

# KHC Monthly Webinar

August 26, 2020

Preparing for CMS Appropriate Use Criteria Program:  
The Basics and Beyond



## GoToWebinar

### Attendee Control Panel

The screenshot shows the GoToWebinar Attendee Control Panel with several callouts:

- Handraising Tool** → points to the hand icon in the audio control panel.
- Handouts (click to download)** → points to the 'Handouts' section showing PDF files like 'Event-Services-KA.pdf' and 'Housekeeping Script (05)INEV6.doc'.
- Listen in through computer audio.** ← points to the 'Computer audio' radio button.
- OR** is centered between the two audio options.
- Select Phone Call to see the number to call, → Access Code and PIN** → points to the 'Phone call' radio button and the fields for 'Dial', 'Access Code', and 'Audio PIN'.
- Type your questions, comments or just say hello here.** ← points to the 'Questions' text input field.



## Agenda

- Welcome and Introductions
- Featured topic:  
*Preparing for the Appropriate Use Criteria Program:  
The Basics and Beyond*
- Resources
- Wrap-up /evaluation

## Special Guests



**Kathryn Keysor, BS**  
Senior Director –Economic  
Health Policy

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Radiology*



**Christine Waldrip, RN, MHA**  
Director –Appropriateness  
Criteria

*American College of  
Radiology*



**Louis J. Capponi, MD, FACP**  
VP & Chief Medical Informatics  
Officer

*SCL Health*

## Polling Question #1

Who is in the audience? Indicate which type of organization is yours.

- Hospital
- Clinic or other ambulatory setting
- Partner organization
- Other

## Preparing for the CMS Appropriate Use Criteria Program:

### The Basics and Beyond

August 26, 2020

## Polling Question #2

How would you describe your familiarity with the CMS Appropriate Use Criteria Program?

- Familiar with the name, but not program specifics
- Unfamiliar
- Somewhat familiar
- Very familiar

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## Polling Question #3

How would you describe your hospital's or clinic's level of readiness for the start of the CMS AUC Program?

- Have not started**
- Getting ready**
  - collecting information, reviewing tools
- Almost ready**
  - implementing tools, training and testing
- Ready**
- Unsure**

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RADIOLOGY  
QUALITY IS OUR IMAGE

## Appropriate Use Criteria Basics & The Latest Updates



**Kathryn (Katie) Keysor**  
Senior Director – ACR Economic Health Policy

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## How did we get here?

- Need to control inappropriate imaging
- CMS considering pre-authorization
- CDS as alternative

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## The Acronyms

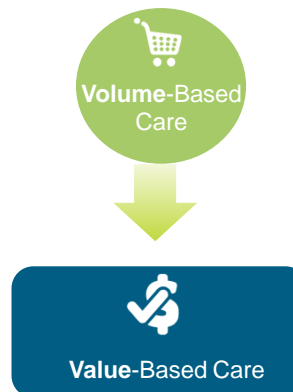
- PAMA: Protecting Access to Medicare Act
- AUC: Appropriate Use Criteria
- qCDSM: Qualified Clinical Decision Support Mechanism
- PLE: Provider-led Entity
- FP: Furnishing professional
- OP: Ordering professional
- PCA: Priority Clinical Areas

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## Key Goals for Imaging AUC Policy

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



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## AUC Program Basics

- An ordering provider must consult, **but not necessarily adhere to**, AUC for Medicare Part B advanced imaging orders (including CT, MRI, PET and other nuc med scans)
- Furnishing providers of advanced imaging must document each consultation on the CMS claim in order to receive reimbursement:
  - A unique CDSM vendor G code
  - CMS-specified modifiers related to consultation results or, if applicable, exemptions
- Providers can access imaging AUC either via a qualified CDSM integrated into an electronic health record system or a stand-alone qualified CDSM
- In the future, CMS intends to review the interactions to determine “outliers” — referring providers with low AUC adherence rates
  - May be subject to add'l prior authorization processes for the exams they order

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## CMS Rules for AUC Program

- There must be at least one qCDSM that **offers a no cost web-based portal (currently 3 free options)**
- Tool must provide **immediate feedback** to ordering professional on appropriateness guidance.
- Agency approves multiple qCDSMs (currently 20 options) capable of either integrating directly into, or are seamlessly interoperable with, existing health IT systems.

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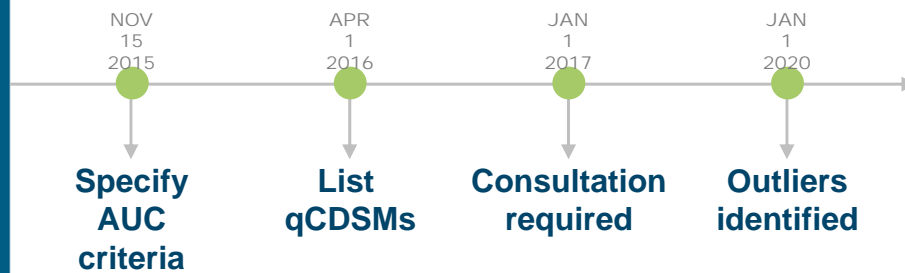
## Exceptions

