

OTA Tip of the Month – December 2012

Title: Surgeon Controlled Case Collection

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The current advances in quality measures and pay for performance models have renewed interest in collecting objective data to identify ways to improve quality and patient care. These influences have in part led to the emphasis on sub-specialization and self-proclaimed centers of excellence. Multiple peer-reviewed publications have either proven or postulated that quality is directly related to the surgical volume of both the surgeon and the health care facility. There is still debate and uncertainty regarding what data to collect. Too often the data collection is driven by a political or payer mandate and not by the surgeon. As the healthcare landscape continues to evolve and contract negotiations with both health care delivery entities and payers become increasingly complicated, it is important for each surgeon to collect the most basic and important data; the surgeon's case log.

There are innumerable methods of collecting and organizing this data, but often it is organized in notebooks or written lists which are difficult to organize and create succinct summarized reports. It behooves the surgeon to have a simple electronic data set listing the surgical cases for the year. This can easily be manipulated to produce a dashboard detailing the exact number of surgical cases performed that year and most commonly performed procedures. There are four main reasons to maintain yearly case logs; re-certification, credentialing, to allow for future research, and physician driven quality review.

Re-Certification through the ABOS requires the surgeon to submit a case log with age, gender, ICD-9 diagnosis, and CPT codes. This is a limited amount of information that could easily be generated by an EMR software program or be logged individually by the surgeon in a data management program like Microsoft Excel. Collecting this information ahead of time may make the entire process less laborious.

Credentialing: When applying to a new facility for surgical privileges the facility will typically request a case log to determine if you will be allowed to perform certain procedures at that facility. If you are not changing jobs, but merely operating at a different hospital, getting this information from your office when you need it will not be a problem. However, if you are seeking privileges at a new facility because you are changing jobs, you may find it difficult to obtain a summary of your case volume from your previous partners/employers, particularly if the split was less than amicable. This illustrates

the importance of collecting this data every year; do not wait until you truly need it because it may be too late.

Future Research: Maintaining a case log with minimal patient identifiers will allow you to conduct retrospective analysis of your cases. *It is important to mention that any electronic case log with patient identifiers (“PHI”) must be kept on an appropriately secure, password-protected device to comply with HIPPA regulations.*

Physician driven quality review: Reviewing trends in surgical case volume can help a surgeon develop their practice or determine which areas would benefit from continuing medical education or technical skills update courses.

Information technology and systems integration provide a variety of methods to collect surgical case data. Smart phone applications, software programs, and electronic billing and medical records allow the surgeon to track surgical cases efficiently. Regardless of how you track your surgical cases it is important to collect the data on your own terms and for your own clinical benefits. This is still an area where the surgeon can exercise some control and also possess clinical data that may not be accessible to hospitals, payers, and practices with whom you are negotiating. Be proactive in your case logs to help prevent future difficulties which may arise.