### Utilizing Information Technology to Manage Radiation Exposure: Emphasis on Decision Support Systems

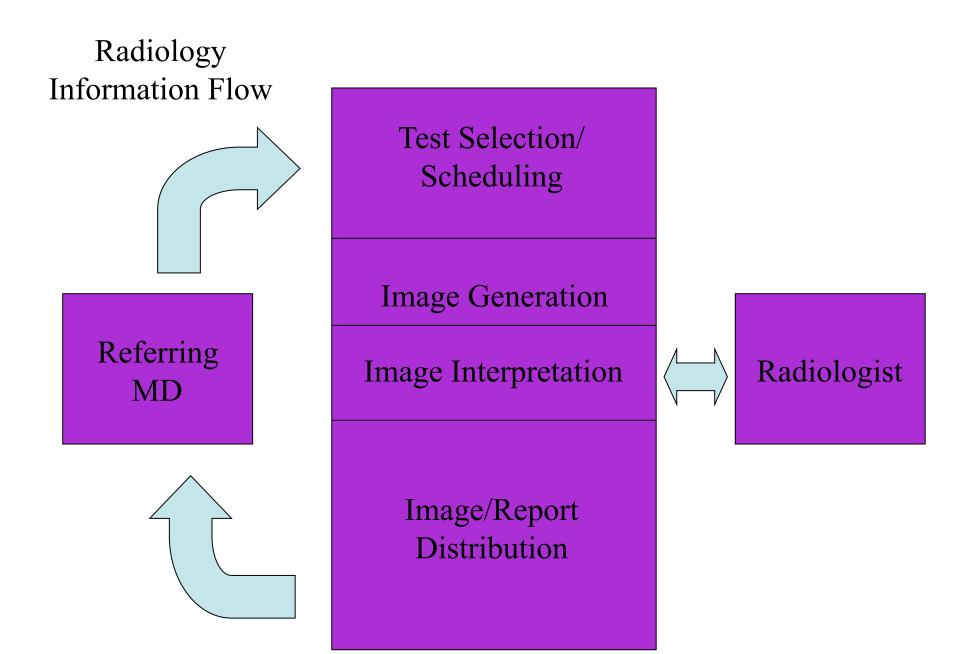
Steven E. Seltzer, MD FACR Chair, Department of Radiology, Brigham and Women's Hospital Cook Professor of Radiology, Harvard Medical School President, Academy of Radiology Research

## COI Disclosure

- Dr Seltzer is the President of the Brigham Radiology Research and Education Foundation, which is an equity holder in Medicalis Corporation, a manufacturer of medical decision support software tools.
- Dr Seltzer has no personal equity in Medicalis Corporation.

### Utilizing Information Technology To Manage Radiation Exposure

- Before the test
- During the test
- After the test



### Minimizing Exposure to Radiation From Diagnostic Imaging Studies

	Before the Test	During the Test	After the Test
confiri elimin 1.2 In	se Decision Support to m medical necessity and ate duplication and waste* clude cumulative radiation sure in the decision	<ul> <li>2.1 Ensure proper protocol selection, with dose saving and monitoring tools enabled, and with ability to download standard protocols directly into imaging devices</li> <li>2.2 Ensure optimum functionality of the equipment and adequate training of the operators</li> </ul>	<ul><li>3.1 Calculate actual patient exposure</li><li>3.2 Export data to EMR and national database</li></ul>

\*also reduces unnecessary costs

### Before the Test

- 1.1 Use Decision Support to confirm medical necessity and eliminate duplication and waste
  - The best ionizing radiation is no ionizing radiation

# 'Front End'

- Pre-authorization
- Decision support
- Decision support delivered within an electronic medical record

'Back End'

Report cards

Peer pressure

Pay for Performance

### **Pre-Authorization**

• A vignette

http://www.radmd.com/

for Physicians

#### Welcome to the National Imaging Associates Web site!

If you are looking for RadMD.com, please see the information on the right (under online tools). National Imaging Associates, Inc. is a clear leader in Radiology Benefits Management (RBM), offering the widest array of innovative solutions available.

