Clinical Decision Support

*Lunch & Learn*

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Agenda

• Acronyms
• Background/history of legislation for Clinical Decision Support
• Impact on Physician's Offices
• Details of Clinical Decision Support
• Demo of AIM solution
• Questions
Acronyms to Know

• CDS: Clinical Decision Support
• AUC: Appropriate Use Criteria
• CDSM: Clinical Decision Support Mechanism
• PLE: Provider-led Entity
What is Appropriate Use Criteria (AUC)?

• Criteria developed by national professional medical specialty societies or PLEs

• Used to assist in making appropriate treatment decisions; evidence-based
What are Provider-Led Entities (PLE)?

• National professional medical specialty society or other organization comprised primarily of providers who predominantly provide direct patient care.
• American College of Radiology
• Massachusetts General Hospital, Department of Radiology
• Society for Nuclear Medicine and Molecular Imaging
This is NOT required for Medicare Advantage Plans
Background

- Protecting Access to Medicare Act (PAMA) of 2014
  - Provision for mandatory use of appropriate use criteria (AUC) for advanced diagnostic imaging
- CY 2016 rulemaking process defined:
  - Initial program components
  - Applicable AUC and process for development
  - Provider-led entities (PLE)
Background

• CY 2017 rulemaking process defined:
  • Requirements for clinical decision support mechanisms (CDSM) to become qualified
  • Applicable payment systems
    • Medicare Physician Fee Schedule
    • Ambulatory Surgical Center payment system (ASC)
    • Hospital Outpatient Prospective Payment System (HOPPS)
  • Outlier ordering professionals
Background

- CY 2018 rulemaking process defined:
  - Program implementation date: 1/1/2020
  - Broad claims processing instructions
    - Ordering professionals responsibility vs. furnishing professional
  - “educational and operations testing year”
  - Voluntary reporting period
    - QQ modifier
    - 1/1/2018-12/31/2019
Background

• CY 2019 rulemaking process defined:
  • Reconfirmed program implementation date: 1/1/2020
  • Additional applicable setting
    • Independent diagnostic testing facility (IDTF)
  • Clarified reporting requirements
  • Established policy for significant hardship
Impact on Physicians?
WHAT DOES IT MEAN TO ME?
Role of Physician's Office

• Role of referring provider
  • Utilize Qualified CDSM to retrieve AUC number for all advanced imaging studies (CT, MR, Nuc Med, PET) on patients with Medicare (not required for Medicare Advantage plans)
  • Report AUC number to furnishing provider
  • Abide by regulations to avoid outlier ordering professional status
Details of Clinical Decision Support

HOW DOES IT WORK?
Details of CDS

• The “CDS Five Rights” concept
  • the right information (evidence-based guidance, response to clinical need)
  • to the right people (entire care team – including the patient)
  • through the right channels (e.g., EHR, mobile device, patient portal)
  • in the right intervention formats (e.g., order sets, flow-sheets, dashboards, patient lists)
  • at the right points in workflow (for decision making or action)
Details of CDS

- Differences from prior authorization
  - Occurs at the point of care
  - No FTE’s sitting on the phone
  - No “hard stop”
  - An educational tool for physicians and patients
Details of CDS

• Applicable studies
  • CT
  • MRI
  • PET
  • Nuclear medicine
Details of CDS

• Applicable settings
  • Physician’s office
  • Hospital outpatient department (includes ED)
    • Emergency services when provided under non-emergency conditions
  • Ambulatory surgical center
  • Independent diagnostic testing facility
What Does CMS Believe are the Benefits?

• CMS estimate of savings
  • Limited information overall
  • CMS approximates one-third of imaging procedures are inappropriate
  • CMS approximates upwards of $990,000,000 savings per year

• Potential benefits for Medicare beneficiaries per CMS
  • CDSM alerting to obsolete tests
  • Advanced diagnostic imaging may produce inaccurate results based on patient medications
  • Potential decrease in medical errors
  • CDSM could identify situations of repeated testing
How to Report AUC Consultations to CMS

• CMS will publish G-codes
  • Will communicate which CDSM used

• Modifiers
  • Will communicate whether the service ordered would or would not adhere to AUC, or does not apply

• Ordering provider NPI
Demo AIM Portal Module
Questions?
Thank You!