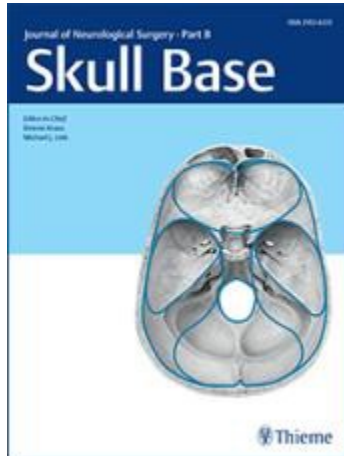


# Evaluating the Clinical, Medicolegal, and Economic Impact of Continuous Tracking of Multidisciplinary Skull Base Conference Disease and Patient Metrics

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Poster Presentations

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**Objective:** To evaluate the utility of tracking various disease, patient metrics and treatment paradigms at regular multidisciplinary skull base tumor conferences through prospective documentation, retrospective database analysis, and literature review. Data discussion with an emphasis on medicolegal risk and economic impact to both patient and health care provider was done.

**Methods:** Patients were presented at regional biweekly CME accredited multidisciplinary skull base conferences. Disease-specific data were recorded and organized by factors including physician presenter, radiographic/pathologic interpretation, tumor staging, p16 testing, photo documentation, and recommended treatment paradigm. These metrics were recorded and analyzed. In addition, the legal and financial implications of these multidisciplinary meetings were examined within the context of our experience and a literature review analyzing the benefits and drawbacks of multidisciplinary tumor board conferences.

**Results:** Over the course of 300 conferences in a 15-year period, a total of 3,754 cases were presented by physicians at biweekly tumor conference meetings, 1,889 of which were new patients. This patient population, comprised of 51.78% women and 48.22% men, had a mean age of 55.23

years and a median age of 59.00 years ranging from ages 14 to 100. A total of 11 disciplines were represented at the meetings with the majority of cases presented by surgeons (67.44%). This study consisted of a wide range of 260 distinct diagnoses. While squamous cell carcinomas were the most prevalent multisite pathology, constituting 25.99% of cases, the most prevalent single-site pathology was vestibular schwannoma of the CPA, with 11.33% of the total prospective case volume. Furthermore, the brain was the most common tumor location, accounting for 424 cases. Our analysis suggests that tracking of multidisciplinary skull base tumor conferences provides a platform and assurance that nationally standardized best practices are followed based on accurate diagnosis, tumor staging, and treatment paradigms.

*Discussion:* The tracking of disease metrics creates a database that provides insight on successful treatment recommendations through the organization of quantitative diagnostic and therapeutic information, particularly given the broad diagnostic base and frequency of subtleties associated with anatomic location. It is difficult to establish correlation between successful multidisciplinary meetings and overall quality of patient care. The demand on physician time is ever-increasing and hindrances in implementing the multidisciplinary conferences are evident, although CME accreditation may work to improve physician attendance. Medicolegal concern derives from provider documented presence supporting a treatment path in which the outcome may not be optimal or may be deleterious. While the overall financial impact remains unclear, it can be reasonably concluded that reduction in patient medical expense due to more accurate diagnostic and treatment path makes multidisciplinary tumor board meetings and database tracking economically advantageous for both patients and physicians.

*Conclusion:* Multidisciplinary tumor board meetings and disease metric tracking foster beneficial cross-specialty interaction, clarify diagnostic, and treatment paradigms, and promote conversation about patient-specific considerations. The authors intend to discuss medicolegal and economic implications as analyzed through both literature review and long-term conference presentation experience.