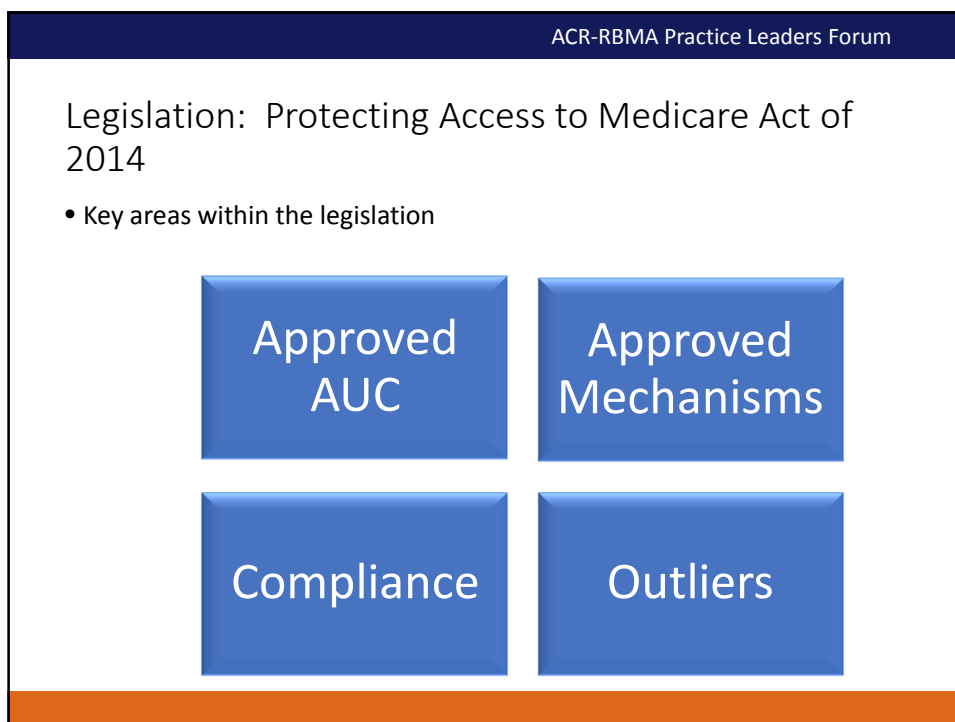
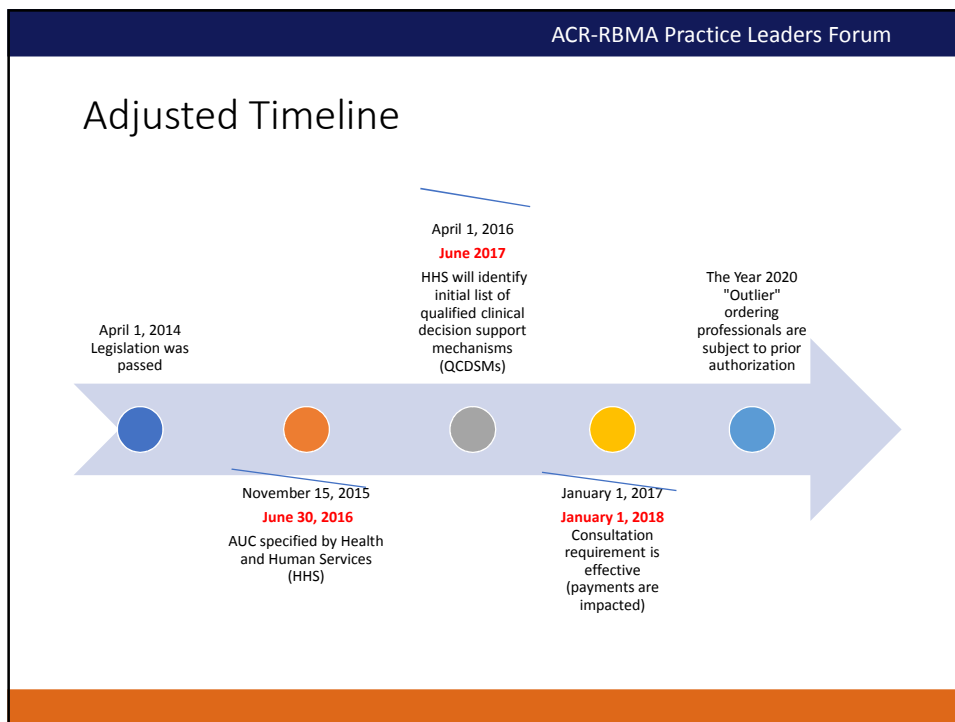