- Emergent services when provided to patients with emergency medical conditions as defined by EMTALA.
- Inpatients
- Critical Access Hospitals
- Ordering professional that experience a significant hardship such as:
  - Insufficient internet access
  - Electronic Medical Records or CDSM issues
  - Extreme and uncontrollable circumstances

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## Original Timeline

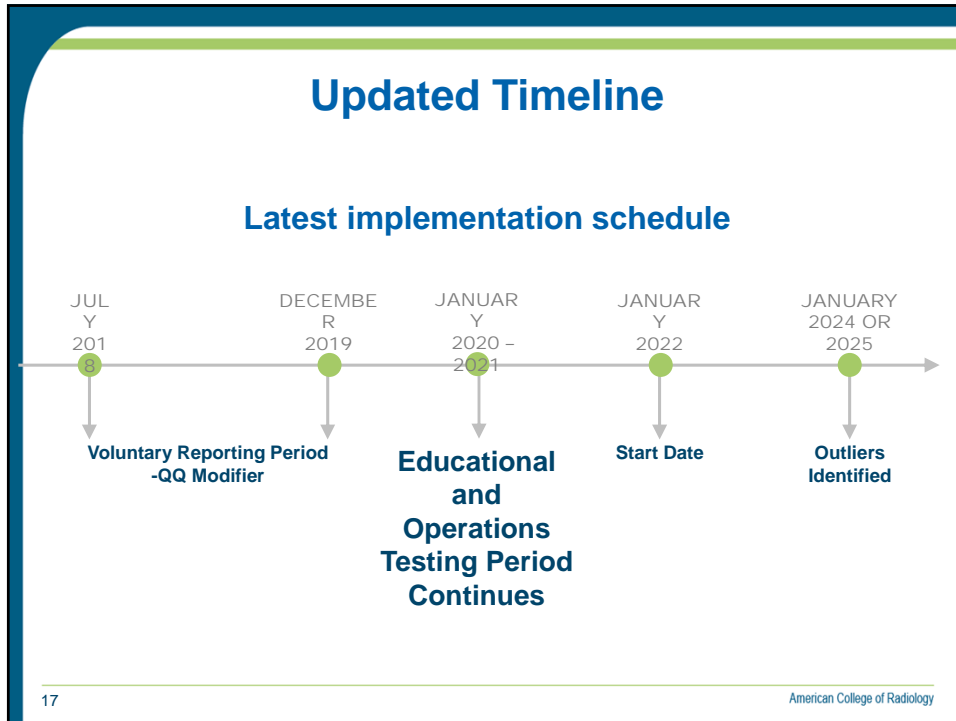


March 31, 2014: PAMA Becomes Law

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### Information About the Program – Dec 2018

The image shows the cover of an MLN Fact Sheet. At the top, it says 'mln FACT SHEET' with 'KNOWLEDGE • RESOURCES • TRAINING' below it. The main title is 'APPROPRIATE USE CRITERIA FOR ADVANCED DIAGNOSTIC IMAGING'. Below the title is a photograph of a woman in a white lab coat standing next to a patient lying on a table inside a CT scanner. At the bottom of the cover, it says 'Target Audience: Medicare Part B Practitioners and Providers' and 'The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.' The CMS Medicare Learning Network logo is at the bottom right.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf>

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## Recent Program Update

- Nothing about AUC in the CY2021 Medicare Physician Fee Schedule Proposed Rule
- Claims Guidance (Released July 2019)
  - **CMS Transmittal 2323 (CR11268)**  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019-Transmittals-Items/R2323OTN.html>
  - **MLN Matters: MM11268**  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM11268.pdf>

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## Priority Clinical Areas

- 8 Priority Clinical Areas for outlier determination
  - Coronary artery disease (suspected or diagnosed)
  - Suspected pulmonary embolism
  - Headache (traumatic and nontraumatic)
  - 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
- “Upon full program implementation, please note that AUC consultation is required for all advanced diagnostic imaging services, not just those within the priority clinical areas.”

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## Outliers

- Will be subject to prior authorization
- “Before the prior authorization component of this program begins, there will be notice and comment rulemaking to develop outlier methodology”

Source: CMS Transmittal 2323

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## What is expected during education and testing period?

- “During this phase of the program claims will not be denied for failure to include...or for misreporting AUC information...”
- “During [this phase] we expect ordering professionals to begin consulting qualified CDSMs and providing information to the furnishing practitioners and providers for reporting on their claims.”
- 2022: New full implementation target

Source: CMS Transmittal 2323

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## Claims processing requirements

- NPI of the ordering professional must be on claim.
- There is a distinct G-code for each of the qualified CDSMs.
  - G1000 – G1010
- Eight new modifiers were created for AUC outcome

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## Hardship Modifiers

Ordering professional is not required to consult a clinical support mechanism due to:

- MA: Patient with suspected or confirmed emergent condition
- MB: Insufficient Internet Access
- MC: EHR or CDSM vendor issues
- MD: Extreme and uncontrollable circumstances

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## Adherence Related Modifiers

The order:

- ME: Adheres to the AUC in the CDSM consulted
- MF: Does not adhere
- MG: Does not have an AUC in the CDSM consulted

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## Unknown

MH: Unknown if OP consulted a CDSM...related information was not provided

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## What should we do...

