The performance of individual neurosurgical departments is assessed through comparison of departmental outcomes measures with national standards. One such comparison tool is the University Health System (UHC) Consortium, a data assessment tool utilized by many hospitals for both benchmarking and performance improvement. UHC is a member-owned consortium representing 120 academic medical centers, including over 300 hospitals, and contains self-reported data that are evaluated with risk adjustment. UHC data often serve as a proxy for Centers for Medicare & Medicaid Services (CMS) risk-adjustment data, data that are utilized by nationally recognized external rating systems [1].

UHC is an alliance of 107 academic medical centers and 233 of their affiliated hospitals, representing approximately 90% of the nation's non-profit academic medical centers.

The mission of UHC is to advance knowledge, foster collaboration, and promote change to help members succeed in their respective markets. UHC's vision is to be a catalyst for change, accelerating the achievement of clinical and operational excellence.

Fennell et al. conducted a retrospective analysis of a large national database, the University HealthSystem Consortium, that was queried in the years 2009-2013. Cases of both unruptured cerebral aneurysms and subarachnoid hemorrhage treated by endovascular obliteration were studied. Outcome measures of morbidity and mortality were evaluated according to the specialty of the treating physician.

Elective embolization of an unruptured aneurysm was the procedure code and primary diagnosis, respectively, for 12,400 cases. Patients with at least 1 complication were reported in 799 cases (6.4%). Deaths were reported in 193 cases (1.6%). Complications and deaths were varied by specialty; the highest incidence of complications (11.1%) and deaths (3.0%) were reported by neurologists. The fewest complications were reported by neurosurgeons (5.4%; 1.4% deaths), with a higher incidence of complications reported in cases performed by neurologists ($p < 0.0001$ for both complications and deaths) and to a lesser degree interventional radiologists ($p = 0.0093$ for complications). Subarachnoid hemorrhage was the primary diagnosis and procedure for 8197 cases. At least 1 complication was reported in 2385 cases (29%) and deaths in 983 cases (12%). The number of complications and deaths varied among specialties. The highest incidence of complications (34%) and deaths (13.5%) in subarachnoid hemorrhage was in cases performed by neurologists. The fewest complications were in cases by neurosurgeons (27%), with a higher incidence of complications in cases performed by neurologists (34%, $p < 0.0001$), and a trend of increased complications with interventional radiologists (30%, $p < 0.0676$). The lowest incidence of mortality was in cases performed by neurosurgeons (11.5%), with a significantly higher incidence of mortality in cases performed by neurologists (13.5%, $p = 0.0372$). Mortality rates did not reach statistical significance with respect to interventional radiologists (12.1%, $p = 0.4884$).

Physicians of varied training types and backgrounds use endovascular treatment of ruptured and unruptured intracerebral aneurysms. In this study there was a statistically significant finding that neurosurgically trained physicians may demonstrate improved outcomes with respect to endovascular treatment of unruptured aneurysms in this cohort. This finding warrants further investigation [2].

1)
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2)
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