

Routine Outpatient Imaging Follow-up for Subdural Hematomas Provides Limited Clinical Benefit Thomas Gianaris; Shaheryar Ansari MD; Richard B. Rodgers MD, FAANS, FACS Indiana University School of Medicine-Goodman Campbell Brain and Spine

Introduction

Mounting health care costs and pressure from insurance companies and the federal government have led to a growing need to reduce excess medical expenditures. Subdural hematomas are an increasingly large proportion of neurosurgical consults and have the potential to worsen after initial presentaion. This often leads to an associated high rate of imaging and follow-up clinic visits to assess the resolution of these lesions. Efforts to reduce these clinic visits may help to slow rising health care costs and decrease redundant follow-ups.

Methods

From February 2007 to May 2012, 341 followup clinic visits for patients with traumatic subdural hematomas presenting to Indiana University Health Methodist Hospital in Indianapolis were retrospectively reviewed for imaging use, return to clinic visits, and costs.

Conclusions

In the overwhelming majority of cases, followup clinic visits and imaging studies performed routinely in an outpatient setting for traumatic subdural hematoma have significant health care costs and do not directly influence further surgical or medical management. Given these findings, in the future it may perhaps be more useful to determine future follow-up imaging based on clinical condition and symptoms rather than a set protocol.

Results

At the initial follow-up visit, 312 patients had resolved, improved, or stable head CTs and 27 had worsened or evolving hematomas. Patients were discharged without further follow-up in 268 cases, ordered to return to clinic with a new head CT in 68 cases, and underwent a revision surgery in one case, an asymptomatic patient with increasing hematoma. Of those 68 ordered to return to clinic, 38 patients had one additional follow up visit before discharge, seven had two more visits, and two had three visits after the initial follow up, with the remainder not returning. Only one of these required a surgery, at the time of his first return to clinic. Each nurse practitioner clinic visit had an average billing of \$105 USD and a national average billing of \$370-\$1200 USD for each head CT.

Learning Objectives

By the conclusion of this session, participants should be able to 1) Identify practical methods for reducing excess imaging and redundant follow-up appointments, 2) Discuss alternatives to formal follow-up that would save both patient and surgeon time, 3) Describe additional ways to streamline postoperative and post-inpatient care

References

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