- Meet with those in charge of the implementation.
  - Offer to be a part of the implementation team.
  - Meet regularly and often.
- Find out about the educational plan for referring providers regarding this AUC requirement.
- Discuss/resolve “feedback” to referrers who are not yet complying with the requirement.
- Continue to check CMS web site for additional guidance:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/OandE>

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Questions?

Contact: [PAMA-AUC@acr.org](mailto:PAMA-AUC@acr.org)

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## Polling Question #4

To what extent is ordering imaging exams based on evidence-based guidelines emphasized at your facility?

- This is a high priority.
- This is somewhat of a priority.
- This is not a priority.
- Don't really have enough information to respond.

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## American College of Radiology ACR Appropriateness Criteria®



**Christine Waldrip, RN, MHA**  
**Director, ACR Appropriateness Criteria**

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## Objectives

- Provide an overview of ACR Appropriateness Criteria® development process and methodology
- Explain how to access the AC and to provide feedback
- Describe how the AC are used in Clinical Decision Support

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## ACR Appropriateness Criteria

- Evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition
- Appropriate Use Criteria (CMS terminology)

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## ACR Appropriateness Criteria

- Been around for over 25 years
- 26 expert panels (DI and IR)
- 193 topics with over 1,680 clinical scenarios
- Over 35 new topics in development
- Most comprehensive imaging guidance available

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## ACR Appropriateness Criteria

- Rigorous methodology
  - Lit searches, evidence tables
  - RAND/UCLA appropriateness method
  - Annual review
- Over 600 total participants
  - Radiology experts
  - Clinicians from over 43 societies, including specialists and primary care

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## Sample Variant Table

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 ACR Appropriateness Criteria®  
 Seizures and Epilepsy

**Variant 1:** New-onset seizure. Unrelated to trauma. Initial imaging.

Procedure	Appropriateness Category	Relative Radiation Level
CT head without IV contrast	Usually Appropriate	☼☼☼
MRI head without IV contrast	Usually Appropriate	0
MRI head without and with IV contrast	May Be Appropriate	0
CT head with IV contrast	Usually Not Appropriate	☼☼☼
CT head without and with IV contrast	Usually Not Appropriate	☼☼☼
FDG-PET/CT brain	Usually Not Appropriate	☼☼☼☼
MEG	Usually Not Appropriate	0
MRI functional (fMRI) head without IV contrast	Usually Not Appropriate	0
HMPAO SPECT or SPECT/CT brain ictal and interictal	Usually Not Appropriate	☼☼☼

## AC Website (www.acr.org/ac)

The screenshot shows the ACR Appropriateness Criteria website interface. At the top, there is a search bar with the placeholder text "Enter your search" and a magnifying glass icon. Below the search bar is a navigation menu with several tabs: "Clinical Resources", "Advocacy and Economics", "Lifelong Learning and CME", "Member Resources", "Practice Management, Quality, Informatics", "Research", and "Log In". The main content area features the heading "ACR Appropriateness Criteria" and a sub-heading "2020 ACR Appropriateness Criteria". The text explains that the criteria are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Below this text, there is a button labeled "See the complete list of ACR AC topics and ratings tables" and another button labeled "Search and filter AC topics and ratings tables (single required)".

## AC Website ([www.acr.org/ac](http://www.acr.org/ac))

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RADIOLOGY | Appropriateness Criteria

AC List

Diagnostic | **Interventional**

Panels:  SEARCH CLEAR

Acute Mental Status Change, Delirium, and New Onset Psychosis	Narrative & Rating Table	Evidence Table	Lit Search	Appendix	
Ataxia	Narrative & Rating Table	Evidence Table	Lit Search	Appendix	Patient Summary
Cerebrovascular Disease	Narrative & Rating Table	Evidence Table	Lit Search	Appendix	
Cervical Neck Pain or Cervical Radiculopathy	Narrative & Rating Table	Evidence Table	Lit Search	Appendix	Patient

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## Feedback site <https://review.acr.org/>

- Stakeholder review of AC content
- ACR staff will track and manage feedback
- All input will be reviewed and addressed

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## qualified Provider-Led Entity

- ACR named a “qualified Provider-Led Entity” (qPLE) in 2016 by CMS
  - Approved to provide AUC under the Medicare AUC program for advanced diagnostic imaging
  - Medical providers can consult ACR AC to fulfill PAMA requirements

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html>

## AUC Navigator

- <https://navigator.acr.org/>

The purpose of this site is to help users navigate to qualified provider led entity sites and find their specific Appropriate Use Criteria (AUC) guidance.

qPLE Name	CMS Approved Date	Documents included	Practice Area
American College of Cardiology Foundation	06/01/2016	24	Cardiac
American College of Radiology		Landing Page: American College of Cardiology Foundation	Methodology
Banner University Medical Group-Tucson Univ. of Arizona		Priority Clinical Area: Coronary Artery Disease (suspected or diagnosed)	Vascular

## Clinical Decision Support

- Care Select Imaging™
  - Qualified clinical decision support mechanism
  - ACR Select®
    - Digital representation of the ACR AC
    - Integrated with EHR
    - Free portal also available



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## For More Information on the ACR Appropriateness Criteria®

VISIT OUR WEB SITE  
[www.acr.org/ac](http://www.acr.org/ac)

EMAIL US  
[acr\\_ac@acr.org](mailto:acr_ac@acr.org)

CALL US  
800-227-5463 x3724

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## Polling Question #5

Which of the following are the biggest challenges (actual or perceived) to readiness?