NIA pioneered the RBM industry over the last 10 years and has consistently led the nation in providing quality improvement and economic benefit to our client partners. We were the first in the industry to receive URAC HIPAA Privacy and Security Accreditations and JCAHO/NCQA's Privacy Certification for Business Associates. NIA is also URAC Accredited and NCQA Certified in UM. We are fully certified to handle all of the Protected Health Information we receive in the course of our operations.

We continue to maintain a steadfast commitment to improving the quality of radiology care for patients, providing value added services to physicians, and delivering dramatically improved financial results to our healthplan partners.

We hope you will find this Website provides useful information about how the NIA solution is working for better healthcare in America. more»









Utilization Mana



### <u>Home About Us The Imaging Problem RadMD</u> <u>Results Call Center Services Patients Physicians</u>



ient Call Center is one of the most important elements of any Radiology Benefits Management program. This is where, through a simple phone call to our trained customer service and medical staff, physicians receive quick consultation on the radiology modalities they wish to utilize. We think you will agree that NIA's Call Center is the best in the business.

#### **Call Center Features**

•Highly trained customer service and medical professionals handle calls. Board-certified radiologists and other physicians, along with Authorization Representatives, Registered Nurses, and LV Nurses staff the NIA Call Center.

•Efficiency Assured by NIA Algorithms. Call Center efficiency is enhanced dramatically through the use of NIA's proprietary, evidence-based decision support guidelines, known as algorithms.

Here's how the algorithms work: As Call Center staff ask a few scripted questions about the utilization request and input answers into our proprietary software and database systems, the algorithms automatically adjust to prompt the appropriate additional questions - leading to approval or consultation with our radiology experts. The initial process takes no more than four minutes.

•Expert consultation. About one-third of the consultation calls we handle are transferred to our board-certified radiologists and other specialists for peer-to-peer consultation with the ordering physician.

•If case requests are "denied," our radiologists recommend an alternative procedure

•No authorization requests are ever denied without a concerted effort to discuss the matter with the ordering physician

#### **The NIA Call Center**



#### RAD MD

24/7 online access for imaging facilities and health plans to NIA's near-realtime authorization and consultation services. <u>»for more information...</u>



# **877-80-RADMD** (877-807-2363)

- Thank you for calling Magellan's IT support center
- If you would like to speak to a technician, press 1 or stay on the line
- If you would like to leave a message for the IT support team, please press 2
- If you are a Magellan work at home employee, please press 4

### **Pre-Authorization**

• VERY, VERY UGLY

### **Decision Support**

Knowledge Base

- Published evidence
- ACR appropriateness criteria

Problem: Knowledge, without a facile 'delivery system'

### Case Example

### Decision Support Within An Electronic Medical Record at BWH

Knowledge, with a facile 'delivery system'

Decision Support Within An Electronic Medical Record Pre-requisites

- Electronic Medical Record
- Computerized Decision Order Entry
- Knowledge Base
- Delivery Tools

# 'Analog Era'

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/icodin es 1 Q6H	? sprained ankle [N]		
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Albuterol nebulizer 1.25 Q4H	Migraine headache [N]		
Panwarfin 5MG 1 QPM	Abscess [N]		
Framadol 50MG 1 Q6H	Head trauma [N]		
Benazepril 10MG 1 QD	Asthma		
Amytal 15 BID			
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1 Reminder for This Patient

- Patient is 50 years old or older, recommend Influenza vaccination

	_		🖤 medi			Thursday, December 05, 20(
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오 Percipio						<b>⊠</b> ◊
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	Exam: Xray Ankle Right	Order ID: 3084662				
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	Known arthropathy 🕨	□ Foreign body				
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### Ottawa Ankle Rules

