



Clinical Decision Support for Advanced Imaging

Neil Green, MD

Compliance Officer, Radiologic Associates of Fredericksburg

First: What IS Clinical Decision Support?

A Comprehensive AUC Consultation Requirement

- The Protecting Access to Medicare Act requires that physicians ordering advanced imaging exams consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (qCDSM).
- Ordering providers are required to consult AUC for all Medicare Part B Advanced Diagnostic Imaging Services (CT, MR, NM, PET).
- Consultation is required in all applicable settings as outlined by CMS. These include physician offices, hospital outpatient departments (including emergency departments), ambulatory surgical centers, and independent diagnostic testing facilities

First: What IS Clinical Decision Support?

Selecting CDS Not a One-and-Done Endeavor

**Clinical
Decision
Support**



Appropriate Use Criteria

Clinical guidelines for imaging appropriateness created by provider-led entities approved by CMS

- American College of Radiology



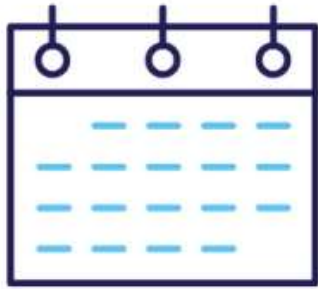
IT Vendor

Software tools that enable referring providers to consult AUC, available from vendors approved by CMS

- National Decision Support Company (NDSC) CareSelect (integrated with Epic)

First: What IS Clinical Decision Support?

Program Timeline



Program Start

January 1, 2020 marks the formal start of the program. Healthcare providers will be required consult a qualified CDSM when ordering advanced imaging tests.



Education & Testing Period

Throughout 2020, the program will operate in an "Educational and Operations Testing Period". During this period, AUC consultation must occur across all advanced imaging and AUC consultation information is expected to be reported on claims.



Payment at Risk

In January 2021 the program will be fully implemented. Information regarding the ordering professional's consultation with a CDSM must be appended to the claim in order for that claim to be paid.

First: What IS Clinical Decision Support?

Priority Clinical Areas & Physician Measurement

CMS has outlined eight Priority Clinical Areas (PCAs) as a baseline of clinical coverage to measure outlier physicians. Outlier calculation will be based on both AUC adherence within the PCAs and applicability of the AUC to the service.

In addition to outlier calculation, the PCAs can serve as a guide to begin your CareSelect Imaging implementation. With a focus on quality improvement opportunities, the PCAs offer a springboard to create immediate impact to address imaging over-utilization.

- ✔️ Coronary Artery Disease (suspected or diagnosed)
- ✔️ Suspected Pulmonary Embolism
- ✔️ Headache (traumatic and non-traumatic)
- ✔️ Hip Pain
- ✔️ Low Back Pain
- ✔️ Shoulder Pain (to include suspected rotator cuff injury)
- ✔️ Cancer of the Lung (primary or metastatic, suspected or diagnosed)
- ✔️ Cervical or Neck Pain

Integration with Epic (MWHC)

Project Goals

Improved Quality of Care

- ✓ Best exam for the patient

Educate providers on imaging appropriateness

- ✓ Make evidence available in alerts
- ✓ Distribute supporting clinical evidence