- Cost of purchasing and implementing CDSM tools
- Time for providers and staff to learn and implement
- “Buy in” of providers and staff
- EHR and/or billing software
- Too early to say

(Check all that apply.)

## PAMA Implementation

Louis J. Capponi, MD, FACP  
VP & Chief Medical Informatics Officer



## SCL Health - Who We Serve

**COLORADO – WESTERN COLORADO REGION**

- 1 Hospital  
St. Mary's Medical Center – Grand Junction
- 1 Outpatient Imaging Center
- 1 Outpatient Procedure Center
- 1 Clinically Integrated Network
- 25+ Clinic Locations

**COLORADO – FRONT RANGE REGION**

- 4 Hospitals  
Good Samaritan Medical Center – Lafayette  
Lutheran Medical Center – Alhambra Ridge  
Platte Valley Medical Center – Brighton  
Saint Joseph Hospital<sup>1</sup> – Denver
- 3 Community Clinic Emergency Centers  
Aurora, Littleton, Northglenn
- 1 Home Health Agency
- 1 Hospice Center
- 2 Mental Health Centers
- 12 Outpatient Imaging Centers<sup>2</sup>
- 5 Outpatient Procedure Centers
- 70+ Clinic Locations

**MONTANA REGION**

- 3 Hospitals  
Holy Rosary Healthcare – Altus City  
St. James Healthcare – Butte  
St. Vincent Healthcare – Billings
- 1 Long-Term Care Facility
- 1 Inpatient Rehabilitation Hospital
- 1 Outpatient Imaging Center<sup>1</sup>
- 3 Outpatient Procedure Centers
- 55+ Clinic Locations

**KANSAS REGION**

- 3 Safety-Net Clinics

**Duchesne Clinic**

636 Tauromee Avenue  
Kansas City, KS 66101  
913-321-2626

**Saint Vincent Clinic**

818 North 7th Street  
Leavenworth, KS 66048  
913-651-8860

**Marian Dental Clinic**

3164 SE 6th Avenue  
Topeka, KS 66607  
785-233-2800

<sup>1</sup> Includes joint venture with Touchstone Imaging for 11 Front Range locations and 1 Montana location.  
<sup>2</sup> Joint operating agreement with National Jewish Health.  
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## Considerations for Success

1. Take advantage of time & implement early
2. Develop a strong interdisciplinary team
3. Communicate broadly
4. The work begins after go live
  - a. Update your Indications
  - b. Determine what to keep
  - c. Focus on individual providers
  - d. Ongoing Governance

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## A Journey...



Technology

## Change Management



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## Ancillary Decision Support Steering Committee

- VP Ancillary Services (co-chair)
- CMO of Hospital (co-chair)
- President Medical Group
- CMIO
- Director, Information Technology
- Director, Informatics
- Director, Radiology
- Director, Patient Access
- Project Manager
- Billing Compliance
- Radiology Joint Venture Partner
- Vendor Partner



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## Project Goals

1. Assure that patients receive the most appropriate testing.
2. Share the most up-to-date imaging guidelines to avoid unnecessary patient cost and radiation exposure.
3. Reduce unnecessary advanced imaging exams, based on decision support and appropriate use criteria.
4. Meet CMS requirements to support full reimbursement for advanced imaging exams.

## Communication Plan

Stakeholder	Key Messages	Intervention (Material)	Event or Channel	Notes
Radiologists	<ol style="list-style-type: none"> <li>1. Overview &amp; background (why)</li> <li>2. Training on CareSelect</li> <li>3. The consultation code must be in the order to ensure reimbursement &amp; what to do if not</li> </ol>	<ol style="list-style-type: none"> <li>1. Tip sheet: Infographic w/ background &amp; screenshots</li> <li>2. Video-demo</li> <li>3. Epic Upgrade training materials</li> <li>4. Side deck</li> </ol>	<ul style="list-style-type: none"> <li>• MEC</li> <li>• P/C</li> <li>• All Provider Meetings</li> <li>• Care site leadership meetings--cascade info</li> <li>• Learning Home Dashboard</li> <li>• eSummit inBasket?</li> </ul>	<ul style="list-style-type: none"> <li>• A radiologist may be the ordering provider.</li> <li>• Include mammographers.</li> </ul>
Radiology department leadership	<ol style="list-style-type: none"> <li>1. Overview &amp; background (why)</li> <li>2. Training on CareSelect</li> </ol>	<ol style="list-style-type: none"> <li>1. Tip sheet: Infographic w/ background &amp; screenshots</li> <li>2. Video-demo</li> <li>3. Epic Upgrade training materials</li> <li>4. Side deck</li> </ol>	<ul style="list-style-type: none"> <li>• IAC</li> <li>• Care site leadership meetings--cascade info</li> </ul>	Serve as a go-to resource
Medical group clinicians on the outpatient side	<ol style="list-style-type: none"> <li>1. Overview &amp; background (why)</li> <li>2. Training on CareSelect</li> </ol>	<ol style="list-style-type: none"> <li>1. Tip sheet: Infographic w/ background &amp; screenshots</li> <li>2. Video-demo</li> </ol>	<ul style="list-style-type: none"> <li>• Presentation to Medical Group leadership across all markets (Dr. Capponi)</li> </ul>	Give extra focus to Neurology and Cardiology (focused attention during rollout and focused feedback after go)