Understand the legislative and quality imperatives related to Decision Support

Legislation: Protecting Access to Medicare Act of 2014 (section 218)

- **WHAT:** Mandates that providers consult with appropriate use criteria (AUC) when ordering advanced diagnostic imaging (MRI, CT, NM, PET) for their Medicare Patients (traditional).
- **WHEN:** Effective date January 1, 2018.
- **WHO & HOW:** Rendering facilities and interpreting physicians must provide documentation that AUC was consulted in order to be paid by Medicare
- **IMPACT:** PC, TC, Global and HOPPS claims effected
- **EXCLUSIONS:** Inpatient (part A) and significant hardship (determined case by case i.e. rural without internet). NOTE: Emergency Department studies are **not** excluded.
- **NON-COMPLIANT:** Ordering professionals identified as outliers versus their peers will be subject to prior-authorization (2 yrs post "go-live")



AUCs through Provider Led Entities (PLEs)

Eleven Provider Led Entities qualified as of July 2016:

- American College of Cardiology Foundation
- American College of Radiology
- Brigham and Women's Physician Organization
- CDI Quality Institute
- Intermountain Healthcare
- Massachusetts General Hospital, Radiology
- National Comprehensive Care Network
- Society for Nuclear Medicine and Molecular Imaging
- University of California Medical Campuses
- University of Washington Physicians
- Weill Cornell Medical Physicians Organization

Ordering Provider Consults AUC... Rendering Provider Proves It For Payment

Claims based proof (details yet to come)

1. Which CDS mechanism was consulted
2. Whether the order adheres to AUC, does not adhere to AUC, or that no criterion exists
3. Includes NPI of ordering provider

Quality

- CDS provides a real time, point of care approach to providing the right study at the right time
- CDS provides the ability to move from pure cost/utilization metrics to development of more robust quality metrics

CAN WE ADD OTHER WAYS GROUPS ARE USING DATA FOR QUALITY METRICS...real life

Articulate the differences
between CDS and current Prior
Authorization

Pre-authorization Processes

Rationale/intended benefits	Realized negatives/unintended consequences
Manage "high tech" imaging utilization	Resistance by the medical community <ul style="list-style-type: none"> • Threat of de-participation <ul style="list-style-type: none"> • access • care disruption
Reduce "high tech" costs to plan	Increased administrative burden and costs for providers (PCPs, specialists, hospitals...)
	Negatively impacted workflow
	One size fits all approach
	Encouraged "work-arounds" and not ordering imaging even if appropriate to avoid the hassle
	Limited metrics: cost/utilization not QUALITY
	Punitive approach, not educational

