

An Introduction to **ABFAS Case Review**

What Candidates Need to Know About Uploading
Case Documentation



AMERICAN BOARD OF
FOOT AND ANKLE SURGERY

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Case Review Documentation Hints for Success

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Rule #1

Read the [Board Certification Document!](#)

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AMERICAN BOARD OF FOOT AND ANKLE SURGERY

Information and Requirements For Board Certification



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This document contains information specific to the Spring 2021 examinations only

As of December 2020

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Case Documentation Instructions

ABFAS evaluates and scores all procedures based on the materials **YOU** upload.

- Ensure all documents are legible.
- Submit all typed/handwritten materials in PDF format.
- Ensure that there are no redactions on any of the documents.
- Do not addend or alter the original documents.
- When you download the documents from an electronic medical records system, ensure you include your name and the patient's name/ID in each of the files.
- If for some reason the facility does not have all the records for a given case, please contact ABFAS prior to the case submittal deadline.

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Obtaining Documents

- Approach facility in person to ask, if possible. If not, call directly.
- Do not rely on email alone.
- Follow up on your request.
- Original clinic documentation should contain the patient identifier/header and date of service.



Podiatric History and Physical (H&P)/Assessment

- **Your** initial assessment (not that of another physician) when the patient first presented for the condition leading to the surgical procedure performed.
- ABFAS is looking for **your** pre-operative assessment of the specific condition requiring/leading to the surgical procedure.
- If you have an H&P conducted by a different podiatrist, include that, but we still need **YOUR** H&P.



Podiatric History and Physical (H&P)/Assessment

- If records are handwritten, submit H&P records electronically as **both**:
 - scanned copies of all handwritten material
 - typed copies of all handwritten materials
- Convert typed copies to PDF format.
- Include the documented workup of pathology leading to the procedure.
- H&P may be from the initial visit, the visit just before surgery, or both.
- Documentation should have adequate information i.e., appropriate examination to support the indication and rationale for surgery and the selected procedure.



Operative (OP) Report

- Submit a copy of the typed operative report that lists **you** as surgeon. Report should have the facility name
 - Do not include reports listing you as co-surgeon, assistant surgeon, or any other designation.
 - If you are in a fellowship, only cases where you are surgeon of record are acceptable.
- Procedures listing more than one surgeon of record are not acceptable.



Progress Notes

- Submit typed progress notes from the time of first presentation following the procedure through the final outcome.
- Include all pertinent, supportive medical assessments generated by another DPM. Notes from other specialties go under consultation.



Progress Notes

- For patients undergoing multiple procedures on separate dates, include progress notes, operative reports or consultations related to a complication or other reason for additional procedures.
- ***Please note:*** Evidence of addenda to original documentation after the date of case selection (February 2, 2021) will lead to case rejection.



Admissions of More than 24 Hours

For procedures involving hospital admissions of more than 24 hours, include:

- Typed copies of inpatient progress notes from the first three inpatient days
- Copies of all outpatient progress notes through final outcome (including those of consultants)
- Typed versions of all outpatient follow-up visit progress notes through final outcome.



Progress Notes Format

Submit progress note records electronically converted to PDF format and in **chronological order, from oldest to most recent.**



Missing Materials

For any case where the patient fails to return to the provider or the provider's group practice

- Do not simply upload a note stating that you cannot obtain records.
- Include scheduling calendar/appointment report or progress note documentation.
- Do not add new addenda to notes.
- Contact ABFAS if you have a question or concern.



Consultations

Submit separate consultative reports such as vascular, neurological, oncology, etc.

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Laboratory Reports (Labs)/ Diagnostic Reports

Submit copies of any relevant report of preoperative tests ordered, including laboratory studies, MRI, nuclear medicine, electrodiagnostic studies, etc.

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Pathology (Path) Report

Submit copies of any pathology report for soft-tissue lesions, infections, and other procedures for which a specimen was sent because abnormal pathology was present.

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Surgeon of Record

If the documentation cannot support that you were Surgeon of Record, ABFAS will not review the case. 3 or more Surgeon of Record rejections and you fail Case Review!

