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RADPEER™ USER INSTRUCTIONS

Thank you for enrolling in the American College of Radiology RADPEER™ program. When a new group registers online you will be sent an email with your assigned Group ID number. You will also be sent an email with the password.

When payment has been received and recorded an email will be sent stating the account is ready to access.

When you have received this, you may initiate your group's participation in RADPEER™.

To begin, please review the following:

Glossary of Terms:

ACR Administrator – The ACR Staff coordinator for RADPEER™

Group Administrator - Chief Physician/Department Chair/Supervising Physician for RADPEER™

POC – Point of Contact (may be Business Manager, QA Coordinator, Chief Technologist, i.e., staff person designated by group as liaison with ACR)

Reviewer Physician – Physician reviewing exam for RADPEER™

Reviewed Physician – Physician who *originally* interpreted the exam

GROUP ADMINISTRATOR or POINT OF CONTACT

To Login as Group Administrator or Point of Contact: https://radpeer.acr.org

Figure 1

GROUP ID: You will be asked to enter your pre-assigned Group ID number

USER ID: Pre-assigned Group ID number-last name   (i.e., 999-smith)

PASSWORD: Enter pre-assigned password**.** This will take you to the Home Page **Figure 2**

REMEMBER ME: Check this box to keep password, *after the initial password has been changed*.
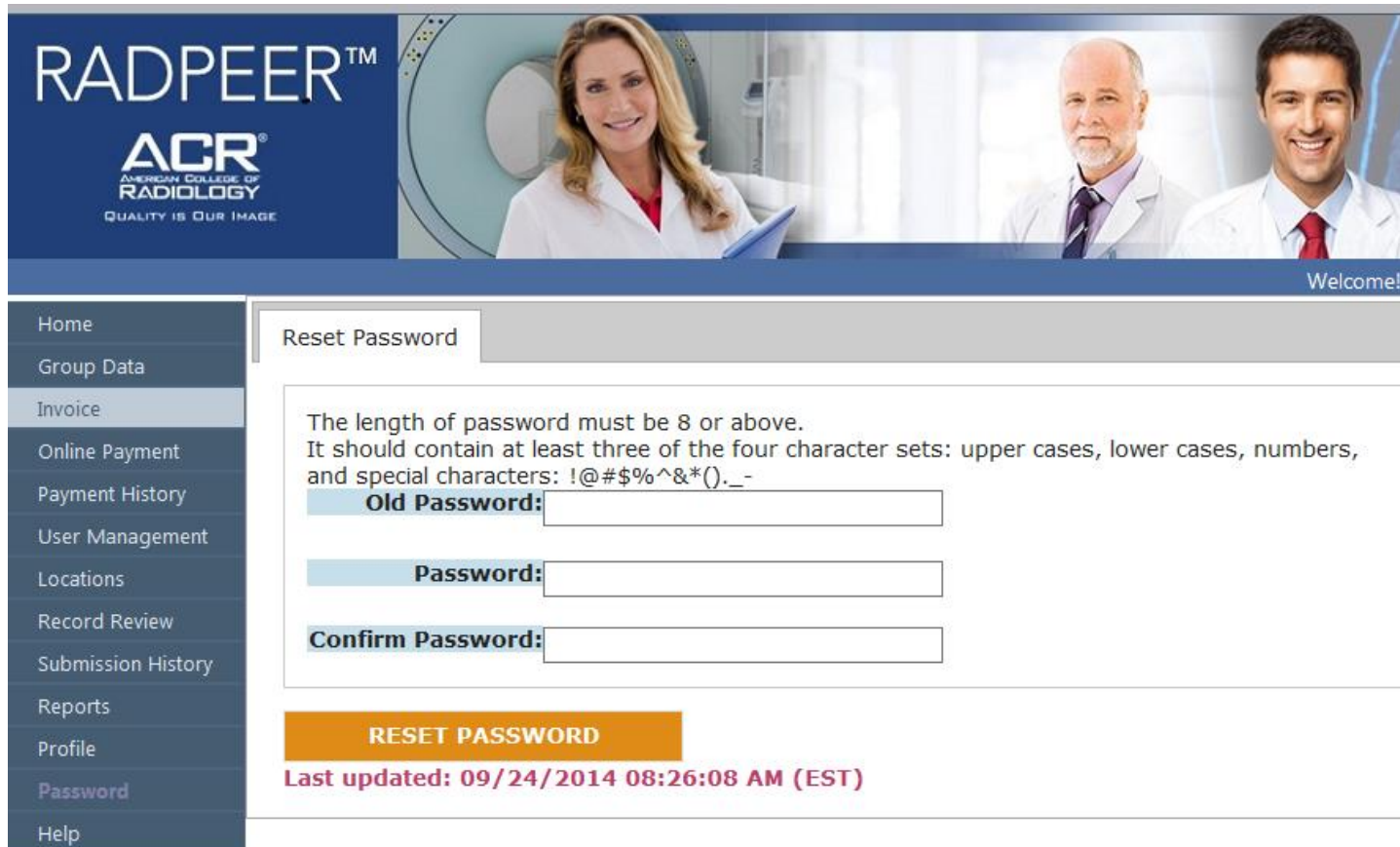
Figure 2

Figure 3

Figure 3 Password from the menu bar at the left side of page. This will allow you to create your individual password for all future RADPEER™ functions.