**Stakeholder Groups:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Radiologists</li> <li>Radiology department leadership</li> <li>Medical group clinicians on the outpatient side</li> <li>Clinic MA or nurse</li> <li>Community providers</li> <li>Ordering clinicians on the ER and inpatient side</li> <li>Medical group leadership</li> <li>Medical Executive Committees</li> <li>Patient Access-Schedulers</li> </ul> | <ul style="list-style-type: none"> <li>Physician Leadership Councils</li> <li>Radiology Technologists</li> <li>Patient Access-Billing</li> <li>Project implementation team members</li> <li>Technology Support team members</li> <li>Touchstone</li> <li>Spectrum</li> <li>Community Connect Partners</li> </ul> |
|--|--|

## Communication...

### Imaging Clinical Decision Support Module ("PAMA") Project Key Messages

**Project Elevator Speech**  
 SCL Health is implementing the CareSelect® Imaging Advanced Clinical Decision Support Module (CDSM) within Epic to provide the most up to date guidelines when ordering advanced imaging exams. Not only does this provide decision support for our providers, it also meets CMS requirements to have this in place for the January 1, 2020 deadline.

**Project Goals**

1. Assure that patients receive the most appropriate imaging and radiation
2. Share the most up-to-date imaging guidelines
3. Reduce unnecessary advanced imaging exposure.

**Dear SCL Health Medical Staff Member:**  
 The Epic Upgrade is rapidly approaching and will take place this weekend, on the night of Saturday, Sept. 14.

**All Clinicians:**

- a. To access learning materials, log into Epic and go to your **Learning Home Dashboard**. The materials are short and should be reviewed now if you have not already done so. [Click here](#) for instructions on accessing the Learning Home Dashboard.
- b. There are new features for clinical decision support when ordering advanced imaging, such as CTs and MRIs. The program is known as PAMA. [Click here](#) for more information.

**How PAMA Affects Orders for Imaging**

Here's what every Medicare provider knows about Access (PAMA). Call CDSM to help with this.

Ordering providers must consult for every Medicare Part B advanced imaging order.

Providers who consult the advanced imaging must document consultation to meet reimbursement.

Access Imaging AUC is a standalone CDS or via CDS software integrated into a practice's EHR.

Ultimately, we need to do what's right for our patients. Our CDS system allows us to practice in a way that uniformly confirms that we're ordering the most appropriate diagnostic study and enhancing patient safety.

Robert A. Canella, MD, Chief of Emergency Medicine  
 SCL Health Medical Center  
 Overland Park, KS


**PAMA means for providers who order and perform advanced imaging?**

Under PAMA, the Centers for Medicare and Medicaid Services (CMS) will require physicians and other providers to consult appropriate use criteria (AUC) developed by a qualified provider-led entity (PLE) prior to ordering outpatient imaging services for Medicare patients.

- An ordering provider must consult AUC for every Medicare Part B advanced imaging order (including CT, nuclear medicine and PET scans)
- Providers can access imaging AUC either by a stand-alone CDSM or through their practice's electronic health record system
- In the future, CMS will review the impact of PAMA on adherence rates to AUC
- CMS will review the impact of PAMA on adherence rates to AUC


Criteria supported by the American College of Radiology (ACR) and the American Society of Nuclear Medicine (ASNM).

6. CMS will review claims from the American College of Radiology (ACR) and the American Society of Nuclear Medicine (ASNM).
7. Consulting the CDSM will be required for all advanced imaging orders.
  - a. It is not required for ultrasound.
  - b. This may change over time.
8. SCL Health will implement the CDSM for all Medicare Part B advanced imaging orders.



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## External Customers



August 13, 2020

Re: Enhancements to Health eLink for Diagnostic Imaging Services Coming in 2020

Dev: [REDACTED]



The Centers for Medicare and Medicaid Services (CMS) now requires providers to consult an [Appropriate Use Criteria \(AUC\)](#) reference when placing certain imaging orders. SCL Health is supporting our community partners by developing functionality through Health eLink with the AUC reference built-in.

**Medicare Requirement**  
 Effective January 1, 2020, the Protecting Access to Medicare Act (PAMA) requires referring providers to consult Appropriate Use Criteria (AUC) when ordering advanced diagnostic imaging services, including CT, MR, Nuclear Medicine and PET, for Medicare patients. Referring providers must then report the consultation results to the rendering provider.

An AUC consult via a Centers for Medicare and Medicaid Services qualified clinical decision support mechanism (CDSM) must be documented. Without a documented consult, patients would then be at risk for receiving a bill for service, and CMS will withhold payment from rendering providers (both facilities and radiologists).

