Imaging Utilization: The Radiology perspective

Geraldine McGinty, MD, MBA
American College of Radiology

November 13th, 2008
National Health Policy forum

Questions

- Does the experience of private payers mirror that of Medicare with respect to the utilization of and spending for imaging services
- What are the most effective methods to ensure more appropriate use and better quality of imaging services?
- How important is specialization in the performance and interpretation of medical imaging services. How can the health care system adapt to increasing subspecialization while maintaining appropriate access?
- How can Medicare be a prudent purchaser when medical technology, and imaging in particular, changes rapidly?

What is driving increasing utilization?

- **Positive**
  - Imaging replacing more invasive procedures
  - Expanded role of imaging, e.g acute stroke
  - More effective screening e.g breast cancer
  - Aging, more informed beneficiary population
- **Negative**
  - Incentives for inappropriate self referral
  - Knowledge gap
  - Duplicative studies
  - Additional tests
  - Defensive medicine
  - Patient demand

Decreased Unit Cost has not produced desired results

- DRA did not halt growth in imaging utilization and will not drive out inappropriate utilization
- Inappropriate utilization may in fact increase as non-radiologist providers generate more volume to meet their revenue goals
- Quality will inevitably decrease

ACR™ American College of Radiology

How can utilization be managed most effectively?

- Removal of incentives for self referral
- Education and support of referring physicians
- Use of appropriateness guidelines
- Increased awareness of radiation risk
- Recognition of and payment for quality
- Medical liability reform

How can utilization be managed most effectively?

- Removal of incentives for self referral
- Education and support of referring physicians
- Use of appropriateness guidelines
- Increased awareness of radiation risk
- Recognition of and payment for quality
- Medical Liability reform

How can utilization be managed most effectively?

- Radiology has taken a leadership role in:
  - Appropriateness guidelines
  - Accreditation
  - Physician education
  - Educating the public
  - Radiation dose reduction

ACR Appropriateness Criteria

Procedure List

Topic:Suspected Liver Metastases

Variant:Surveillance following treatment of primary tumor.

Procedure	Rating	RRL
CT abdomen with contrast	8	Med
MRI abdomen with contrast	7	None
FDG-PET whole body	6	High
MRI abdomen without contrast	4	None
CT abdomen without contrast	4	Med
NUC In-111 somatostatin receptor scintigraphy	4	High
US abdomen with or without Doppler	4	None
CT arterial portography liver	2	Med
CTA abdomen	2	Med

Appropriateness Criteria Scale

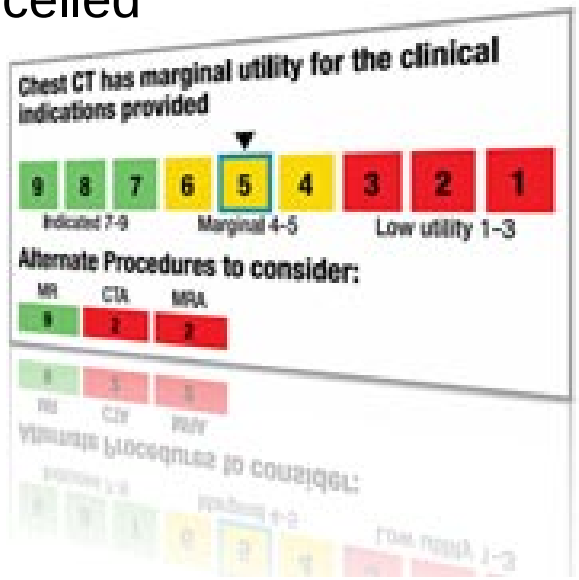
1 2 3 4 5 6 7 8 9

1=Least appropriate

9=Most appropriate

Real time decision support

- MGH real time decision supported order entry system
- Reduced “low utility” studies by 2/3 in Y1
- 20% of orders for “low utility” studies were cancelled
- Requires EMR
- Real time scheduling key to success
- Potential long term effect on quality



Accreditation / Quality Improvement

Questions

- What are the most effective methods to ensure more appropriate use and better quality of imaging services?
- How important is specialization in the performance and interpretation of medical imaging services. How can the health care system adapt to increasing subspecialization while maintaining appropriate access?
- How can Medicare be a prudent purchaser when medical technology, and imaging in particular, changes rapidly?

Specialization versus Access

- Radiology training programs deliver excellence
- Younger and fellowship trained radiologists tend to specialize more
- Value of the onsite radiologist
- Accreditation programs measure training and expertise
- Challenge to support radiologists in small and rural practices

Questions

- What are the most effective methods to ensure more appropriate use and better quality of imaging services?
- How important is specialization in the performance and interpretation of medical imaging services. How can the health care system adapt to increasing subspecialization while maintaining appropriate access?
- How can Medicare be a prudent purchaser when medical technology, and imaging in particular, changes rapidly?

Adapting to changing technology

- Understanding practice patterns
  - billing clarity and transparency
  - e.g. itemized billing of PC and TC
- CPT code development process
  - Collaborative efforts to develop robust evidence based proposals
    - Providers/CMS/Vendors
- RUC new technology review and 5 year review
  - Evaluates changing practices

ACR™ American College of Radiology

How can utilization be managed most effectively?

- Unit cost reduction will encourage inappropriate utilization and drive down quality
- Beneficiaries deserve high quality and real time decisions on appropriate imaging
- Physician education is critical for long term benefits
- Continued efforts to weed out inadequate equipment and reduce radiation risk
- Imaging innovations are increasing quality of life for Medicare beneficiaries but must be used wisely