qualified Clinical Data Registry (QCDR) in DataDerm.[1] However, MIPS measures are not intended to capture the ~~scope and~~ breadth of dermatology practice, and many evaluate the process of practice, rather than its outcome. The QCDR component is therefore essential since it allows capture of specialty-specific measures that have more meaning to our patients, and consequently to the providers evaluating outcomes. Accordingly, DataDerm represents an important pragmatic service for dermatologists, and it offers potential for robust quality assessment, and by way of this, demonstration of value and identification of care gaps.

Requisite to quality assessment is having established measures to evaluate therapeutic outcomes. Our specialty is somewhat disadvantaged in that we have fewer validated measures or biomarkers specific to dermatologic disease that are also feasible to implement in practice. Diabetes has glycated hemoglobin, cardiovascular disease has blood pressure and lipid profile, and systemic lupus erythematosus has serum creatinine as indicators of disease severity. Given the dearth of established measures for skin conditions, our ability to assess outcomes, and therefore quality, in dermatology remains limited.

DataDerm captures much of ‘what we do’ (i.e., encounters, diagnoses, prescriptions). Practice and research communities in dermatology can also support its evolution towards comprehensively measuring the impact of what we do. Doing so will necessitate identification and development of well-functioning measures. Given the value of direct input from patients, patient reported outcomes (PROs), particularly for symptoms including as itch,[2] represent an important opportunity to measure this impact. In the absence of disease biomarkers, measuring impact should also include simple and efficient clinician reported outcomes (ClinROs) specifically designed for practice.

Several research organizations in dermatology are advancing development of dermatology-specific measures for clinical trials and routine practice. These groups identify useful measures and develop new ones when current measures are deemed inadequate. Among these organizations is C3, the CHORD COUSIN Collaboration, which includes nearly 20 research groups each focusing on a different skin condition, including acne, skin cancers, facial aging, vitiligo, hand eczema, pustular psoriasis, pyoderma gangrenosum, vascular malformations, pressure ulcers, and others.[2] Already there has been significant advancement in the development of outcome measures for atopic dermatitis and hidradenitis suppurativa, by C3 member groups HOME and HiSTORIC, respectively.[~~2-4~~3-5]

The success of DataDerm will also require the commitment from community and academic practices in dermatology to implement these measures, along with the innovation to overcome barriers such as time and infrastructure. Meaningful engagement by dermatologists will ensure robust and generalizable data inclusive of sufficient heterogeneity in demographics, contextual characteristics, disease, disease activity, and treatments.

DataDerm has pioneered the process of collecting clinical data from dermatologists, and this has also enabled dermatologists to demonstrate compliance with CMS-mandated quality measures. Measuring quality of care will ultimately necessitate collective alignment from the profession, the organization, and research community in dermatology. The 2021 DataDerm update indicates we are well on our way.[1]

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