🖉 Percipio - Microsoft Internet Explorer provided by Partners HealthCare System X ٠ Ordering Physician: Hallam, Allison Payer: Tufts 🖤 medicalis Exam: Xray Ankle Right Order ID: 3084662 Signs and Symptoms: Pain/Tenderness Patient Relevant History: Blunt trauma less than or equal to 10 days Search for Ordering Site: TEST PRACTICE Created By: N/A New Patient Worklist Decision Support Create Order With reference to the diagram below please answer the following questions: Search for Custom Was the patient able to bear weight both immediately following the injury and currently in the exam Orders/Reports room (minimum 4 steps unaided)? O Yes O No Is there bony tenderness at the posterior edge or tip of either malleolus? O Yes O No Schedule Malleolar Zone Heb Order A) Posterior B) Posterior Edge or Tip Edge or Tip of Medial of Lateral Malleolus Midfoot Zone Malleolus Result View 5 1 C) Base of Fifth More Info D) Navicular Metatarsal Create Letter \* B Feedback Lateral View Medial View Print P Copyright: Elsevier Health Sciences Logoff Source: A study to develop clinical decision rules for the use of radiology in acute ankle injuries. Stiell JG, Greenberg GH, McKnight RD, Nair RC, McDowell I, Worthington, JR, Annals of Emergency Medicine 1992; 21: 384-390. This information is presented to assist you in providing care to your patients. It is your responsibility to exercise your independent medical knowledge and judgment in providing what you consider to be in the best interest of the patient. Submit Reset Order Ignore • ۲ æ1 📴 Local intranet

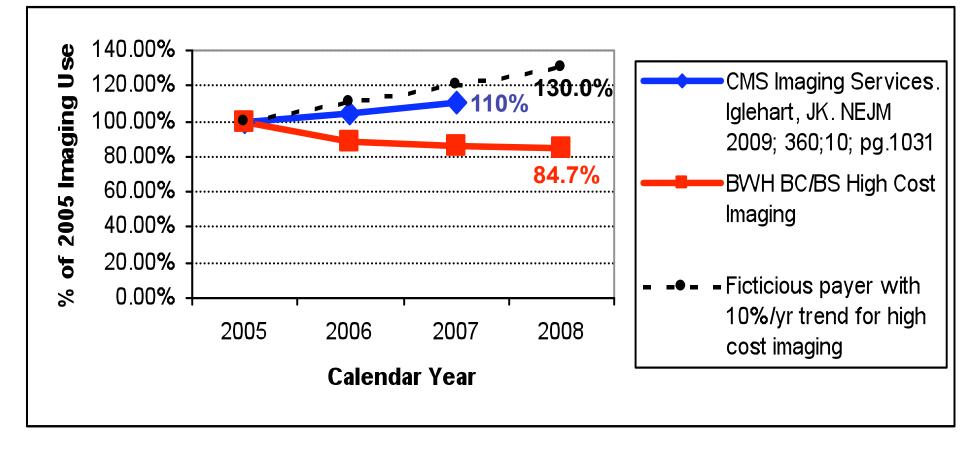
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	Exam: Xray Ankle Right Order ID: 3084662	
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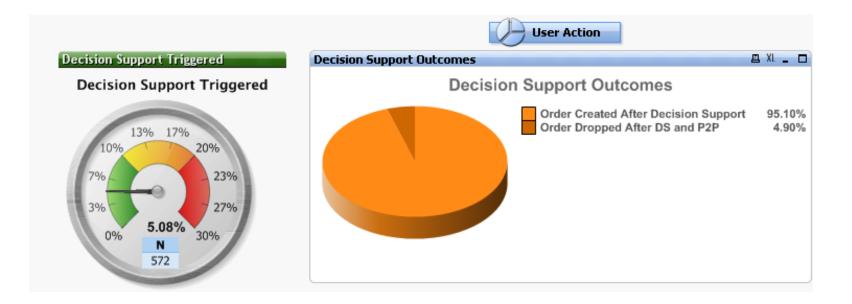
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### Trends in Use of High Cost Imaging <with HIT> at BWH

