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Patterns of Preoperative Consultation by Risk and Surgical Specialty in a Large Health Care System

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Many patients are referred for a preoperative medical consultation. There are no guidelines applicable to the majority of patients for when such consultations are beneficial. The various surgical specialties provide different approaches to preoperative patient care and collaboration with consultants. Therefore, and not surprisingly, substantial practice variation in requesting consults may be the norm. The purpose of this pilot study was to assess the association between surgical specialty and the utilization of preoperative consultation.

Methods: This is a retrospective study using automated administrative and clinical data from Group Health Cooperative, a large integrated health care system in the Pacific Northwest. We studied 13,673 patients in six different surgical specialties who underwent one of the selected common procedures in 2005 or 2006. We identified level 3 to 5 preoperative consultations (CPT 99243-5 and 99253-5) provided by family practitioners, general internists, pulmonologists, cardiologists, or endocrinologists that occurred within a 42 days prior to surgery. We also included level 3 to 5 office visits (CPT 99203-5 and 99213-5) that were associated with a preoperative evaluation (v72.8) code. We stratified the results by the Revised Cardiac Risk Index.

Results: The proportion of patients who had preoperative consultations varied significantly by specialty (**Table**). Ophthalmology, urology, and orthopedic surgery had the highest rates of preoperative consultations across all RCRI.

TABLE
Percent preoperative consultations by surgical specialty stratified by RCRI

RCRI		Surgical procedure type						P value
		Eye	General	Gyn	Ortho	Urology	Vascular	
0	N	164	2,363	1,015	2,805	391		
	%	32.3	15.2	22.7	22.2	30.2		< .01
1	N	2,512	527	108	704	185	71	
	%	40.0	15.6	4.7	18.9	27.6	9.9	< .01
2	N	1,124	187	14	222	59	80	
	%	37.1	12.8	0	19.4	28.8	13.8	< .01
3	N	846	85	5	79	20	107	
	%	35.8	17.6	0	21.5	10	11.2	< .01

RCRI = Revised Cardiac Risk Index

Conclusion: These unadjusted findings suggest that there is substantial practice variation between surgical specialties with regard to the use of preoperative consultations. Further, the patterns do not appear to be related to risk. Given the large number of low-risk consultations, it is critical to understand the cost-effectiveness or consequences of current practice.