



# **Balancing Access, Quality, Safety and Affordability: UnitedHealthcare's Excellence in Radiology Program**

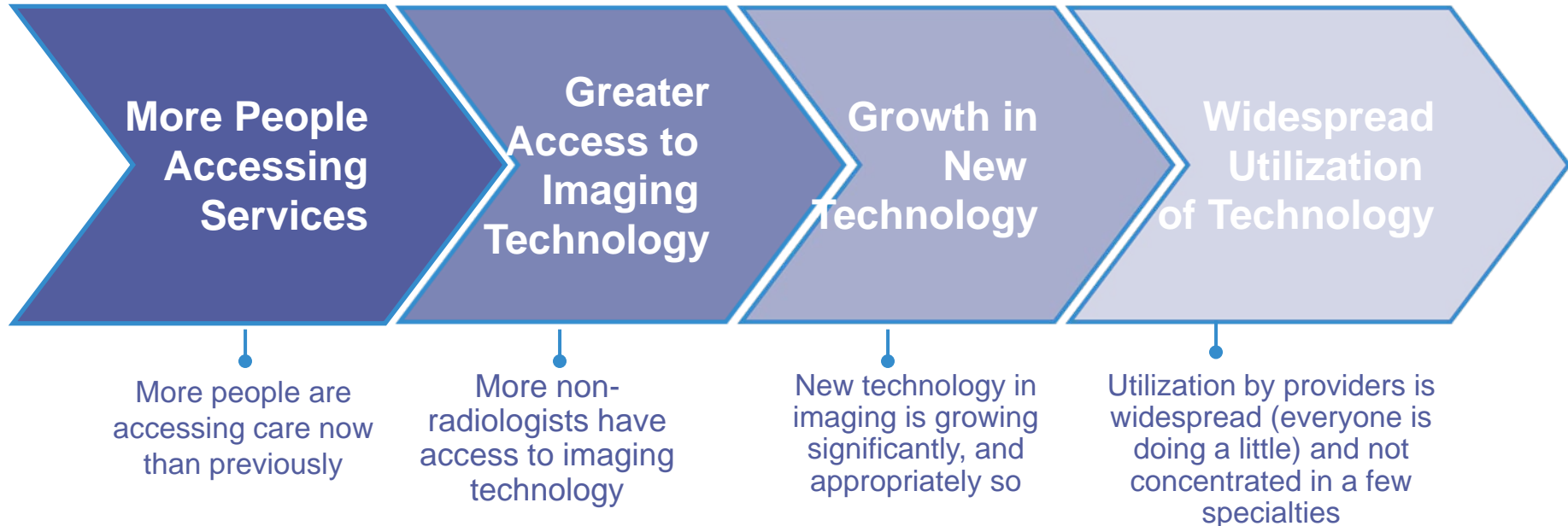
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National Health Policy Forum Session  
November 13, 2008



- **\$100B per Year Attributable to National Diagnostic Imaging (10% of US Healthcare Dollars)**
- **15 - 20% Overall Annual Imaging Procedure Growth**
- **50 - 60% of Total Radiology Spend Attributable to High-End Imaging**

\*\*Source: Imaging Economics

## Drivers of Imaging Spend



## **JAMA study: Coronary CTA poses substantial cancer risk in select patients**

7/17/2007

Sixty-four slice coronary CT angiography (CTA) forges ahead as the go-to imaging modality in coronary artery disease, but the diagnostic test carries a significant risk for radiation-induced cancer, especially in women and younger patients, according to a study published today in the *Journal of the American Medical Association*.

## **Report: U.S. exposure to medical radiation skyrockets**

4/19/2007

U.S. residents are being exposed to nearly six times more radiation from medical devices compared to 1980 levels, according to preliminary results of a new study issued this week by the National Council on Radiation Protection & Measurements (NCRP).

