Case Log Instructions: Reproductive Endocrinology and Infertility
Review Committee for Obstetrics and Gynecology

BACKGROUND

The ACGME Case Log System was established in 2001. It is a data repository to support programs in complying with requirements, and to provide a uniform mechanism to verify the clinical experience of residents and fellows in ACGME-accredited programs. The Case Log System is HIPAA-compliant and has the necessary agreements in place, created by the ACGME, between the covered entities and the Sponsoring Institution. Fellows will be familiar with the Case Log System from their residency programs.

The Case Log System helps assess the breadth and depth of the clinical experience provided to fellows by a reproductive endocrinology and infertility fellowship. It is the responsibility of the fellows to enter their case data accurately and in a timely manner, and the responsibility of the program director to ensure that the fellows' Case Logs are accurate. The case volume provided by each program is analyzed by the ACGME. Reports are created for the fellows, program directors, and the Review Committee. Minimum numbers of procedures have not been determined at this time.

Email Case Log System content questions and comments to Review Committee staff: OBGYN-RC@acgme.org. Email technical questions about the system to ADS@acgme.org.

GUIDELINES

- The following procedures are tracked in the Case Log System for reproductive endocrinology and infertility:
    - ultrasounds (complete gynecological scans, follicle scans, and early pregnancy scans)
    - uterine cavity evaluations (hysterosalpingograms, saline sonograms, and FemVue)
    - intrauterine inseminations
    - oocyte retrievals
    - embryo transfers (live, mock, and simulation)
    - operative hysteroscopies
    - laparoscopies (diagnostic and operative)
    - myomectomies (hysteroscopic, laparoscopic and laparotomy)

- Each tracked procedure performed by fellows must be entered into the Case Log System individually (i.e., by patient). The exception is follicle scans.

- Follicle scans must be entered as a one day total. To enter a daily total, fellows should complete the required information at the top of the log for one patient (e.g., Case Date, Case ID) and choose CPT Code 76857. Fellows then enter the total number of follicle scans performed that day and click "add".

- Fellows are not required to log diagnostic hysteroscopies.

COMMON QUESTIONS

Are fellows required to enter cases into the Case Log System?
Yes—logging is required as of August 1, 2017.

Do fellows need to go back and log patient encounters from prior to August 1, 2017?
No, fellows are not expected to back-enter any data. They can do so if they wish to have the information for their own records.

When will the Case Log data be used to determine procedural minimums?
The 2017-2018 academic year was a learning year for both programs and the Review Committee. Starting July 1, 2018, the Review Committee will begin using Case Log data to determine Case Log minimums.

How do fellows get an ID and password to access the Case Log System?
Fellows will have an ID and password assigned and e-mailed to them when they are first entered into the Accreditation Data System (ADS) by the program. Fellows will be required to change their passwords the first time they log into the system.

Can attending physicians not included in the program's Faculty Roster in ADS be included in the Attending list?
Yes. To add an attending physician to the Case Log System: Quick Links > Case Log Attendings > Add Case Log Attending. Only a name and e-mail address are needed. The Case Log System will verify whether the attending is already in the database.

Can the program director and coordinator access the Case Log System?
Program directors and coordinators can access the system in a "view only" mode. Go to Case Log System > Quick Links > Add Cases (View Only). Information can be entered, but not saved.

Which ultrasounds need to be logged?
Fellows must log complete gynecological scans, follicle scans, and early pregnancy scans. Complete gynecological scans and early pregnancy scans must be logged individually by patient. Follicle scans are logged as a total for one day. To enter a daily total, fellows must complete the required information for one patient (e.g., Case ID, Case Date, Attending) and choose CPT Code 76857. Fellows then enter the total number of follicle scans performed that day and click "add."

Which CPT code should be used for a complete gynecological scan?
Fellows can use either CPT code 76830 or 76856.

Which CPT code should be used for a follicle scan?
Fellows must use CPT code 76857. Once this code is entered, fellows will have the opportunity to enter a daily total.

Why do fellows need to include information for one patient when they log a daily total of follicle scans?
The Case Log System requires this information in order to save the entry.

Is there a limit to the number of follicle scans a fellow can include in one case log entry?
Yes. The limit is 50.

Do fellows need to log diagnostic hysteroscopies?
No. Only operative hysteroscopies must be logged. Fellows may log diagnostic hysteroscopies for their own purposes, but they are not being tracked.