

Mohs Micrographic Surgery in Louisiana

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Introduction

- Mohs Micrographic Surgery (MMS) is a precise, tissue-preserving surgical technique for certain eligible skin cancers
- MMS surgeon distribution in the U.S. correlates with population density
- Rural populations often have little to no access and must travel longer distances for treatment
- Louisiana faces challenges being a predominantly rural state with significant disparities in healthcare access
- In addition, there are disparities in general dermatologists that refer patients to these surgeons, particularly in central and northern LA
- This study evaluates Medicaid acceptance, geographic distribution, and access to MMS across Louisiana

Methods

- Cross-sectional descriptive analysis performed to evaluate geographic distribution of Mohs surgeons in Louisiana
- Mohs surgeons identified using American College of Mohs Surgery (ACMS) and publicly available practice websites
- The study included both fellowship trained surgeons, and surgeons certified in micrographic dermatologic surgery
- To confirm Medicaid acceptance, each office was directly contacted
- Physicians were assigned to parishes based on their primary practice location, only primary practice locations were used in density calculations to avoid duplicate counting
- Mohs surgeon density calculated as: (number of Mohs surgeons/ parish population) x 100,000 residents
- Descriptive statistics were used to summarize the distribution of Mohs surgeons as well as the parishes without surgeons
- To visually show these findings, primary and secondary locations were displayed using parish level maps to highlight geographic patterns