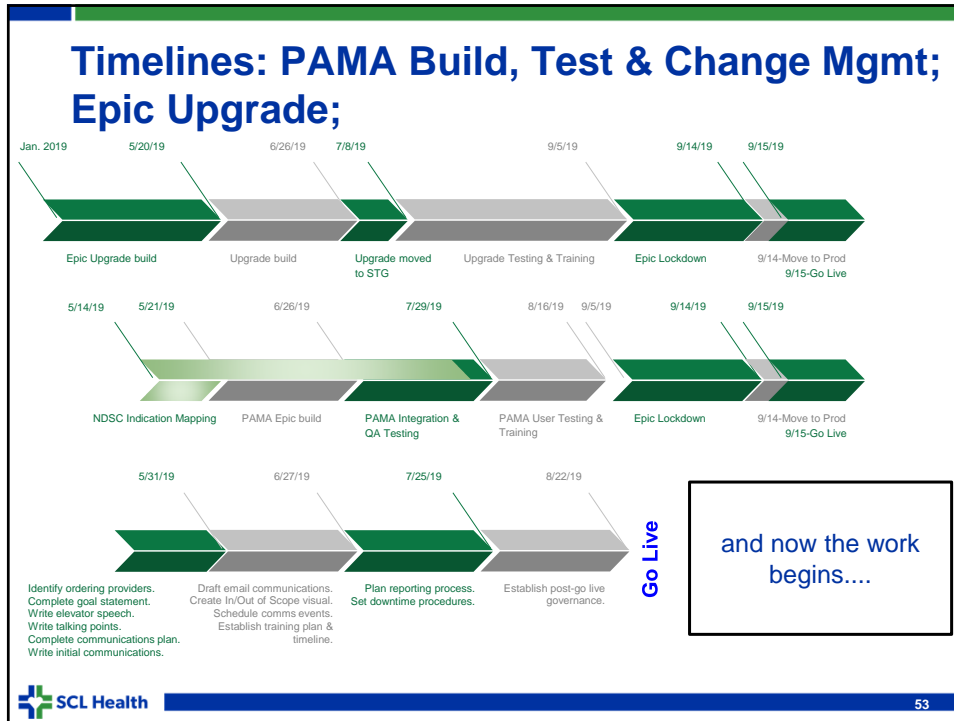
CMS is allowing an "education and operations testing period" from Jan. 1, 2020, through Dec. 31, 2021. During that time, ordering providers are required to consult a CDSM; however, there will be no penalties for incorrect reporting. CMS will begin denying payment starting Jan. 1, 2022. SCL Health wants to work with you to ensure our rendering providers have the necessary information from you, the ordering provider, so appropriate billing can occur and delays in care avoided. These requirements are described in CMS' MLN Matters Number: MM11268, dated July 26, 2019.

SCL Health is implementing the CareSelect CDSM with Health eLink. This integration will provide ordering providers with the opportunity to ensure their patients receive the most appropriate testing.

External Provider  
Portal Update &  
Training

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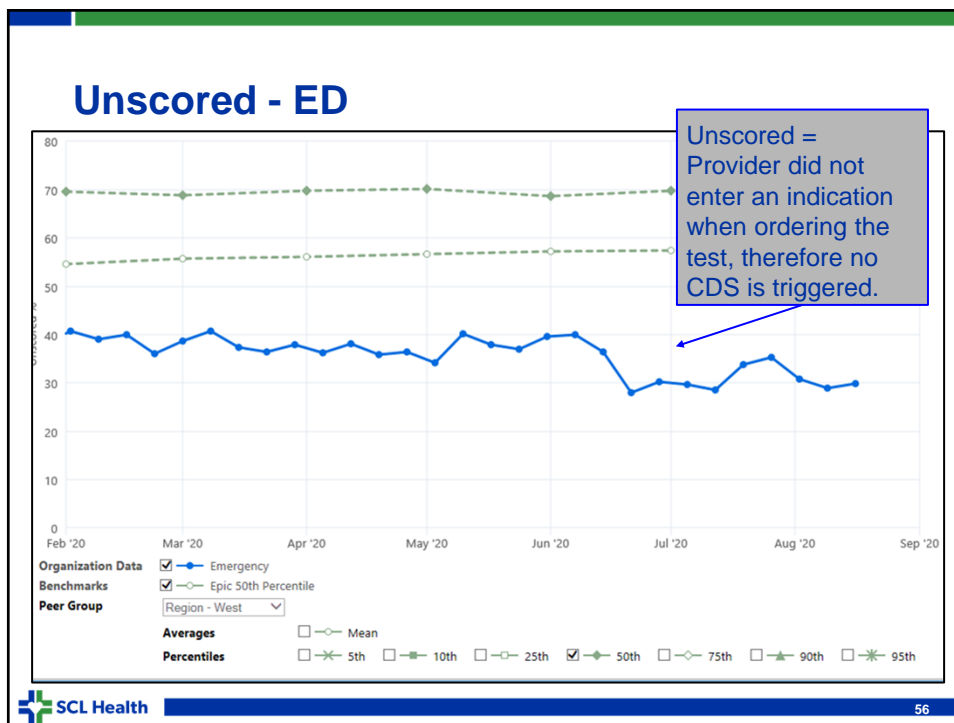
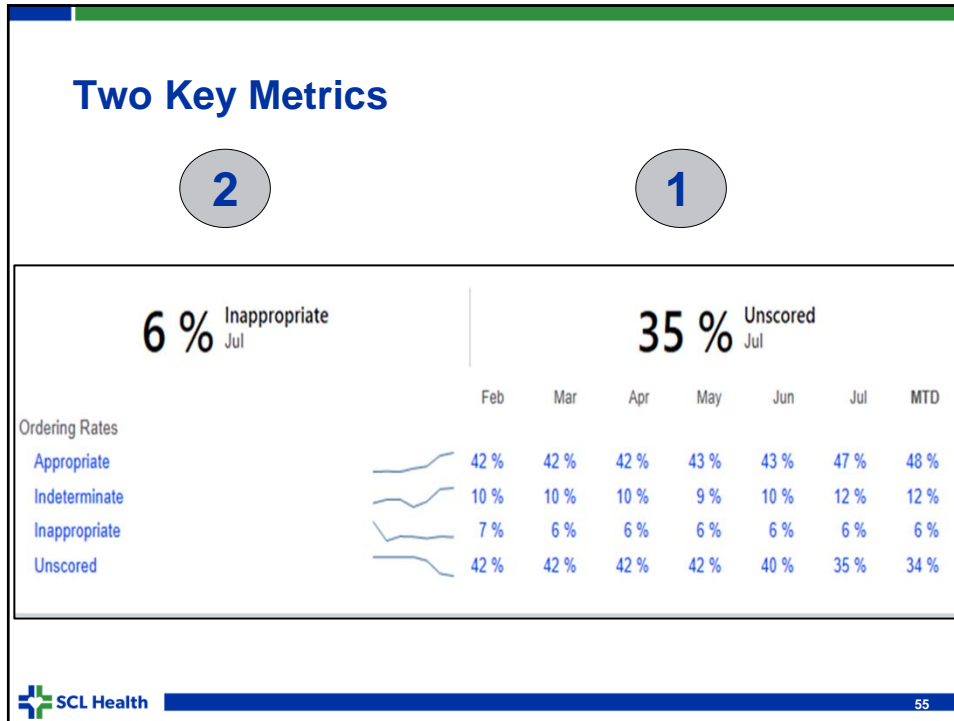
## How it works