(As a % of 2005 imaging use)



### **Decision Support Use now > 98% of all orders**



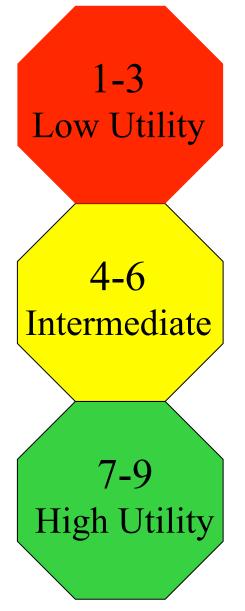
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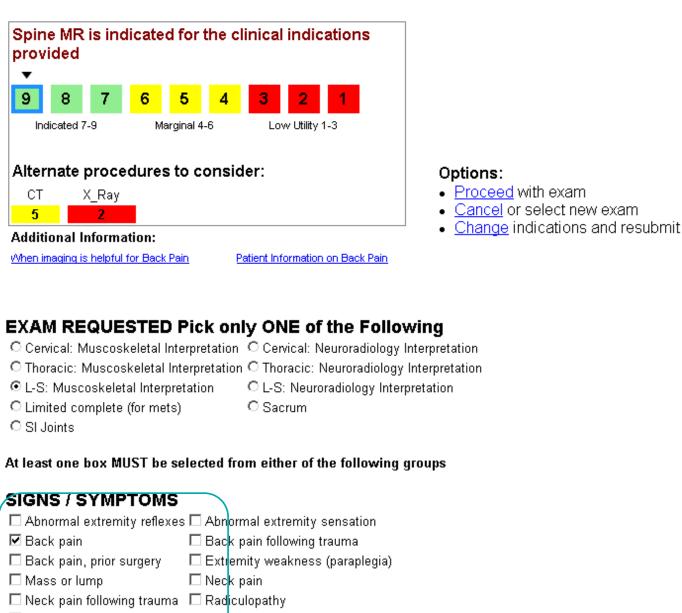
- -All orders MD signed
- -Indication 'hard wired' to ICD-9 code
- -Easy to create utilization reports

