Imaging Appropriate Use Criteria: A Proven Replacement for Prior Authorization

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DISCLOSURES

- The American College of Radiology has been developing Appropriateness Criteria since 1993 for diagnostic imaging and is a CMS approved “Qualified Provider Led Entity” and is one provider of AUC to the National Decision Support Company who have developed “Care Select Imaging”, a CMS approved “Qualified Clinical Decision Support Mechanism”
Time for Action: PAMA Mandate

- Starting Jan. 1, 2020 -- referring providers **must** consult appropriate use criteria (AUC) prior to ordering advanced diagnostic imaging services (ADIS: CT, MRI, NM, PET) for Medicare patients.*

- This must be done **(and documented)** via a CMS approved qualified clinical decision support mechanism (qCDSM) using AUC from qualified provider led entities (qPLE).

- Calendar year 2020 an “Education and Operations” period. *Exemptions: Inpatient and EMTALA services; lack of Internet connectivity.*
Key Goals for Imaging AUC Policy

- Evidence-based point of care alternative to prior authorization.
- Aids movement towards value-based care rather than Fee-for-Service.
- Protects patients from unnecessary procedures and radiation.
- Promotes care coordination and referrer education.
AUC and Congress

- Imaging AUC provisions enacted into law with Protecting Access to Medicare Act (PAMA) of 2014
  - No national medical specialty society opposed the AUC approach during legislative process
  - Policy received strong bipartisan, bicameral support on Capitol Hill
  - AUC designed to be the first of many “system-wide” changes in health care focusing on value-based care
Fundamentals

- Requires ordering physicians to *consult, but not adhere to*, imaging AUC prior to referring Medicare beneficiaries for advanced diagnostic imaging services (ADIS).
  - Rendering physician/facility (e.g. radiologist, hospital) bears all financial risk
  - Law and CMS regs give preference to AUCs developed by “qualified Provider-Led Entities” (e.g. national medical specialty societies, NCCN, some academic facilities)
  - Promotes use of electronic “Clinical Decision Support Mechanisms (CDSMs)” for seamless integration within electronic order entry
CMS Rules for AUC Program

- **Ordering professionals must consult AUC.**
  - Via qCDSM software integrated in EHRs or via stand-alone web-based portals
  - CDS mechanisms **must offer no cost** web-based portals
  - ACR anticipates qCDSM will provide **unique identifier for the exam order**

- **Exemptions:** Inpatient and EMTALA services; lack of Internet connectivity.

- Tool must provide **immediate feedback** to ordering professional on appropriateness guidance (no delay like PA)

- Multiple qCDSMs **integrate directly into, or operate seamlessly with,** existing health IT systems.
AUC Implementation Now Imminent

- CMS has moved *steadily* to get feedback from stakeholders to ensure minimal burden to implement.

- **Latest implementation schedule:**
  - **July 2018-December 2019:** Voluntary reporting period for early AUC adopters *(with MIPS credit!)*
  - **January 2020:** New start date for AUC program beginning with one year “Educational and Operations” testing period (AUC required but no penalties on rendering physicians)
AUC is Ready for Prime Time

- CMS allowed ordering physicians **six years** to prepare for implementation (*PAMA 2014 – 2020 start date*).
- Meanwhile, AUC-qCDSMs successfully adopted EHR integration in over 500 health systems and 2,000 acute care facilities in all 50 states.
- Available via a free web portal.

Collaboration between CMS, CDSM vendors, as well as ordering and rendering physicians, helped piece together an effective AUC policy.
CareSelect Imaging Adoption

More than 500 Health Systems, 5000 Hospitals
Informing more than 5 million monthly decisions
NDSC solutions have been adopted by over 500 health systems covering 2,000 facilities which process over 5 million decision support transactions monthly.
This is NOT Prior Authorization!

- Ordering physicians prefer CDS to prior authorization programs of radiology benefit management companies (RBMs):
  - Point of care, **NO DELAYS**
  - No FTEs sitting on phones
  - No “hard stop”
  - An educational tool for physicians and patients
Physicians Fed Up With Prior Authorization

Patient Clinical Outcomes Shortchanged by Prior Authorization, Says AMA Physician Survey

FOR IMMEDIATE RELEASE

March 19, 2018
Physicians Fed Up With Prior Authorization

Physician perspective on PA burdens

Q: How would you describe the burden associated with PA for the physicians and staff in your practice?

- High or extremely high: 84%
- Neither high nor low: 12%
- Low or extremely low: 4%

Patient Clinical Outcomes
https://www.ama-assn.org/daily-magazine/physician-prior-authorization

FOR IMMEDIATE RELEASE

March 19, 2018

American College of Radiology
AUC CONSULTATION VIA CDS CONFORMS TO AAFP POLICY

New AAFP Policy Takes Aim at Prior Authorizations

May 26, 2017 01:55 pm News Staff – What's the single most frustrating part of modern medical practice for U.S. physicians?
Physicians Fed Up With Prior Authorization

“The American Academy of Family Physicians (AAFP) believes prior authorizations should be standardized and universally electronic throughout the industry to promote conformity and reduce administrative burdens.

