

To: All Obstetrics and Gynecology Program Directors and Coordinators

From: Larry C. Gilstrap, III, MD
Chair, Residency Review Committee for Obstetrics-Gynecology

Subject: 2008-2009 RRC Data Collection Changes

The Residency Review Committee for Obstetrics-Gynecology is in process of implementing important changes during the 2008-9 academic year. These changes have been discussed at the 2008 APGO/CREOG meeting and in the 2008 *Spring RRC Newsletter*. They will also be further discussed at the upcoming 2008 CREOG Education Retreat in Pasadena.

This communication provides further details of some of these important changes that affect our residents and programs. The changes involve improvements in the Case Log system and changes in individual Resident Operative Experience Reports and Program Summary Reports.

Case Log System

Changes to the **Case Log system** go into effect July 1, 2008 and affect data entry and management. It is important to remember that Resident Operative Experience Report data are used for program directors to monitor individual residents' training and to document specific surgical experience at graduation. Program Summary Report data are used by programs for self-evaluation and are also used by the RRC in the process of accreditation. The Case Log system serves both of these purposes very well for most residents and programs.

The Case Log system will no longer include data entry for primary and preventive ambulatory care cases. Program Directors should complete data entries for 2008 graduates, but cases do not need to be entered for clinical care provided after July 1, 2008. Remember that all data entry for 2008 graduates must be completed by August 1, 2008 in the Case Log system. After program and national data reconciliation is completed by early September, the primary care data screens will be removed from the website.

Primary and preventive care remains an essential component of training in Obstetrics and Gynecology residency programs. The documentation of this experience will shift from the volume of cases to the content of care provided. Programs must review 5 well woman or annual examinations from each resident every 6 months for compliance with 20 essential components of primary and preventive care (attached). Programs must keep records of each individual resident for at least each year of continuity clinic experience as part of the resident portfolio. The reports must be discussed at each resident's semiannual meeting, and the program must review summary data for each year. These reports and how they should be used will be further discussed in the next *RRC News* and at the CREOG Education Retreat.

Resident Operative Experience Reports and Program Summary Reports

New categories will be instituted for **Resident Operative Experience Reports and Program Summary Reports** starting July 1, 2008. These new categories will make data entry and management easier in several ways:

1. Individual CPT codes for procedures will be associated with up to 3 categories of cases. This process should reduce the need to unbundle procedures for case entry.
2. The Case Types of Urogynecology and Endocrine and Infertility surgery will be deleted. Gynecologic Oncology procedures will continue as a Case Type.
3. New categories for abdominal, vaginal and laparoscopic hysterectomies will be implemented; and CPT codes will fit into one of these categories without overlap.
4. The Operative Laparoscopy category will change name to Other Laparoscopy. Laparoscopic sterilizations will now be counted in this category rather than in Surgical Sterilization.
5. The Induced Abortion category will be renamed Abortion and will include entry of missed, incomplete, septic and induced abortions. It will also include uterine evacuations for molar pregnancies.
6. The Forceps and Vacuum delivery categories will be combined into a category of Operative Vaginal Delivery for program and resident reports.
7. The Vaginal Ultrasound category will change to Transvaginal Ultrasound.
8. The amniocentesis, multifetal delivery, laparotomy, conization of the cervix, and surgical sterilization categories will be omitted from the Program Summary Reports but not the Resident Operative Experience Reports.

Implementation

The changes in the Case Log system will be effective July 1, 2008, but they will not be implemented in the web-based screens until September, 2008 due to the fact that the deadline for 2008 graduate data entry is August 1, 2008 and that 4-5 additional weeks are required for program and national data verification and reconciliation. When the changes are implemented, the old CPT codes automatically will be re-categorized appropriately into the new categories. New total procedures will be calculated for all current residents and programs for some categories. This will not affect second or third CPT codes in previously entered, unbundled cases. It will not be necessary to correct previous procedure entries. Residents and programs are encouraged to enter operative experience data in the existing system until the change-over rather than delay data entry for cases until the new system comes online.

I look forward to discussing these changes at the CREOG Education Retreat with you and implementing them this summer.

ELEMENTS OF PRIMARY PREVENTIVE CARE

Obstetrics and Gynecology Residency Review Committee

1. Allergies: drugs, latex, foods and other environmental
2. List of current medications
3. Menstrual history or history of abnormal vaginal bleeding
4. Previous Pap smear
5. Contraception (age 15-50years)
6. Immunization history
7. Smoking history
8. Alcohol use
9. Substance abuse
10. Family history
11. Depression screening
12. History of sexual dysfunction
13. History of sexual, physical or mental abuse
14. Blood pressure
15. Dietary assessment/ appropriate weight/nutritional counseling/exercise counseling
16. Seat belt use
17. Recommendation or evidence of query re: mammography (age> 50 or family history)
18. Recommendation or evidence of query re: colonoscopy (age> 50 or family history)
19. Recommendation or evidence of query re: lipid screening (age> 50)
20. Recommendation or evidence of query re testing or treatment for osteoporosis (age> 60)