Efficiency gains in radiology-physician communication

- ✓ Standardized Indications
- ✓ Fewer calls and changed orders

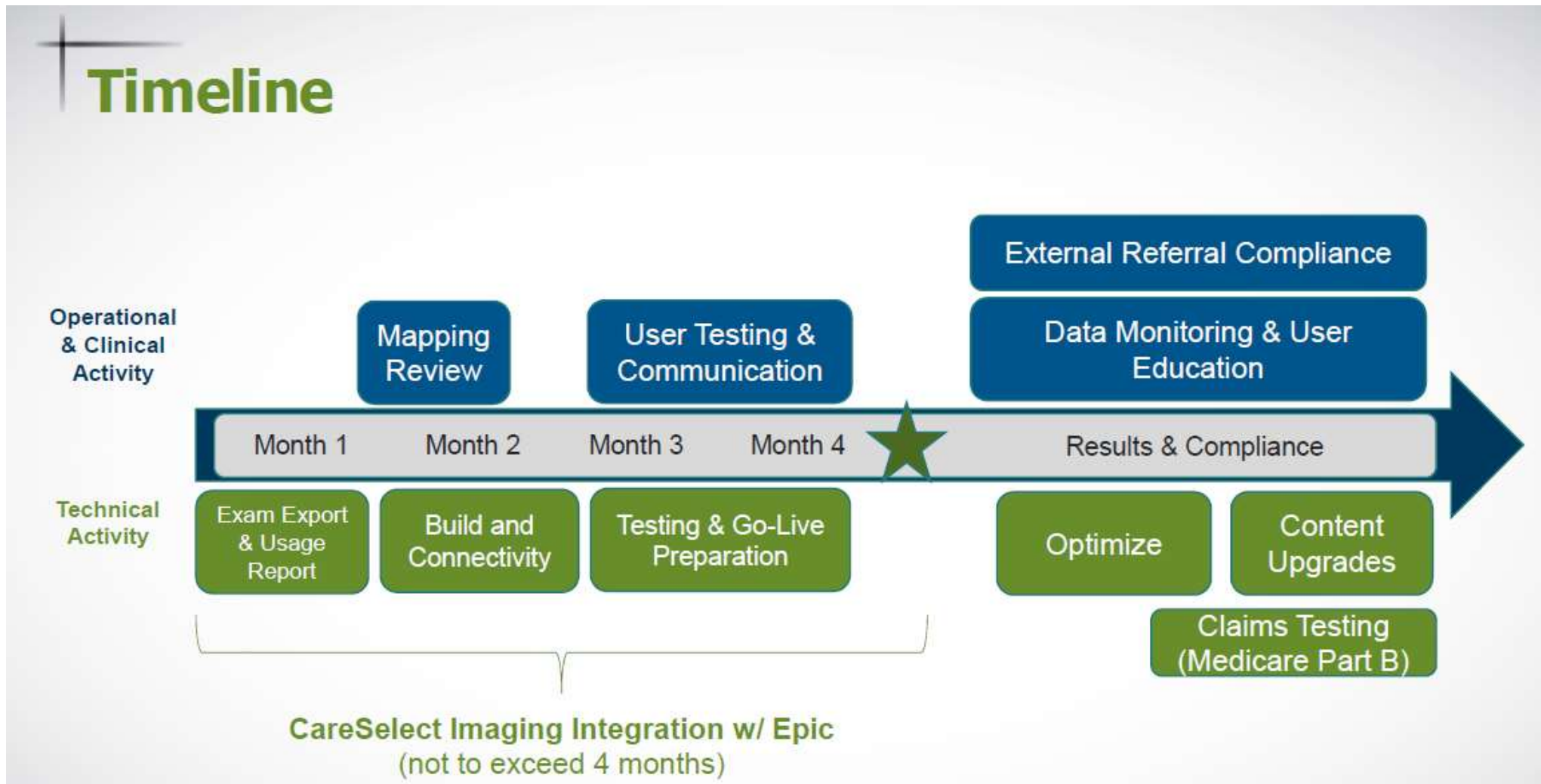
Cost savings

- ✓ Avoid unnecessary exams for DRG-based reimbursements
- ✓ Reduced patient out-of-pocket costs

Ensure compliance with CMS mandate beginning Jan 1, 2020

- ✓ Robust AUC for Priority Clinical Areas, Data Monitoring, User Feedback

Integration with Epic (MWHC)



Integration with Epic (MWHC)

Creating a Successful CDS Program



Implementation Strategy

- Focus on high value AUC
- Minimize physician burden
- Measure for results & accountability
- Share data
- Expand scope following successful adoption

Integration with Epic (MWHC)

Operational and clinical involvement is key to the successful adoption of CareSelect™

Project Leadership

- **Executive Sponsor**
- **Physician Champion(s)**
 - Ordering providers and radiologists
- **Decision Support Steering Team**
 - Operational Leaders
 - Clinical Champions
 - Quality, Compliance, IT

Integration with Epic (MWHC)

PAMA Requirements and Incentives

Now – December 2019

January, 2020 – Onward



Early adoption of AUC provides a high weight MIPS credit

Ordering providers must consult AUC from a qualified Clinical Decision Support Mechanism (qCDSM) for advanced imaging orders (Medicare part B only)