1. Include an indication during order entry:

Appropriateness	Procedure	Cost	RRL
5	CT, head, w/iv contrast	\$5	*****
6	MR, head, wo/iv contrast	\$555	
6	MR, head, wo/iv contrast	\$55	
6	MR, spine, cervical thoracic-lumbar, wo/iv contrast	\$555	
6	MR, spine, cervical thoracic-lumbar, wo/iv contrast	\$555	
5	CT, head, wo/iv contrast	\$55	*****
4	CT, head, wo/iv contrast	\$5	*****
2	PET-CT, head, FDG		*****
2	MR, spectroscopy, head, wo/iv contrast	\$55	
2	NUC, brain scan, head, I-123 Ioflupane, SPECT	\$55	*****

1. If there are more appropriate tests available the dialog box appears ==>>>
1. You can change the order or continue with your original order if you believe it is appropriate for this unique patient

**SCL Health**



## So I asked the ED Docs....



*Let's just say they were less than complementary.*

## #1 Neck Pain & Trauma

Indication for Exam	Exam Selected	Score	Count
Neck pain, abnormal neuro exam	MRI CERVICAL SPINE W/O CONTRAST	(3-3) Green	7
Neck pain, abnormal neuro exam	CT CERVICAL SPINE W/O CONTRAST	(4-6) Yellow	5
Neck pain, abnormal neuro exam	MRI CERVICAL SPINE W CONTRAST	(1-3) Red	3
Neck pain, abnormal neuro exam	MRI CERVICAL SPINE W/O/W CONTRAST	(1-3) Red	1
Neck pain, initial exam	CT CERVICAL SPINE W/O CONTRAST	(1-3) Red	54
Neck pain, initial exam	MRI CERVICAL SPINE W/O CONTRAST	(1-3) Red	3
Neck pain, initial exam	CT CERVICAL SPINE W CONTRAST	(1-3) Red	1
Neck pain, normal neuro exam	CT CERVICAL SPINE W/O CONTRAST	(1-3) Red	11
Neck pain, normal neuro exam	MRI CERVICAL SPINE W CONTRAST	(1-3) Red	1
Neck pain, normal neuro exam	MRI CERVICAL SPINE W/O CONTRAST	(1-3) Red	1
Neck trauma, uncomplicated (NEXUS/CCR neg)	CT CERVICAL SPINE W/O CONTRAST	(1-3) Red	4
Neck pain, prior surgery, neg xray	MRI CERVICAL SPINE W/O CONTRAST	(4-6) Yellow	1
Neck pain, recent trauma	CT CERVICAL SPINE W/O CONTRAST	(1-3) Red	202
Neck trauma	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	117
Neck trauma, dangerous injury mechanism	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	29
Neck trauma, focal neuro deficit or paresthesia	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	9
Neck trauma, focal neuro deficit or paresthesia	MRI CERVICAL SPINE W/O CONTRAST	(1-3) Red	1
Neck trauma, impaired ROM	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	12
Neck trauma, intoxicated or obtunded	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	22
Neck trauma, mechanically unstable	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	4
Neck trauma, mechanically unstable	MRI CERVICAL SPINE W/O CONTRAST	(7-9) Green	1
Neck trauma, midline tenderness	CT CERVICAL SPINE W/O CONTRAST	(7-9) Green	35
Neck trauma, myelopathy	MRI CERVICAL SPINE W/O CONTRAST	(7-9) Green	1