#1 pain point for providers

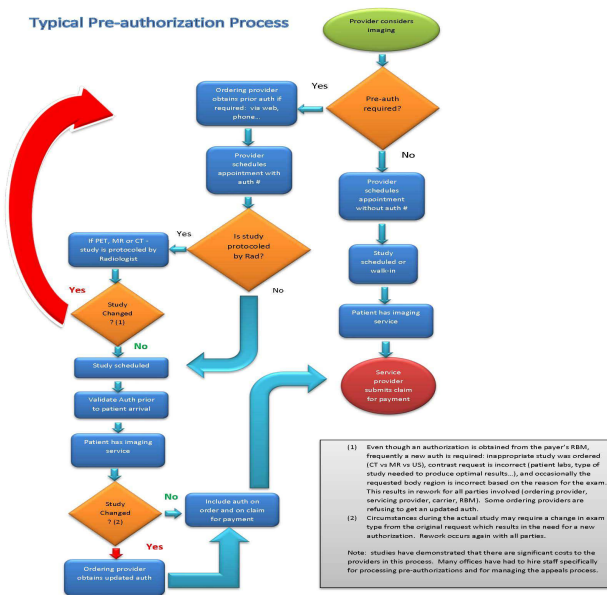


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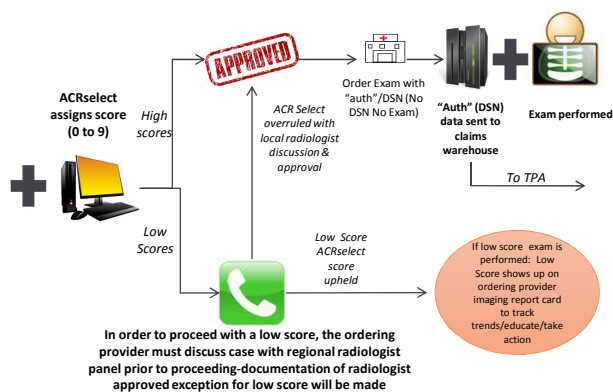
	PRIOR AUTHORIZATION REQUIREMENTS											
	Priority Health, PH Medicare & PH Medicaid	BCBS / Medicare + Blue	Blue Care Network	United Healthcare	Humana	Cigna	Aetna PPO	McLaren Health Plan	Molina Healthcare of MI	Aberidian	Upper Peninsula Health Plan	Tricare Prime
RADIOLOGY SERVICES												
CT/CTA	X (Level II secondary to auto, work comp or liability)	X	X	X	X	X	X	X	X	X (w/ anesthesia of)	X	X
MRI	X	X	X	X	X	X	X	X	X	X (w/ anesthesia of)	X	X
MRA	X	X	X	X	X	X	X	X	X	X (w/ anesthesia of)	X	X
PET Scans	X	X	X	X	X	X	X	X	X	X (w/ anesthesia of)	X	X
Cardiac Stress Tests	X	X	X	X	X	X	X	X	X	X (w/ anesthesia of)	X	X
Diags												
Echc - Stress		X	X	X	X	X	X	Aetna Medicare	X	X (w/ anesthesia of)	X	X
Echc - Resting		X	X	X	X	X	X	Aetna Medicare	X	X		X
Exercise Treadmill												
US/CA			X							X (w/ anesthesia of)	X	
Imaging of bone/join, pulmonary, vert, brain, thyroid, bone marrow			X									
MUGA	X	X	X	X	X	X	X	X	X	X	X	X
Magnetic resonance angiography	X	X	X	X	X	X	X	X	X	X	X	X
Nuclear Stress	X	X	X	X	X	X	X	X	X	X	X	X
Positron emission tomography	X	X	X	X	X	X	X	X	X	X	X	X
TET	X	X	X	X	X	X	X	X	X	X	X	X
RADIATION THERAPY												
Radiation Treatment			X									
Brachytherapy of Coronary Arteries			X									
Hyperthermia			X									
Image-guided Radiation Therapy			X									
Neutron Radiotherapy			X									
Proton Beam Therapy			X									
Radioimmunotherapy			X									
Radioactive vitreous/NO endoprotheses			X									
DIAGNOSTIC SERVICES (Cardiac)												
Cardiac Radionuclide Angiography			X									
Catheter placement in coronary artery for coronary angiography			X									
Coronariogram (angioplasty)			X									
Echocardiography (Transhoracic and Doppler)		X	X	Per Plan/Call	X	Per Plan/Call	Per Plan/Call		X		X	
Echocardiography (Transesophageal and Doppler)		X	X	Per Plan/Call	X	Per Plan/Call	Per Plan/Call		X		X	
Echocardiography (Stress)		X	X	Per Plan/Call	X	Per Plan/Call	Per Plan/Call		X		X	
Permanent pacemaker (insertion, replacement, upgrade)			X									
Pacing Transcatheter, Echocardiography		X	X									
Transesophageal Echocardiography		X	X									
OTHER SERVICES												
Bone Density			X								X	X
Cardiac Rehab			X						X (after eval & 1st 6 visits)	X	X	X
Occupational Therapy									X	X	X	X
Outpatient Surgical	X			Per Plan/Call	Per Plan/Call	Per Plan/Call	Per Plan/Call	X	X	X	X	X
Pain Procedures									X (after eval & 1st 6 visits)	X	X	X
Physical Therapy	X	X	X					X	X	X	X	X
Pulmonary Rehab - initial service	X	X	X					X	X	X	X	X
Sleep Study	X	X	X	Per Plan/Call	Per Plan/Call	Per Plan/Call	Per Plan/Call		X	X	X	X
Sleep Follow Up									X	X	X	X
AUTHORIZATION METHODS												
Phone	800-552-0020	800-733-0000	800-444-3000	800-539-2014	800-525-2300	800-852-4462	800-893-5222 Option 3	800-527-0475	800-980-7900 Options 1,4,1,2	800-840-0999	800-229-7774	
Internet Phone												
Web	ABC	ABC	ABC	UnitedHealthcare	Health Net	Cigna	Med Solutions	Molina	Aberidian		Tricare	