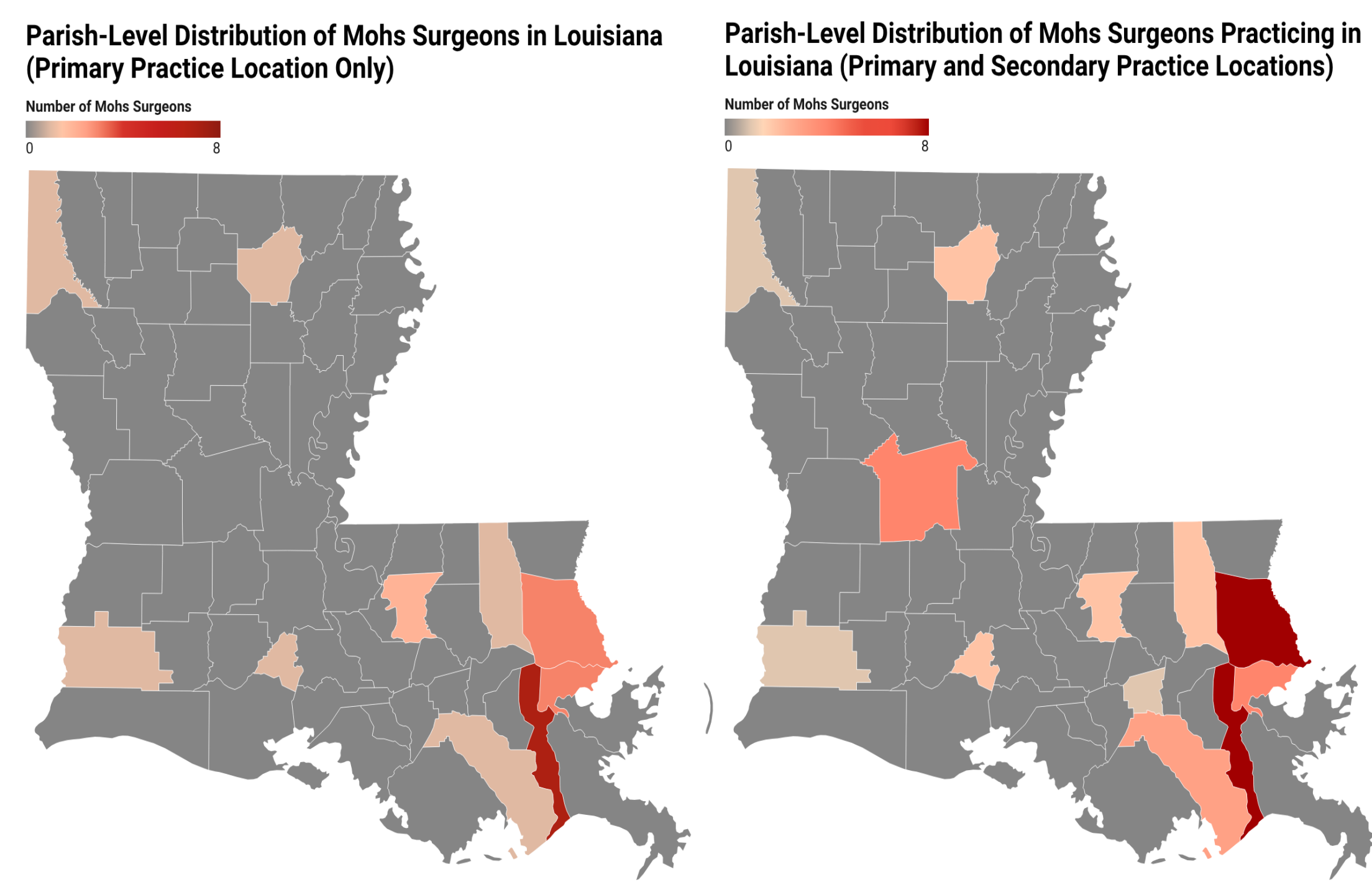
Results

- A total of 21 Mohs surgeons were identified across 10 of 64 parishes (15.6%), leaving 84.4% of parishes (54 total) without a primary Mohs surgeon
- Approximately 2.0 million residents live in parishes without a primary Mohs surgeon
- Mohs surgeons are highly concentrated in urban regions, with the greatest numbers in Jefferson Parish (7), followed by Orleans and St. Tammany (3 each), and East Baton Rouge (2)
- Surgeon density in parishes with coverage ranges from 0.41 to 1.59 per 100,000 residents, with the highest in Jefferson (1.59), St. Tammany (1.13), and Lafourche (1.03)
- The overall statewide density is 0.45 per 100,000 residents

- Only 6 of 21 surgeons (28.6%) accept Medicaid, all are located in southeast Louisiana, with no Medicaid access in other regions of the state, further complicating access
- Including secondary practice locations slightly increases geographic coverage, with notable expansion in Rapides Parish
- Despite this, most parishes, particularly in central and north Louisiana remain without local access, demonstrating persistent geographic disparities in MMS availability

Parish	Mohs Surgeons	Population	Mohs Surgeons per 100,000
Jefferson	7	440,781	1.59
Orleans	3	383,997	0.78
St. Tammany	3	264,570	1.13
Lafourche	1	97,557	1.03
Tangipahoa	1	133,157	0.75
Ouachita	1	160,368	0.62
Calcasieu	1	216,785	0.46
East Baton Rouge	2	456,781	0.44
Caddo	1	237,848	0.42
Lafayette	1	241,753	0.41
Statewide Total	21	4,657,757	0.45

Table 1. Density of Mohs surgeons in Louisiana based on primary practice locations. Mohs surgeon density was calculated as the number of surgeons per 100,000 residents using the 2020 U.S. Census parish population estimates. Parishes with no Mohs surgeons were not counted.



Figures 1 & 2. Color intensity represents the number of Mohs surgeons per parish. Gray indicates parishes without a Mohs surgeon.

Conclusions

- Louisiana's Mohs workforce is not just limited, it is geographically concentrated, and Medicaid access is even more restricted than overall surgeon access.
- Statewide Mohs surgeon density is 0.45 per 100,000 residents, significantly lower than the U.S. national estimate of 0.8 per 100,000 residents
- Only 6 of 21 Mohs surgeons accept Medicaid, all located in southeast Louisiana, creating substantial barriers for low-income and rural populations
- Limited Medicaid participation may be driven by low reimbursement, administrative burden, and practice resource constraints
- Secondary practice locations provide only modest improvements in access, as surgeons are typically present part-time and do not resolve broader geographic disparities
- Overall, there is a significant imbalance in specialist distribution, highlighting the need to improve access, recruit more Mohs surgeons, and expand care statewide

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