Additional Details

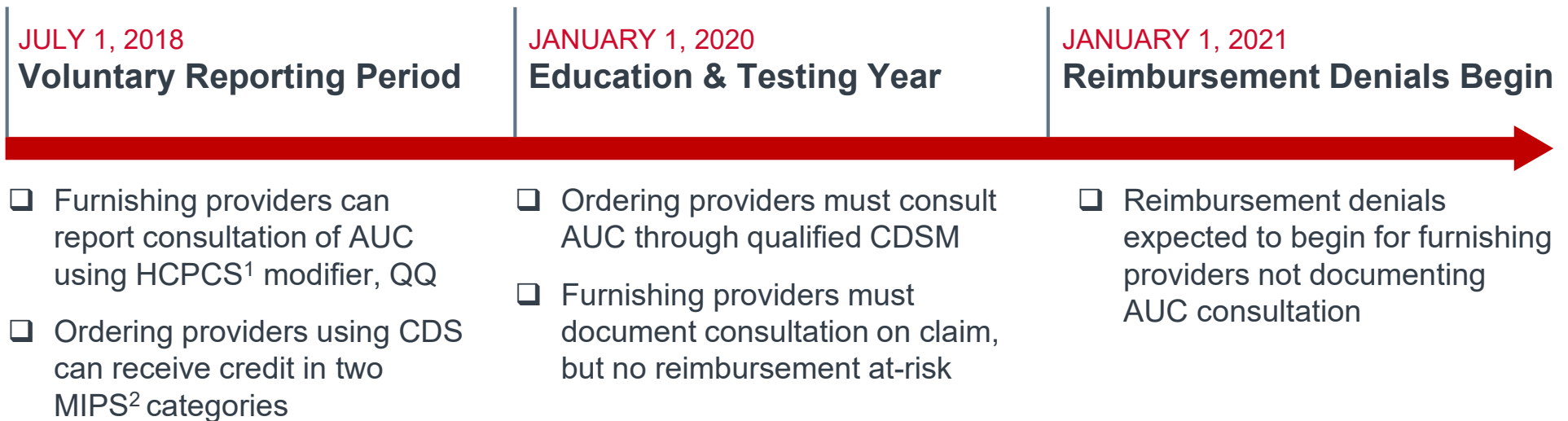
- CY 2020: Education & testing year – Consultation must occur
- CY 2021: 1st year of measurement for outliers
- Adherence to AUC will be measured within Priority Clinical Areas
- Future rulemaking expected to refine requirements

Priority Clinical Areas

Cancer of the Lung
 Cervical or Neck Pain
 Coronary Artery Disease
 Headache
 Hip Pain
 Low Back Pain
 Shoulder Pain
 Suspected Pulmonary Embolism

A Closer Look at CDS Medicare Requirements

Timeline for Clinical Decision Support



What Does Decision Support Look Like?

Exam ordered: CT Shoulder Left With Contrast
Indication: Bone pain, shoulder

BestPractice Advisory - Cobb Scott

Appropriateness	Procedure
4	CT SHOULDER LEFT WITH CONTRAST
9	XR SHOULDER 1 VW LEFT
9	XR SHOULDER 2 VW LEFT
9	XR SHOULDER 3 VW LEFT
9	XR SHOULDER 4 VW LEFT
9	XR SCAPULA LEFT
8	MRI SHOULDER LEFT
5	US SHOULDER LEFT
3	NUC MED BONE SCAN

Click here for ACR Appropriateness Criteria reference information

Remove Keep ~~CT ARM LEFT~~

Add Order Skip XR SHOULDER 1 VW LEFT

Add Order Skip XR SHOULDER 2 VW LEFT

Add Order Skip XR SHOULDER 3 VW LEFT

Acknowledge Reason
Low Risk Intolerant to MRI See Comments

Alternate exams unfiltered

BestPractice Advisory - Cobb Scott

Appropriateness	Procedure
4	CT SHOULDER LEFT W CONTRAST
9	XR SHOULDER 2 VW LEFT
9	XR SCAPULA LEFT
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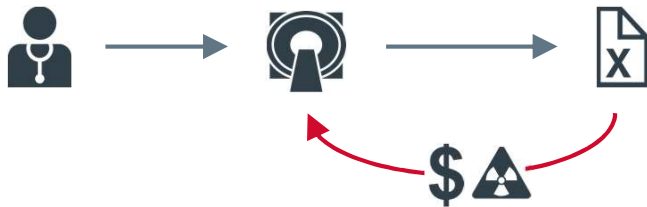
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Alternate exams filtered