# "Appropriateness" Values

Another excellent CPOE system At MGH

Courtesy: Dan Rosenthal, MD

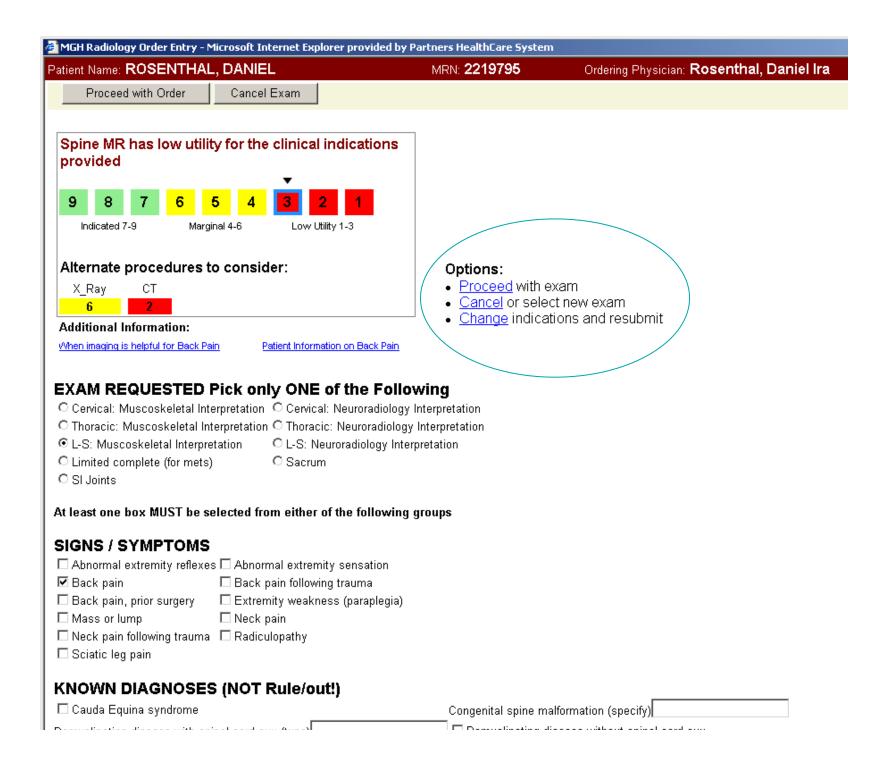




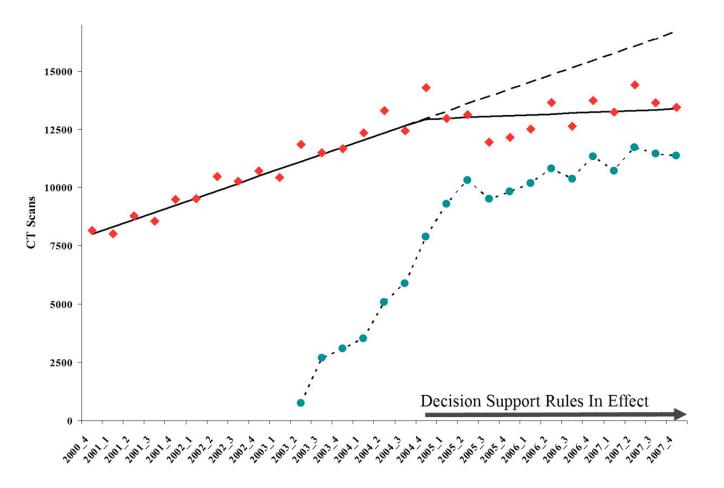
🗹 Sciatic leg pain

#### KNOWN DIAGNOSES (NOT Rule/out!)

🗖 Cauda Equina syndrome.



### Figure 4: Scatterplot of outpatient CT examination volumes (y-axis) per calendar quarter (x-axis) represented by red diamonds