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Typical Pre-authorization Process



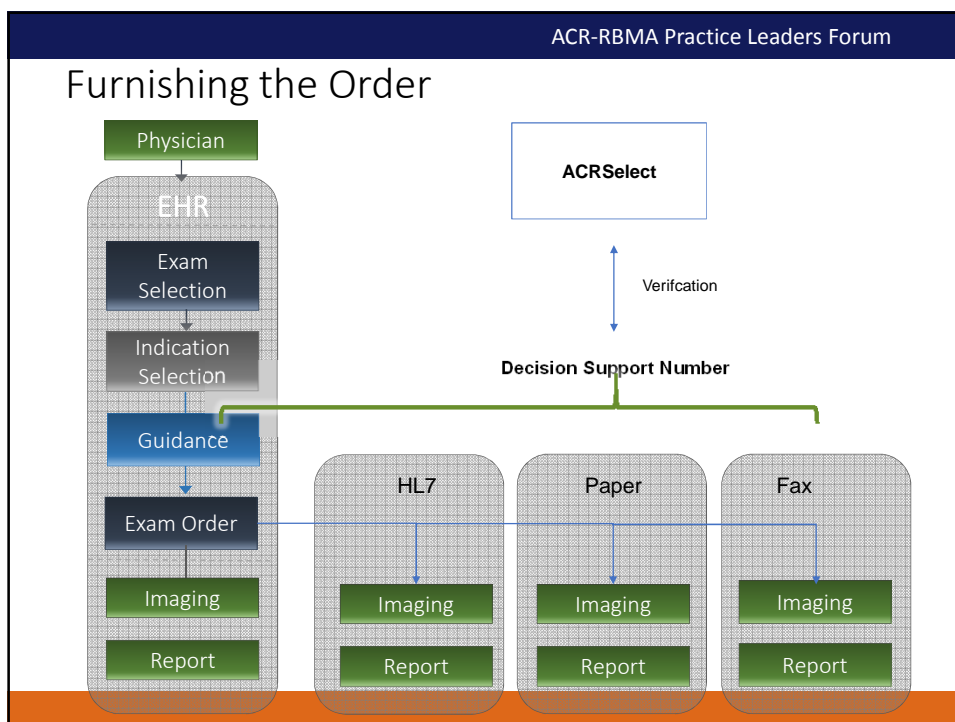
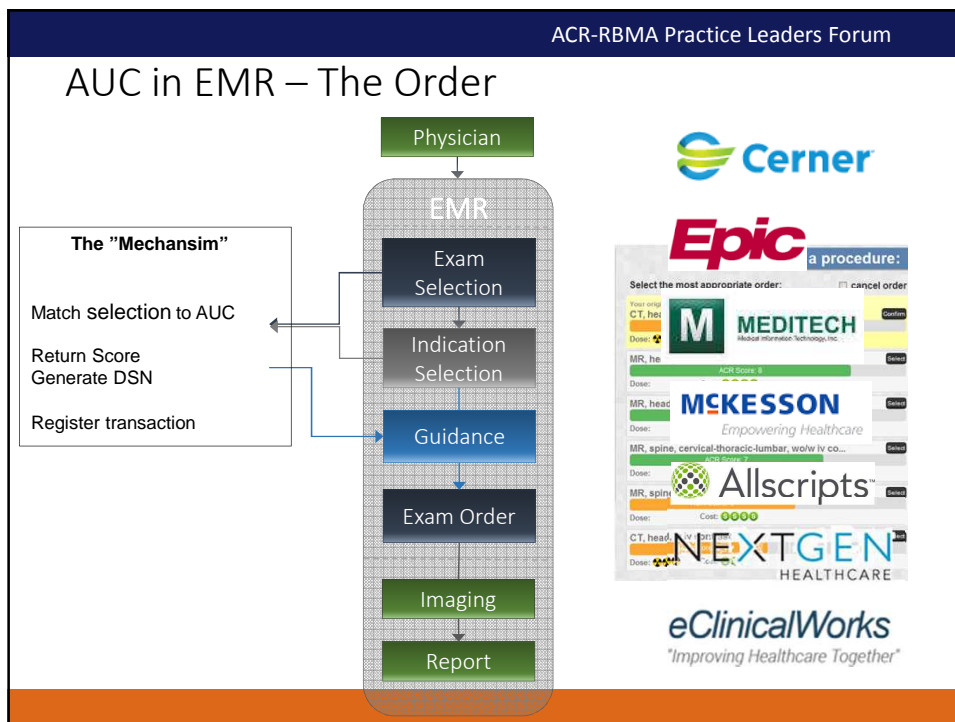
Simplified CDS sample workflow