We need 3rd party objective documents stating that you are Surgeon of Record. Not co-surgeon.



Surgeon of Record

Intraoperative Anesthesia Record/Circulating Nurse's Notes

- *Correct file:* Intra-operative anesthesia/circulating nurse's notes indicating you as surgeon
- *Incorrect file:* Pre-op anesthesia, Op Report or PACU notes



Surgeon of Record

In case the correct reports may not exist in the hospital's EMR

- Check with the anesthesiology department
- May be a hand-drawn chart



Surgeon of Record

Hand Drawn

EMR

Example of Intraoperative Anesthesia Report Your Institution's Report May Look Different

[illegible]

Surgeon of Record

Anesthesia Pre-op	Date	May 29, 2019	Pt	[Redacted]	Current Medications: asse, alograd, fonsaa, levthyroxine sodium, multifen ha, mequasaa, vofloxxee, vofloxtrivl
	Loc	Physician's Pavilion SC	DOB	[Redacted]	ASA: 2; Gender: Female; Ethnicity: Declined to specify; Race: White; Language: English; Smoking: Current every day smoker
	Surg	[Redacted]	MRN	[Redacted]	
	Stay	Out-patient OR 2	Case		
	Anes	General	HI Wt	67 in; 104.0 kg; 36.0 BMI	
	Proc	ORIF metatarsal fx, left foot			
	Dx	Nondisplaced fracture of fifth metatarsal bone, left foot, initial			
	Drug Allergies:	None			
Medical History					
Pulmonary	Significant: Yes Smoker: Yes Cigarette Shoe MN: Yes Packs/Day: 0.5 COPD: No Asthma: No OSA: No				
Cardiovascular	Significant: No Hypertension: No CAD: No				
Neurological	Significant: Yes Seizure Disorder: No TIA: No CVA: No Spine Pain location: Lower back Neuropathy: Yes Comments: Numbness to both r and l hands last 3 fingers				
Gastrointestinal	Significant: Yes GERD Severity: Well controlled				
Genitourinary	Significant: No ESRD: No				
Endocrine/Metabolic	Significant: Yes Diabetes Mellitus: No Comments: Thyroid disease, obese				
Anesthesia History	Patient Significant: Yes PONV Severity: Moderate Motion sickness: No Anxiety: No Significant: No				
Assessment/Plan	ASA Classification ASA II: Yes				
Anesthesiologist's Pre-Anesthesia Evaluation/Plan					
Review of Medical History	I Reviewed Medical History: Yes				
Physical Exam	Dental Intact: No Airway Mallampati Class: II Oral Opening: 3b Thyromental Distance: 3 to Chest Clear Bilaterally: Yes				

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Surgeon of Record

Critical step!!!

Highlight your name and the patient's name on your Surgeon of Record documentation.

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Uploading Documents

Double Check Your Uploads

- Uploading the correct material to the incorrect case folder results in failure.
- **Do not redact** any information in your documents.
- See sample documents in the ABFAS Certification document.



Image Submission Requirements

Important

Noncompliance with image requirements and instructions may result in rejection of case documentation. There is no opportunity to resubmit missing materials.



Image Format

Submit all images, regardless of original format, in
JPG, JPEG, or PNG format.



Altered Images

Don't do it.

ABFAS reserves the right to examine, on site, images stored on the imaging equipment hard drive to determine that submitted images have not been altered.

If ABFAS determines that images have been altered, the DPM will forfeit, at minimum, the right to sit for the examination and all pre-paid exam fees, and at maximum, their board certification.

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Image Clarity

- All images must be clearly readable.
 - Ensure that the reviewer will be able to clearly identify all pathology, fixation, and bone healing within the image.
- *Note:* Unreadable or images with poor exposure may lead to rejection of procedures and/or failing the case.



MRI and CT Images

- Submit one to three individual images clearly demonstrating pathology or findings.
- When appropriate, an MRI or CT may substitute for an x-ray.