Sistrom, C. L. et al. Radiology 2009;251:147-155

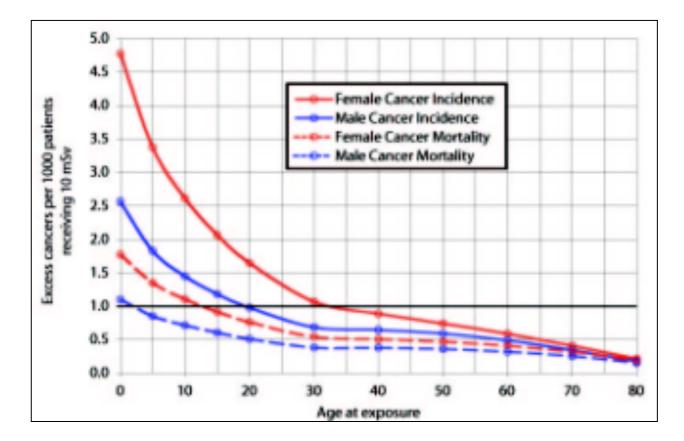


### Before the Test

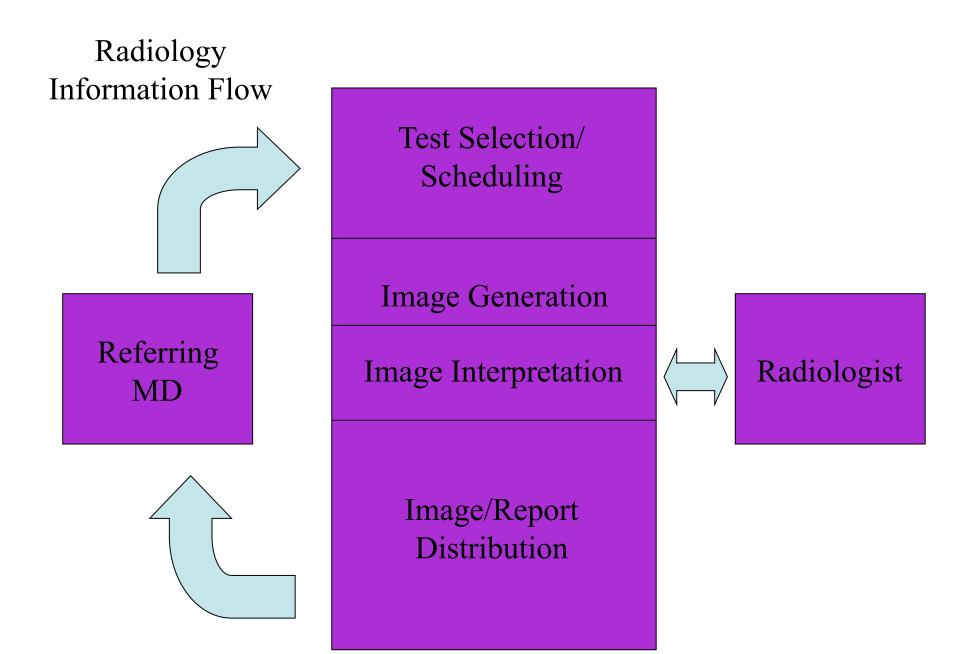
 1.1 Use Decision Support to confirm medical necessity and eliminate duplication and waste

•1.2 Include cumulative radiation exposure in the decision

### Cumulative Radiation Exposure Risk Assessment



Sodickson A et al. Radiology, April, 2009



# During the Test

2.1 Ensure proper protocol selection, with dose saving and monitoring tools enabled, and with ability to download standard protocols directly into imaging devices