## **ACR issues white paper on radiation dose**

4/19/2007

The American College of Radiology (ACR) of Reston, VA, has issued a new white paper on the appropriate use of medical imaging in an effort to counter the documented rise in radiation being delivered by medical devices.

## Imaging Challenges

- *Rapid & sustained growth*
- *Widespread use & availability of expensive technology*
- *Significant variations in:*
  - *Quality*
  - *Safety*
  - *Appropriate Utilization*



## Imaging Opportunities

- *Improve quality and affordability*
- *Provide administratively efficient programs that address variations*
- *Reduce health resource waste*
- *Enhance evidence-based practices & expert physician guidance*


# Notification Program

## Program Design

- Support physicians in their decision-making process
- Identify and avoid duplication of diagnostic services
- Demonstrate the appropriateness of imaging services prior to being rendered
- Enhance consistency between the use of imaging studies & current evidence and professional society guidance
- Maximize enrollee benefits by providing information regarding the most current clinical and technical practices
- Reduce unnecessary radiation exposure to enrollees

## Notification Details

- A prior notification process for selective outpatient, advanced imaging procedures (CT, MRI, PET, Nuclear Medicine/Cardiology)
- It is not a pre-certification, preauthorization or a medical necessity determination.
- It may involve a physician-to-physician discussion, using evidence-based clinical guidelines, to support physicians in their decision-making process.

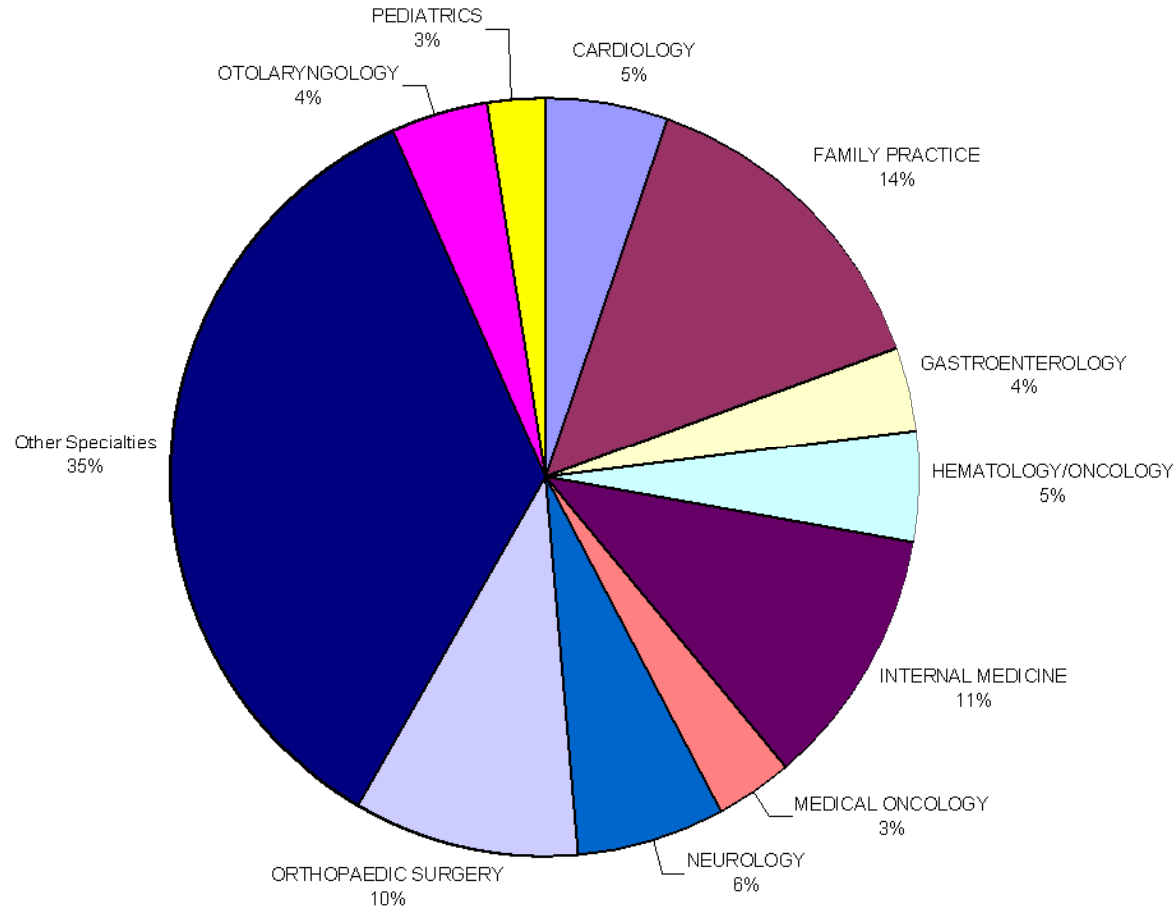
 **Requests for radiology notification are never denied. Physician maintains final decision authority.**