…when prior authorizations are clinically relevant, the AAFP believes they should be evidenced-based, transparent, and efficient to ensure timely access and ideal patient outcomes”
Cerner EHR integration
Feedback and Alternate Test Selection
Epic EHR Integration
Feedback and Alternate Test Selection
No Fee Web site

### Appropriateness rankings for a 28 year old Male

<table>
<thead>
<tr>
<th>Appropriateness</th>
<th>Service</th>
<th>Cost</th>
<th>RRL</th>
<th>Display Evidence</th>
</tr>
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<tbody>
<tr>
<td>8</td>
<td>MR HEAD/BRAIN WO CONTRAST</td>
<td>$$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>7</td>
<td>MR HEAD/BRAIN W CONTRAST</td>
<td>$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>7</td>
<td>MR WHOLE SPINE W CONTRAST</td>
<td>$$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>6</td>
<td>MR WHOLE SPINE WO CONTRAST</td>
<td>$$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>5</td>
<td>CT HEAD W CONTRAST</td>
<td>$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>5</td>
<td>CT HEAD WO CONTRAST</td>
<td>$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>4</td>
<td>CT HEAD WO CONTRAST</td>
<td>$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>3</td>
<td>PET CT BRAIN FGD</td>
<td>$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>2</td>
<td>MR SPECTROSCOPY HEAD WO CONTRAST</td>
<td>$$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>2</td>
<td>NM BRAIN SPECT</td>
<td>$$$</td>
<td>$$$</td>
<td>Select this service</td>
</tr>
<tr>
<td>1</td>
<td>US TRANSCRANIAL DOPPLER - INTRACRANIAL ARTERIES</td>
<td>$$</td>
<td>$$</td>
<td>Select this service</td>
</tr>
</tbody>
</table>
Referrer Benefit: AUC Integration Within QPP

- 2018 Quality Payment Program (QPP) Final Rule grants ordering physicians who consult imaging AUC beginning in July 2018 “high-level” MIPS improvement activity credit.
The Best News

- It really works
  - Optimizing Imaging Utilization
  - Protecting patients from unnecessary or inappropriate tests
  - Educates referring providers
  - Empowers referring providers to address patient insistence
Massachusetts General Hospital
High Cost Imaging

Effects of CDS
2000 - 2007

Adjusted Annual Compound Growth Rate
12%

Adjusted Annual Compound Growth Rate
1%

Decision Support Rules In Effect

CT Scans


American College of Radiology
INSTITUTE FOR CLINICAL SYSTEM IMPROVEMENT (ICSI)

IMPACT ON HiTCH TECH DIAGNOSTIC IMAGE ORDERING

*ICSI Project Report:
https://www.icsi.org/health_initiatives/diagnostic_imaging/*
Radiologists and emergency department physicians partner on an R-SCAN™ project.

More than 18% of CTPE exams were inappropriately being ordered without a D-Dimer test. In many cases, receiving a scan despite a negative D-Dimer test.

As a result of the practice improvement initiative and intervention a reduction in CTPE of over 52% was achieved.
AUC Delivers Real Results

$600k Saved¹

17% Reduction in Low Utility Ordering²

50% Increase in Diagnostic Efficiencies²
AUC Delivers Real Results

38%
Reduction in Imaging for Low Back Pain

Baylor College of Medicine radiologists worked with referring physicians to reduce unnecessary imaging for low back pain through R-SCAN™.

A mid-sized health system in Wisconsin successfully mitigated the over-ordering of CT scans for uncomplicated headache through the targeted use of guidelines delivered through CareSelect Imaging.

63%
Reduction in Imaging for Uncomplicated Headache

43%
Increase in Provider PECARN Adherence

Einstein Healthcare Network leveraged their implementation of CareSelect Imaging to develop a custom PECARN subroutine to determine the appropriateness of CT for pediatric patients with minor head trauma.

It’s time to unleash the benefits of AUC!
Example results

- University of Virginia

Table 1. Frequencies and percentages for the number of low utility, marginal utility, and indicated appropriateness score categorizations observed during the pre-intervention (i.e., silent mode) study period and during the intervention (i.e., feedback mode) study period

<table>
<thead>
<tr>
<th>Appropriateness Score Categorization</th>
<th>Study Period</th>
<th>Pre-Intervention</th>
<th>%</th>
<th>Intervention</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low utility</td>
<td></td>
<td>746</td>
<td>11.0</td>
<td>918</td>
<td>5.4</td>
</tr>
<tr>
<td>Marginal</td>
<td></td>
<td>1655</td>
<td>24.5</td>
<td>2134</td>
<td>12.6</td>
</tr>
<tr>
<td>Indicated</td>
<td></td>
<td>4353</td>
<td>64.5</td>
<td>13857</td>
<td>82.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6754</td>
<td>100.0</td>
<td>16909</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- IL Hospital

- 1,986 exams were scored by CDS
- 68% met AUC with scores 7-9, and the PA was Approved (1346 of 1986)
- 16% met AUC with scores 4-6, and the PA was Approved (314 of 1986)
- 16% did not meet AUC with scores 1-3, yet the PA was Approved (308 of 1986)

https://www.jacr.org/article/S1546-1440(18)30387-9/pdf
Aggregate Results

- Directly eliminating over $170m annually in wasteful advanced imaging services
  - Provider acted on feedback
- Identified more than $4.5b in potential savings across all consultations
  - Potential savings through feedback
- Being adopted by many health systems and plans in support of ‘gold card’ initiatives based on data indicating UM effect of CDS to be equivalent or better than current UM approach
  - Payer supported gold card based on effect of evidence based medicine into the workflow
Unmanaged Imaging Utilization Is Not An Option

- Payment cuts and prior authorization threaten patient access to imaging and create huge headaches for referrers.
- Failure to address this through AUC/CDS will lead to more widespread use of prior authorization, interfere in the doctor-patient relationship and delay patient care.

*Let’s work together to make this happen.*
Thanks

Questions?