2.2 Ensure optimum functionality of the equipment and adequate training of the operators

# Protocoling Portal - RadXT

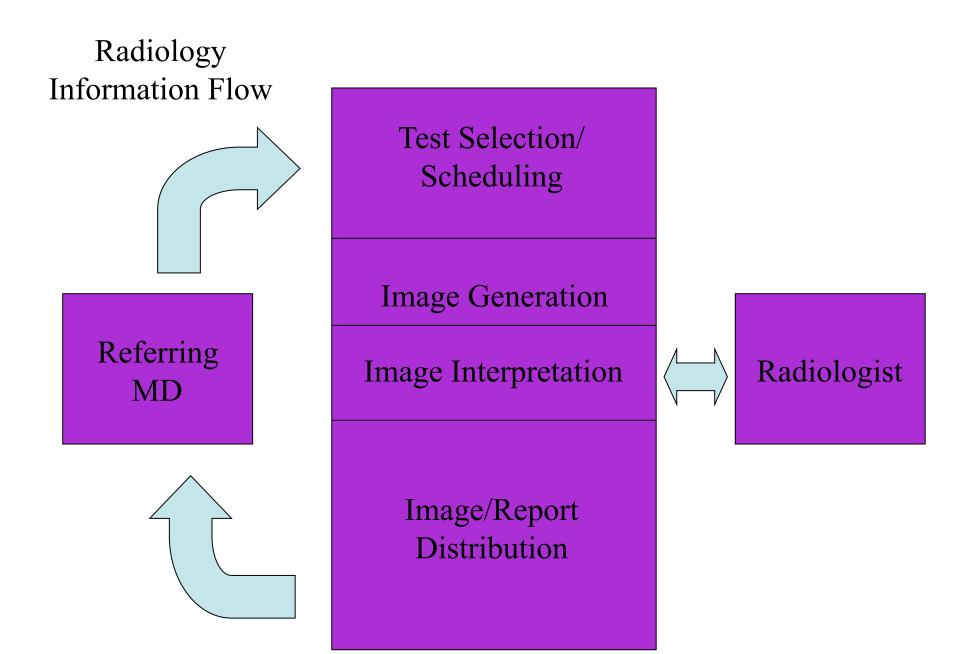
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	Ddx	Visceral injury	,				DRUG	Aspi						5-2011 5:4
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	Ds		the following apply? dnev disease as an ad	ult			DRUG	ACE	Inhibitor	Rash	BICS - BICS	CROPP,K.	01-2	5-2011 6:2
		• Renal Insuff					▼ Lab			1		1		
			, idney Disease ellitus treated with oral	hypoglycemic and/or	r insulin		Lub							
		• Multiple Mye	loma or other parapro	teinemia syndromes			Ab		Description	Value	Date	Units	Normal	
		Lupus or otr	ner collagen vascular d	Iseases				eGFR	TININE	1.1 NOT DONE	10-27-2005 5:3. 10-27-2005 5:3.		0.7-1.3	
		No												
			ent currently taking Co tory drugs (e.g. napro				💌 Ima	ging Pr	iors					
		No					R. F	ι. I	Exam		Completed Da	ate Acce	ession	Source
		2) In the patie	ent currently taking Me	tformio or a motform	in containing	=			MRI Ankle		09-27-2005	7160		PERCIPIO
		combination d	lrug such as Avandame	et, Glucophage, Gluc				<u>)</u>	MRI Ankle CT Femur	-	09-07-2005	7161		PERCIPIO PERCIPIO
		Glucovance, G	Glucovange, or Metagli	p ?				A			ho 04-15-2010		242474	
		No						Ы	Transthora	acic Echo Limited	04-15-2010		242492	
									CT Head S		01-09-2009	9497	643 0000	PERCIPIO PERCIPIO
		tocol Informa							CT Abdom	en/Pelvis Gener	11-04-2010	0000	0000	PERCIPIO
		am requires 1 p g for review	protocol.											
		-	Endocrine Gastrointes	tinal Lymphatic Penr		_								
	_	· · · · ·		unar cympnau'c Repr	0									
	_	ign to Another												
	Assi	igned Protoco	ol:											
		aned IV Cont	Pact			~								_
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-	sta	rt 🛛 🖸	2 Micro 🕥 7	Inter 👻 🔡 S	SmarTer 👼 Me	dicalis	2 Firefo	<	W 4 Micro	🔸 🦉 ur	ntitled	V 🖸 🜒 🖁	9,0	8:38 AM

# During the Test

2.1 Ensure proper protocol selection, with dose saving and monitoring tools enabled, and with ability to download standard protocols directly into imaging devices

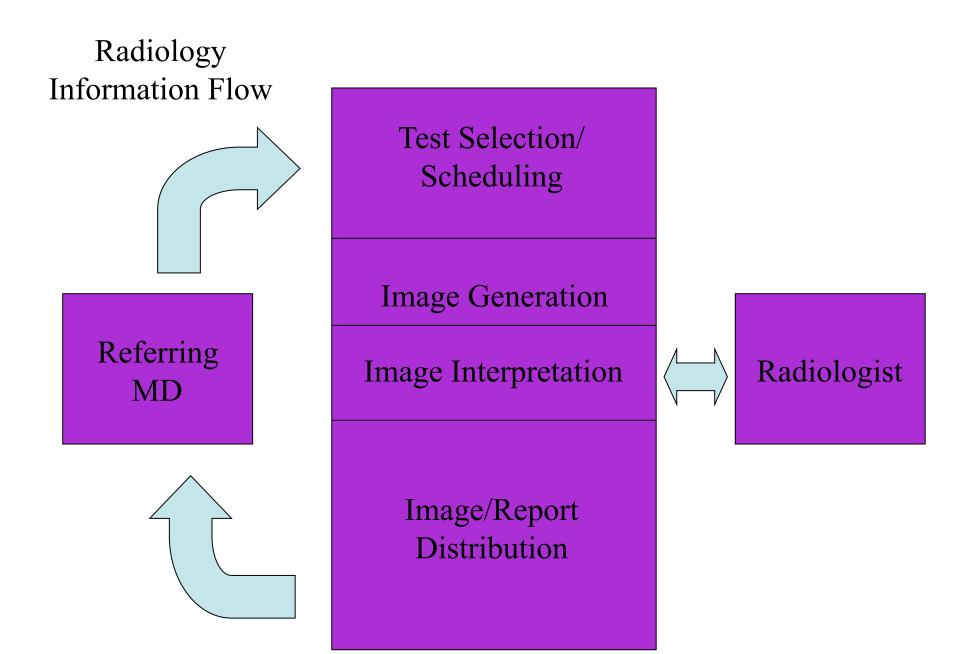
2.2 Ensure optimum functionality of the equipment and adequate training of the operators