Implementation Considerations

- Comprehensive coverage is good
 - Removes guesswork about AUC consultation
 - Especially if multiple EMRs/mechanisms are used
- Should Radiology consult AUC on behalf of the OP?
 - Eliminates QI/QM aspects of the program and replicates current RBM based program
 - Not supported under current legislation
- Structured indication reduces re-work and closes loop with OP for future quality metrics
 - Proven to reduce changed orders
 - Allows engagement of OP for consults
 - Improves interpretation vs confusing free text
 - Reduces denials from commercial carriers





Case Study: northern Michigan pilot

EXAMPLE OF PORTAL APPROACH

Quest for something better

- **Why: Strategic Objectives**

- Begin to position the practice for the **movement** from FFS to **pay for value**
- **Reduce #1 pain point:** pre-authorization hassles, related expenses & administrative burdens
- Ultimately, move region away from non-uniform payer driven pre-authorization processes to a **provider led universal** clinical decision support approach for imaging services which positively impacts **patient care** and creates the opportunity to develop new **quality** based **metrics** for imaging services
 - ~~Preauthorization~~ — CDS: **Appropriate Use Criteria**
- Create a **leadership role** for radiologists with physician organizations in the area
- Demonstrate **radiologist value add** to referring providers across the region

Northern Michigan Pilot

“palatability test”



Key Pilot Results

Key Results:

Overall very positive.
The ordering providers found **utility and sustainability** in using the tool

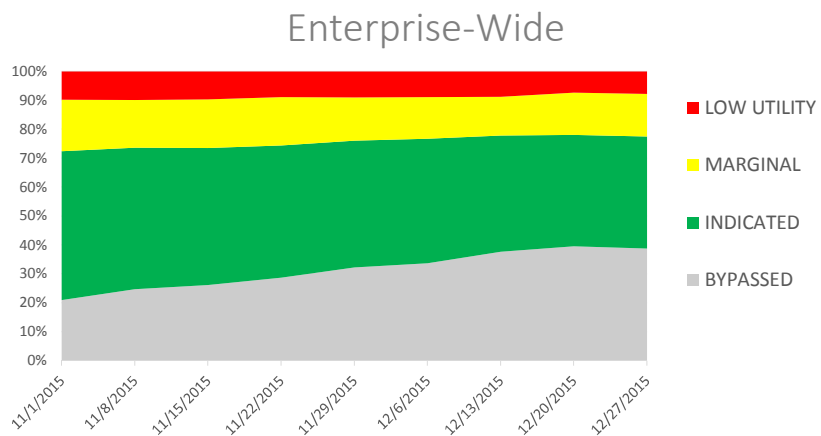
- **Improvement in appropriateness** of imaging orders
- **Flexibility** to meet the needs of their individual patients with **less administrative cost**
- **Better approach** for guiding medical imaging ordering
- **Quick and easy feedback**
- **More confidence** in ordering
- Use of the tool in **real-time** provided **hands-on learning**
- Useful **educational** tool
- **Preferred the tool** over pre-authorization
- **Enhanced communication & collaboration**
- **Supports consultative role** of the radiologist
- **Greater capacity to discuss** clinical options with radiologists
- **Opportunity to share findings with payers**

Likely Compliance



Lessons learned From the field

Do not use free text: require structured reasons



Mapping up front

- Spend time identifying and mapping up front and anticipate this to be ongoing through use of any tool

Current REGIONAL events

In our “neck of the woods” ...

- R-SCAN
- Engaging the Provider Organization
- Payer discussions
- Legislative
- MRS/RBMM working together on initiatives
- Leading CDS initiative for facilities