### Recommendations:

- Consider review of contrast indications for patients with an Neck Pain and an Abnormal Exam.
- Choosing Wisely guidelines state that Advanced imaging is rarely indicated as an initial study for uncomplicated neck pain and X-ray views of the c-spine should be obtained first. Consider if the indication "Neck pain, initial exam" is being interpreted by the ordering clinician as "initial CT exam, not initial type of exam." Consider removing "Initial exam from the pick list"
- Review cases where indication was "Neck pain, normal neuro exam" or "Neck Trauma, uncomplicated (Nexus/CCR neg)" to assess indications for order.
- Replace "Neck pain, recent trauma" and with "Neck trauma" in picklists.

**Key Change:** Allow indications to be saved in favorites.

**Key Change:** Allow "yellows"

**Coming Soon:** NLP?

## New Request for Change = Lung Cancer

Reason for Exam:

Lung cancer annual screening, asymptomatic, current smoker (min. 30 pack-yrs)

Lung nodule, < 6mm, high cancer risk, stable on prior exam

Lung nodule, multiple < 6mm, follow up exam

Lung cancer annual screening, asymptomatic, smoker history or current (less than 30 pack-yrs)

Lung nodule, < 6mm, low cancer risk, follow up exam

Lung nodule, multiple < 6mm, stable on prior exam

Lung cancer annual screening, asymptomatic, smoker history w/in last 15 yrs (min. 30 pack-yrs)

Lung nodule, > 8mm, follow up exam

Lung nodule, < 6mm, high cancer risk, initial follow up exam

Lung nodule, 6-8mm, follow up exam

**Request: "Just default it to the right ones..."**

CMS Beneficiary Eligibility Criteria: ALL of the following criteria must be met

- Age 55 - 77 years
- Asymptomatic (no signs or symptoms of lung cancer)
- Current smoker or one who has quit smoking within the last 15 years
- Tobacco smoking history of at least 30 pack-years  
(one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
- Patient must have participated in a shared decision making session in which the

	No	Yes	Total	% Inappropriate
Practice 1	1	7	8	12.5%
Practice 2	7	49	56	12.5%
Practice 3		22	22	0.0%
Practice 4	1	3	4	25.0%
Practice 5	1	8	9	11.1%
Practice 6	11	96	107	10.3%
Practice 7	2	165	167	1.2%
<b>Grand Total</b>	<b>23</b>	<b>350</b>	<b>373</b>	<b>6.2%</b>

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## Clinical Content Governance

**Clinical Content Governance Council**

Order Sets & Smart Sets

✓

Alerts & CDS PAMA

✓

AI & Clinical Predictive Models

✓

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**Thank you!**



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**Resources and  
Upcoming Events**



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## QHi Training Session



Thursday, August 27  
1:30 to 2:30 p.m. CT

In this QHi training session, we will review the basics, demonstrate the newly designed data submission page, review uploading the EDTC data, multi-month submission, and walk through reporting opportunities.

Here is the link to register:

<https://cc.readytalk.com/r/qw2963l9dxkx&eom>



[www.qualityhealthindicators.org](http://www.qualityhealthindicators.org)






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Save the date! Nov. 12-13, 2020

## 2020 Virtual Kansas Opioid Conference

Call for Presentation Proposals is open through 8/31/2020.  
Registration will open 9/15/2020.

**We are going virtual!** 11.12.20  
&  
**4<sup>th</sup> Annual Kansas Opioid Conference** 11.13.20

 Prescribing	 Treatment & Recovery	 Prevention	 Law Enforcement	 Clinical Intervention
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<https://www.dcca.org/2020-kansas-opioid-conference/>



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## Upcoming Events

*Be sure your calendar is up-to-date with upcoming KHC events.*



## KHC Monthly Webinars

Fourth Wednesday at 10 a.m.,  
except Nov. & Dec. are 3<sup>rd</sup> Wednesdays

**September 23**

**Advance Care Planning 101**

**October 28**

**November 18**

**December 16**

[www.KHOnline.org/events](http://www.KHOnline.org/events)



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## Sign up for KHC Updates

*Monthly emails compiling information from KHC and other sources of interest to hospitals and practices in Kansas.*



→ [www.KHOnline.org/updates](http://www.KHOnline.org/updates)



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Questions?  
Comments?

Thank you for joining us.  
We invite your feedback.  
[www.KHConline.org/aug-feedback](http://www.KHConline.org/aug-feedback)

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 <b>Rosanne Rutkowski</b> Program Director	 <b>Patty Thomsen</b> Quality Improvement Advisor	 <b>Rebecca Thurman</b> Quality Improvement Advisor		

→ Find contact info, bios, and more at: [www.KHConline.org/staff](http://www.KHConline.org/staff)

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