# Radiology Notification Program



- Operating across 36 states and D.C.
- 75% of physicians ordered  $\leq 5$  advanced imaging studies since the program launched
- 15 CPT codes represent 66% of the total cases requested

**Notification Metrics:  
Percent of All Requests by Specialty**



## Program Benefits

- Provide consumers with access to the right imaging study for the right reason the first time.
  - *Patient centered approach – ensuring the most appropriate study is performed to aid in the clinical diagnosis*
- Reduce unnecessary radiation exposure to enrollee/member.
- Increase quality and safety of imaging services by avoiding costly procedures that are not consistent with evidence-based clinical guidelines.

## UnitedHealthcare Impact

- 3% of procedures requiring notification are redirected to a more appropriate study
  - Annualized impact = 65,000 procedures/year are modified so they are performed correctly the first time
- 9% of procedures that require notification were avoided as they were not consistent with evidence-based guidelines
  - Annualized impact = 315,000 procedures avoided that were inconsistent with guidelines

# Alternative to Notification



## SPECT- MPI Appropriateness Pilot



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### AMERICAN COLLEGE OF CARDIOLOGY AND UNITEDHEALTHCARE PARTNER TO LAUNCH PILOT PROGRAM TO ADVANCE APPROPRIATE USE OF CARDIAC IMAGING

Pilot program in {10} markets will employ professional society guidance to assist physicians in more effectively using an increasingly important cardiac imaging test

WASHINGTON (October XX, 2007) – The American College of Cardiology (ACC) today announced a pilot program, sponsored in part by UnitedHealthcare, a UnitedHealth Group (NYSE: UNH) company, that will provide physicians with clinical guidance regarding the use of Single-Photon Emission Computed Tomography Myocardial Perfusion Imaging (SPECT MPI). The guidance will enable physicians to administer the procedure more effectively and efficiently. This program represents the first time ACC has partnered with a health plan to implement Appropriateness Criteria, which provide expert physician opinion on the use of diagnostic and therapeutic procedures with regard to cardiovascular disease.

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- Co-sponsored by American College of Cardiology (ACC)
- Designed to help physicians evaluate their performance of test ordering by providing feedback on their use of SPECT MPI nuclear cardiac imaging based upon empirical Appropriateness Criteria established by the ACC and ASNC
- 10 practices in 8 states measuring Heart Perfusion Appropriateness (10 practices include 144 individual physicians)
- Assessment performed at point of service vs. point of order



# Imaging Accreditation: Advancing Quality and Safety of Imaging



**ACR**<sup>TM</sup>  
AMERICAN COLLEGE OF  
RADIOLOGY

**IAC**  
INTERSOCIETAL  
ACCREDITATION  
COMMISSION

## Program Design

- Addresses the quality & safety of imaging services through the application of nationally recognized standards
- Ensures imaging equipment, technologists & physicians are in compliance with appropriate performance standards
- All facilities and physician offices performing outpatient imaging studies that bill on a HCFA 1500 claim or the electronic equivalent, and are performing specific outpatient imaging studies, will be required to obtain accreditation by **Q4 2009**.
- Physicians and facilities who do not apply for accreditation by **Q4 2009**, will not be eligible for reimbursement for imaging services that require accreditation.
- Applies to technical and global service claims
- Aligns with Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