Selecting Images

- Select appropriate views for each procedure
- Identify each image and label each with patient's name and date of imaging.
- “Best two views” must demonstrate appropriate surgical pathology and outcome, e.g., axial calcaneal and lateral view for calcaneal osteotomy or fracture ORIF, AP, and Lateral WB view for metatarsal osteotomies.
- You may submit up to ten (10) images per case. Radiographs that best show final healing are most helpful for review.



Image Requirements

	First Ray Surgery	Infection/ Other Osseous Foot Surgery	Foot and Ankle Trauma	RRA Surgery (Except for Trauma Cases)
Preoperative Images (weight-bearing not required for trauma)	Weight-bearing AP, Lateral	Best two views	Minimum best two views	Weight-bearing Best two views
Initial postoperative images Demonstrate operative alignment and fixation, if used. Intraoperative images are acceptable.	AP, Lateral	Best two views	Minimum best two views	Best two views
Final outcome images. Latest final postoperative images. Demonstrate removal of provisional/temporary hardware and radiographic osseous healing of osteotomies, fusions, and fractures.	Weight-bearing AP, Lateral	Best two views	Minimum best two views of correction	Weight-bearing Best two views



Common Imaging Errors

- Lack of preoperative weight-bearing radiographs where required.
- Lack of postoperative weight-bearing radiographs demonstrating reduction of deformity, bone healing, or consolidation.
- Final radiographs still demonstrating provisional/temporary hardware.
- Failure to upload each image in the appropriate category represented by the image (preoperative, immediate postoperative, and final).



HIPAA Concerns

- Do not redact patient information from uploads.
- It is ok to include PHI in your documents without direct patient consent. ABFAS Case Review is HIPAA compliant.
- ABFAS can supply a letter to your hospital if you are having difficulties accessing the records you need.
- ABFAS has a HIPAA agreement with the VA which we can supply to you if necessary.
- Contact ABFAS if you have concerns/issues.



Communications from ABFAS

- Check emails for communications. This is the primary way that ABFAS communicates.
- Regularly review spam and junk folders.
- Add ABFAS.org to your safe sender list.
- If using *.edu* email, be sure the organization allows ABFAS.org emails.



Case Review Checklist

- Pre-operative Podiatric H&P/Assessment
- Op Report – listed as surgeon, primary surgeon or surgeon of record
- Progress Notes
- Images - Are they weight bearing when necessary? Do they show the procedure and outcome well?
- Consultations
- Labs – when appropriate
- Pathology Report – when appropriate
- Intraoperative Anesthesia/Circulator RN Record – Highlight your name and patient name
- If patient is lost to follow up, provide screen shot of appointment record or clinic notes indicating No Show

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Before You Hit the Submit Button

Double Check Everything!!! Once you submit your cases are locked.

It is your responsibility, not your assistant's, spouse's, partner's, or anyone else's, to ensure the documentation is correct. People fail case review because they upload incorrect documentation. Don't let it happen to you!

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Case Review Process Overview

- For the 2021 Case Review, there will be 100+ ABFAS diplomates who will review cases.
- Each case you submit is reviewed by a different ABFAS diplomate. Cases are randomly assigned, within the experience levels of the diplomates; e.g., ankle implants only reviewed by those with experience with that procedure.



Case Review Process Overview

- Each case is scored; you receive individual points on each case.
- Your final score, however, reflects your performance on all cases.



Your Questions of Us

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Candidate Questions

Q. For labs section, should we include preoperative EKG and chest x-ray?

A. No need to provide EKG or chest x-rays.

Q. Can you upload more than one office visit for the H&P portion of the case review. (i.e., patient expressed interest in bunion surgery, so evaluation of deformity was performed, and patient was sent out for x-rays. Patient then returned on a subsequent visit where x-rays were reviewed, and surgical planning/risks of surgery were discussed.) In such a case, can two visits be uploaded?

A. You should upload all documents which are relevant to providing a complete pre-operative assessment. This may be only a pre-op H&P or also include a progress note supporting your surgical decision making.



Candidate Questions

Q. On the instructions page, there was mention that a maximum of 10 images can be uploaded. So, if you have a complication necessitating more images, how do you go about uploading additional imaging.

