



Clinical Decision Support

Lunch & Learn

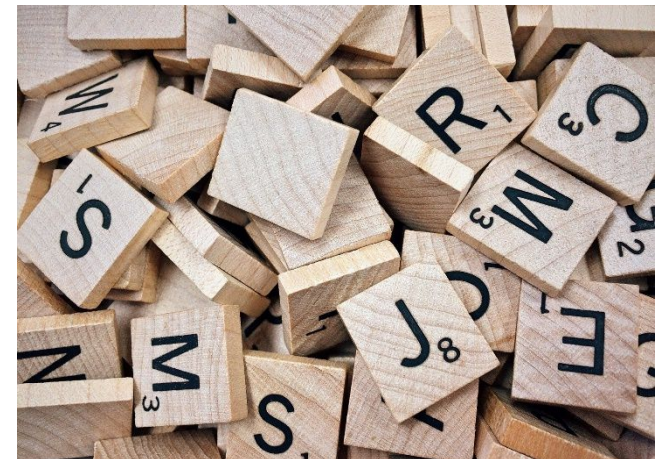
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Agenda

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

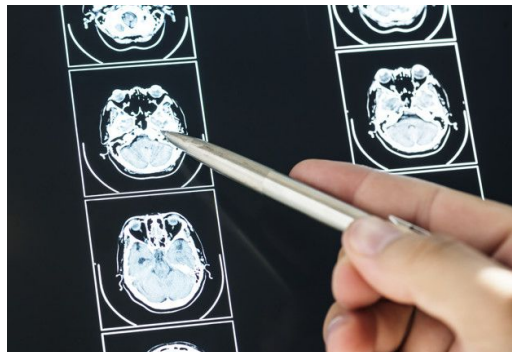
Acronyms to Know

- CDS: Clinical Decision Support
- AUC: Appropriate Use Criteria
- CDSM: Clinical Decision Support Mechanism
- PLE: Provider-led Entity



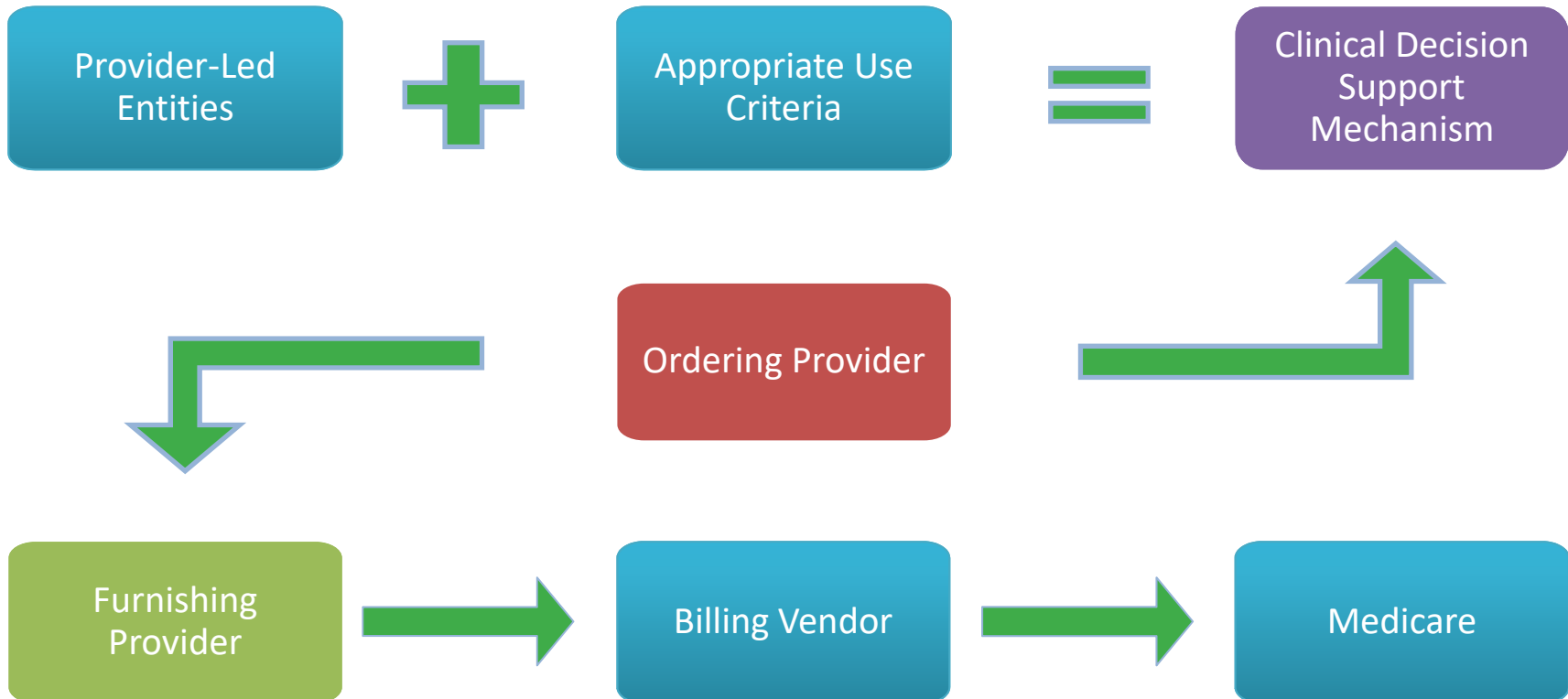
What is Appropriate Use Criteria (AUC)?

- 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!