### Initial imaging modalities subject to accreditation:

- **CT**
- **MRI**
- **Nuclear Medicine/Cardiology**
- **PET**
- **Echocardiography**

## Searches

- [Find Physician](#)
- [Find Hospital or Other Facility](#)
- [Find Laboratory](#)
- [Búsqueda de Médicos](#)
- [Find Medical Equipment and Supplies](#)
- [Find Pharmacies](#)
- [Find Vision Care](#)
- [Find Mental Health Clinician](#)
- [Find Discount Providers](#)
- [Non-Network Savings](#)

## Tools & Information

- [View Physician Quality and Cost Efficiency](#)
- [View High Performing Hospitals for Specific Specialties](#)
- [View Hospital Quality of Care and Cost Estimates for Procedures](#)
- [Tips for Choosing Healthcare](#)

## What Makes a Good Radiology Facility?

When your doctor orders an imaging examination to confirm your diagnosis or to see how your care is progressing, you should be assured that this examination will be performed in a high quality and safe facility. Imaging examinations include x-rays, mammograms, ultrasound, CT scans, MRI scans, PET scans, nuclear medicine exams, and interventional procedures such as angiograms to look at your blood vessels, stents to relieve blocked blood vessels, and biopsies. These examinations may take place in hospitals, freestanding imaging centers and, in certain cases, physician offices.

The American College of Radiology places quality and safety as two of its highest priorities and is pleased to offer this series of questions you should ask your doctor so you can be sure of the quality and safety of your imaging examination.

### Q. Will a board-certified radiologist interpret my examination?

A. The American College of Radiology (ACR) recommends that all imaging examinations be interpreted by properly qualified physicians. A radiologist certified by the ACR will clearly meet this recommendation. In its Practice Guidelines, the ACR defines alternative pathways for physician qualification. For further details: [ACR Practice Guidelines and Technical Standards](#)

### Q. Is the imaging facility formally accredited?

A. The American College of Radiology (ACR) has a comprehensive program for facility accreditation for Radiation Oncology, MRI, CT, Nuclear Medicine and PET, Ultrasound, General radiography, Mammography, Breast Ultrasound and Stereotactic Breast Biopsy. Equipment and personnel must meet specific qualifications, and a high level of image quality is required for this accreditation. Other accrediting bodies exist and may also be acceptable, provided their criteria are at least as rigorous as those of the ACR. Read more about the [ACR Accreditation Programs](#)

### Q. Does a qualified medical physicist check the imaging equipment yearly for safety?

A. Radiation exposure and equipment performance are two important aspects of patient safety. Only a thorough annual equipment examination by a qualified medical physicist can assure proper safety.

### Q. If I'm getting an injection, does the facility have a formal emergency response plan?

A. Intravenous injections, used to enhance the detail of some imaging examinations, carry a very small risk of serious reaction. Find out if your imaging facility has a formal emergency response plan in place, in case of a reaction.

## Also See

- [Find a hospital or other facility](#)
- [Tips for choosing a hospital](#)

- Imaging Management Programs, carefully designed and implemented, can improve quality, safety, and medical cost trends
- Key design features include:
  - Careful attention to operations to minimize administrative burden
  - Piloting and ongoing refinement
  - Upfront and ongoing engagement and feedback from specialty societies, practicing physicians, and office staff
- Collaborative Initiatives with Specialty Societies offer significant promise
- More broadly, Medicare and other payors should test pre-service strategies such as:
  - Assessment of procedures for concordance with clinical guidelines
  - Decision-support programs for enrollees
  - “Value-based” benefit designs that align coverage with clinical value
- Independent evaluations would increase the evidence base for policy and program decisions