A. Currently, 10 is the maximum number of images that the system can accommodate. Upload the 10 images that best demonstrate the procedure and its outcome.

Q. Is it ok to circle/highlight portions of the uploaded documents to aid the reviewers? Example, a lengthy RN intraop document where it's hard to discern where the surgeon of record is displayed, can that be circled

A. We ask that you **highlight** your name as surgeon and the patient's name in the intra-operative anesthesia/circulating nurses notes. If you think that highlighting other notes can assist the reviewer, you may do so.



Candidate Questions

Q. On the topic of RN intraop document, which is 10 pages long. The purpose of that document is to validate the surgeon on record. Should I just upload one of the 10 pages where that information is displayed or the entire 10 pages.

A. We only want the pertinent page or pages which provide the required information. Highlighted information

Q. For Consultations document upload, should we include Pre-operative medical or cardiology clearance?

A. No, consultation uploads are only required where the consult is related to the direct care of the foot/ankle condition.



Candidate Questions

Q. What is the best way to show patients who failed to follow up with appointments?

A. A progress note indicating fail to follow up or a copy of an appointment list showing no show/cancellation.

Q. Pertaining to Lapidus, if it is logged in PLS as 2.1.6 or 2.2.5 or 2.3.3, but operative note splits it into two procedures (tarsometatarsal fusion single or multiple and bunionectomy), will this be cause for failure of case?

A. No. We focus on the procedure selected and the PLS logging category. How it is coded/listed for other purposes is not a focus of the review.



Candidate Questions

Q. For H&P documentation: Should this include patient's initial visits to office including conservative treatment such as orthotics/injections leading up to surgery or is it just the preoperative note visit?

A. Include pre-operative visits supporting your surgical decision making. You do not need to upload conservative care visits.

Q. For MRIs can we upload report in labs, or do we have to upload Images as well?

A. You must upload 1 to 3 pertinent images (as space allows), but, in addition, you may also upload an MRI report under the consultation tab.



Candidate Questions

Q. What to do if a case has been selected from a facility that has closed down before I could obtain all the necessary medical records? i.e., circulator's report / anesthesia record.

A. Please contact ABFAS for assistance prior to the case submission due date. Each case is handled on an individual basis.

Q. Are we able to upload just a word document for explanation of why a case turned out the way it did or why a patient did not follow up etc. to justify possibly not having all of the information required for some of the cases that were chosen?

A. No, do not upload additional explanatory material. All documentation uploaded should be part of the existing patient record.



Candidate Questions

Q. What should I do if I have a case such as an amputation/limb salvage case where the immediate post op images are also the final images taken? Should I put those images in category B or C? In the post op period if patient is healing as expected, there would not be an indication to repeat imaging

A. Only 1 postop set of films required for amputations in immediate post op.

Q. If there is a case where the follow up is impacted by the pandemic and only the first 2-3 post op follow ups were possible (in person, with the others via telehealth), should that just be explained somehow - or should there be another case pulled in its place?

A. Candidates should send all available notes including telehealth. ABFAS does not replace cases.



Candidate Questions

Q. If I left the practice where the chosen patient was being seen, should I collect only the notes that I personally did thereafter, or collect all the notes from the different provider(s) that continued to follow the patient through post op period?

A. Collect the notes from the different provider who continued to follow the patient through the post-op period.

Q. How do I copy and upload plain film x-ray?

A. Use a good digital or phone camera and take a picture using a light box. The picture should be as clear and easy to read as the original...be sure to check. Save the image in one of the formats required and upload. **Do not scan the plain film.**



Candidate Questions

Q. I have a case where I performed a staged surgical approach where two surgeries were performed on two separate dates. The second surgery was selected for review. Do I need to include documentation for the initial surgery or just the documentation in the immediate preoperative period as it applies to the second surgery? Do I need to include the initial preoperative radiographs before both surgeries or just the preoperative radiographs taken immediately before the second surgery?

A. Focus on the case that is being reviewed. Submit images required for indexed procedure, the procedure selected for scoring. With your 10 images, get pre op, post op, and final, and then add any others available. For your documentation, include all pertinent information from the prior case.





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