### After The Test

3.1 Calculate actual patient exposure

3.2 Export data to EMR and national database



$\underline{F}ile  \underline{E}dit  \underline{V}iew  F\underline{a}vorites  \underline{T}ools  \underline{H}e$	elp		
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est,Test,M.D. 🔍	PG	RK0	20
0000000 (BWH) 05/05/1947	(55 yrs.) F	NHA	
Select Desk	top Patient Chart: Summary C	ustom Reports Admin Sign R	esource
Sticky Notes	Radiology		Family and Social History
VITAL SIGN	<b>VS:</b> 11/15/2002 <b>BP</b> N/A <b>P</b> N/A	A RR N/A Temp 98.6 Ht N/A W	nt N/A
Madtaattaaa	Pueblesse	Purson downed	
Medications -sti571 100 x1	Problems R/o headache [N]	Procedures Cluster headache [N]	Allergies Bactrim
place 100MG 1 TID	Free textddd [N]		Erythromycins
-zd1869 10 1X	Ho ankle [N]		Penicillins
lenol 325MG 1 Q4H PRN	Ankle fracture [N]		r criticiliiris
codin es 1 Q6H	? sprained ankle [N]		
arfarin sodium 5MG 1 QPM	Just an all around jerk [N]		
buterol nebulizer 1.25 Q4H	Migraine headache [N]		
inwarfin 5MG 1 QPM	Abscess [N]		
amadol 50MG 1 Q6H	Head trauma [N]		
nazepril 10MG 1 QD	Asthma		
nytal 15 BID	- South a		
rtec 10MG 1 QD			
alarone 250 2222			
lenol 325MG As Directed			
fran 8MG 1 Q8H			
arfarin sodium Alternating			
ozac 20MG 1 QD [N]			
losec 20MG 1 QD			
ednisone 20MG 1 QAM			
ednisone 20MG 1 QAM ee form 100 qid			
ednisone 20MG 1 QAM ee form 100 qid ilosec 10MG 1 Q2H			
rednisone 20MG 1 QAM ree form 100 qid rilosec 10MG 1 Q2H rilenol es 650MG 1 Q4H rilenol 325MG 1 PRN			

### Test Selection, Ordering by CPOE with Decision Support: Benefits

- Reduces errors
- Applies evidence-based methods to test selection
- Optimizes reimbursement
  - 'hard wires' ICD-9, CPT, referring MD into billing system
  - May 'escape' insurer-imposed pre-certification programs
- Facilitates transfer of clinical data to radiologist
- Facilitates transfer of results (esp abnormal results to the referrer

### Test Selection, Ordering by CPOE with Decision Support: Costs

- Expensive infrastructure
- Adoption by
  - Referrers
  - Radiologists
- Reducing your own revenue in a FFS system

### Conclusions

- Inormation Technology, particularly EHR, CPOE and DS Systems can be utilized to advantage to manage radiation exposure
  - Ensuring proper test selection
  - Ensuring proper protocol selection
  - Ensuring proper exam execution
  - Ensuring delivery of results
  - Measuring actual exposure
  - Updating HER
  - Informs selection of next test
- HITECH Act may provide meaningful catalyst

### Conclusions

- Worth Investment!
  - Deployment
  - Improvement
  - Evaluation