Predicting the Impact of CDS

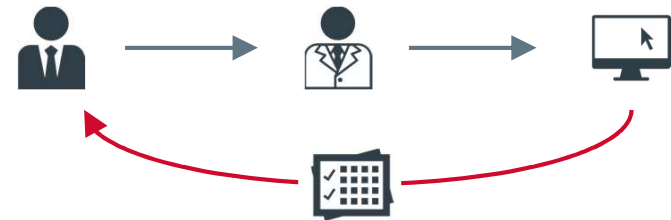
CDS Helps Justify Cost and Care, Though Volumes Uncertain and Variable

Reduces Inappropriate Utilization



Referring physician orders CT without contrast; patient must be rescanned with contrast, increasing costs (and radiation exposure)

Justifies Appropriate Care



CDS enables conformance with AUC requirements, and overall goals of improving appropriate use of medical imaging.

Opportunity to Deliver Outsized Clinical Value

Aiming for Benefits Far Beyond Meeting a Federal Mandate

**Improves Care
Coordination**



Reduces back-and-forth between imaging, referrer to change, correct order

**Enables Higher
Quality Imaging Care**



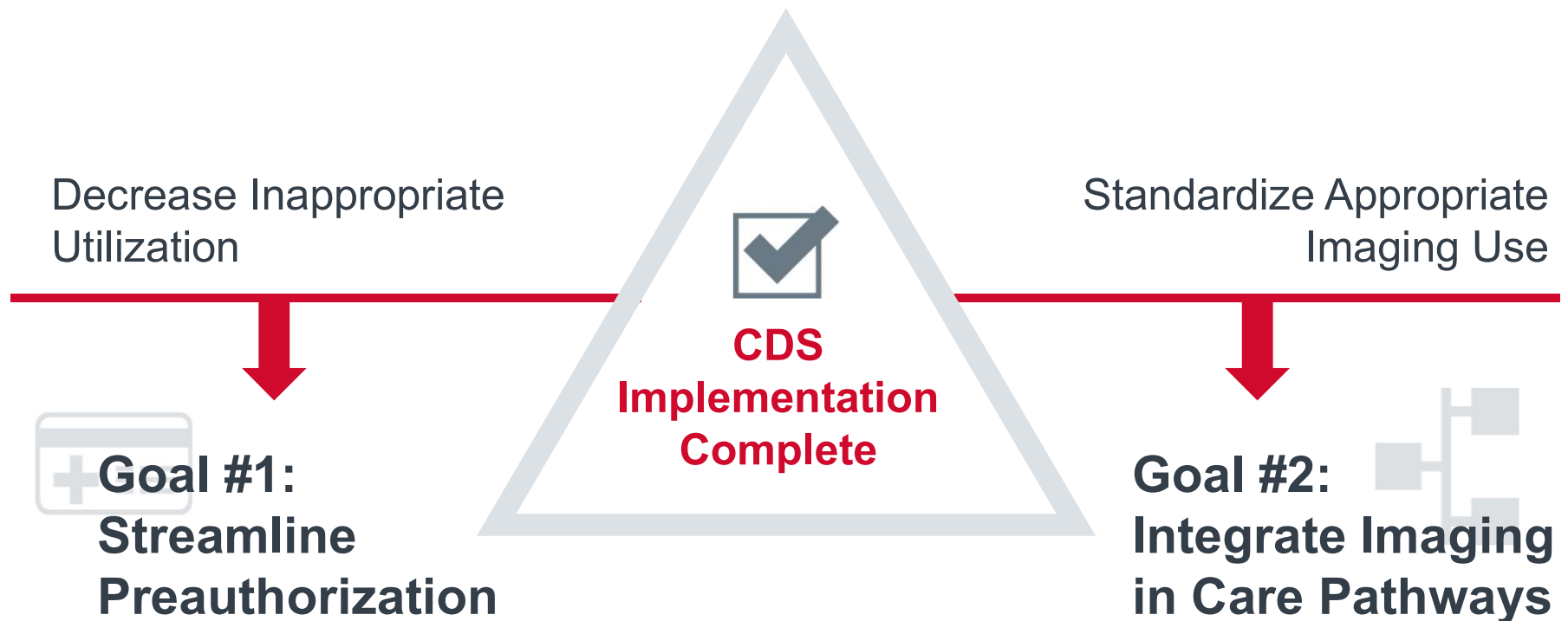
Allows imaging to customize protocol, read to address indication

**Advances Progress Toward
Value-Based Goals**



Aligns imaging's focus of cost, quality with larger value-based initiatives

Leverage Tool to Accomplish Larger Goals



Questions?