When creating **Physician User ID** Login
> **The length of password must be 10 or above**
> **It should contain at least three of the four character sets:**
> **upper case, lower case, number and special characters !@#$%^&*( )**

The password is not to be reused in 24 password cycles.
> *for example: Doctor12@#*

When creating **Administrator User ID** Login
> **The length of password must be 15 or above**
> **There should be at least 2 special characters from**
> **{}[]!!@#$%^&*()._-**
> **and at least 2 numbers and at least one upper cases character**
> **and at least one lower case character.**

The password is not to be reused in 24 password cycles.
> *for example: Doctor123@#$%&(*

The physicians who are also administrators will have two different logins – one as Administrator and one as a Physician doing peer review. You may use the same password for signing on to both accounts.

The point of contact will typically have one login, unless the POC is a physician.

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.**Figure 4**

Figure 4 Group Data- Account information   Using the navigation bar on the left, select Group Data. This is pre-populated when a group registered for a new account or has an existing group account. The expiration date will be populated by the ACR RADPEER administrator and cannot be altered.

The Medical Director will also be added under the User Management tab on the left side.

 If the locations box is checked, the sites will be added under the Locations tab on the left side. If the Pediatric Group Box is checked, all the peer reviews done will be marked as pediatric.

The Group box can be used to enter any information as needed.

Click UPDATE when finished.
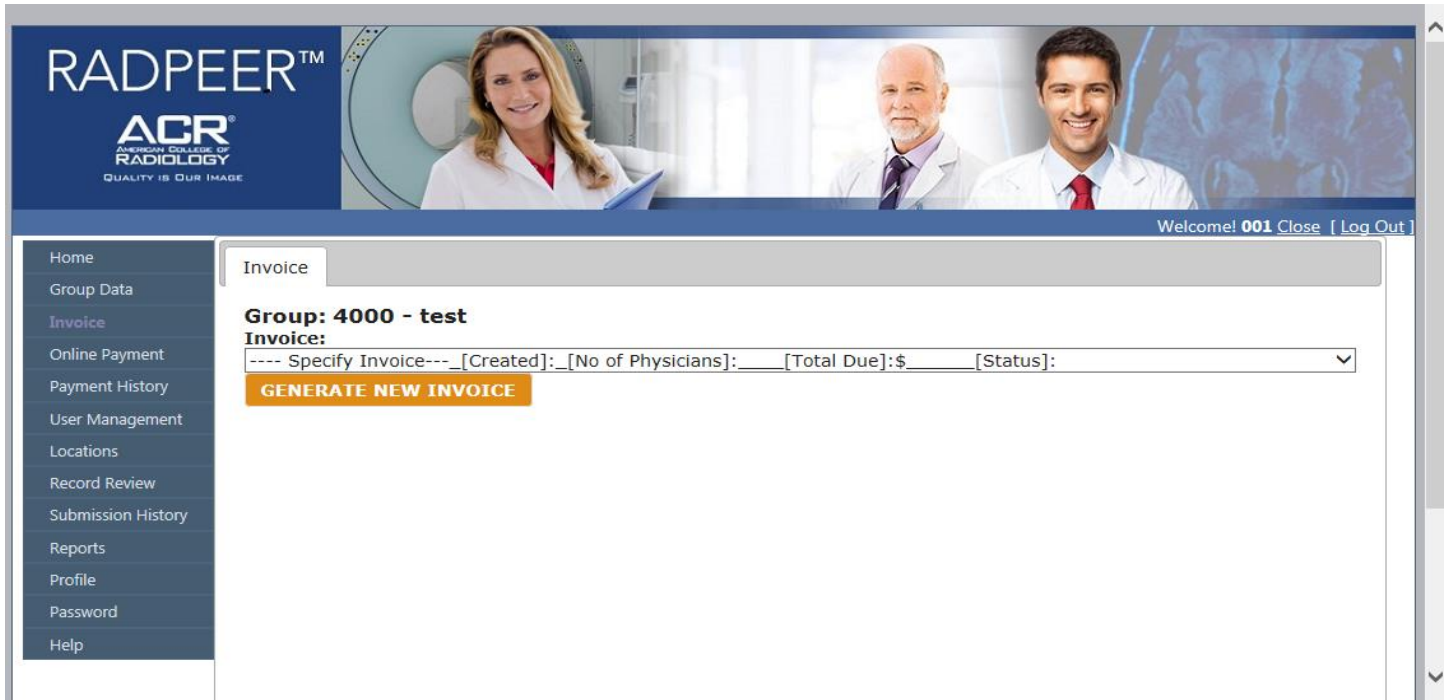
Figure 5

Figure 5- Invoice Click the Generate New Invoice.
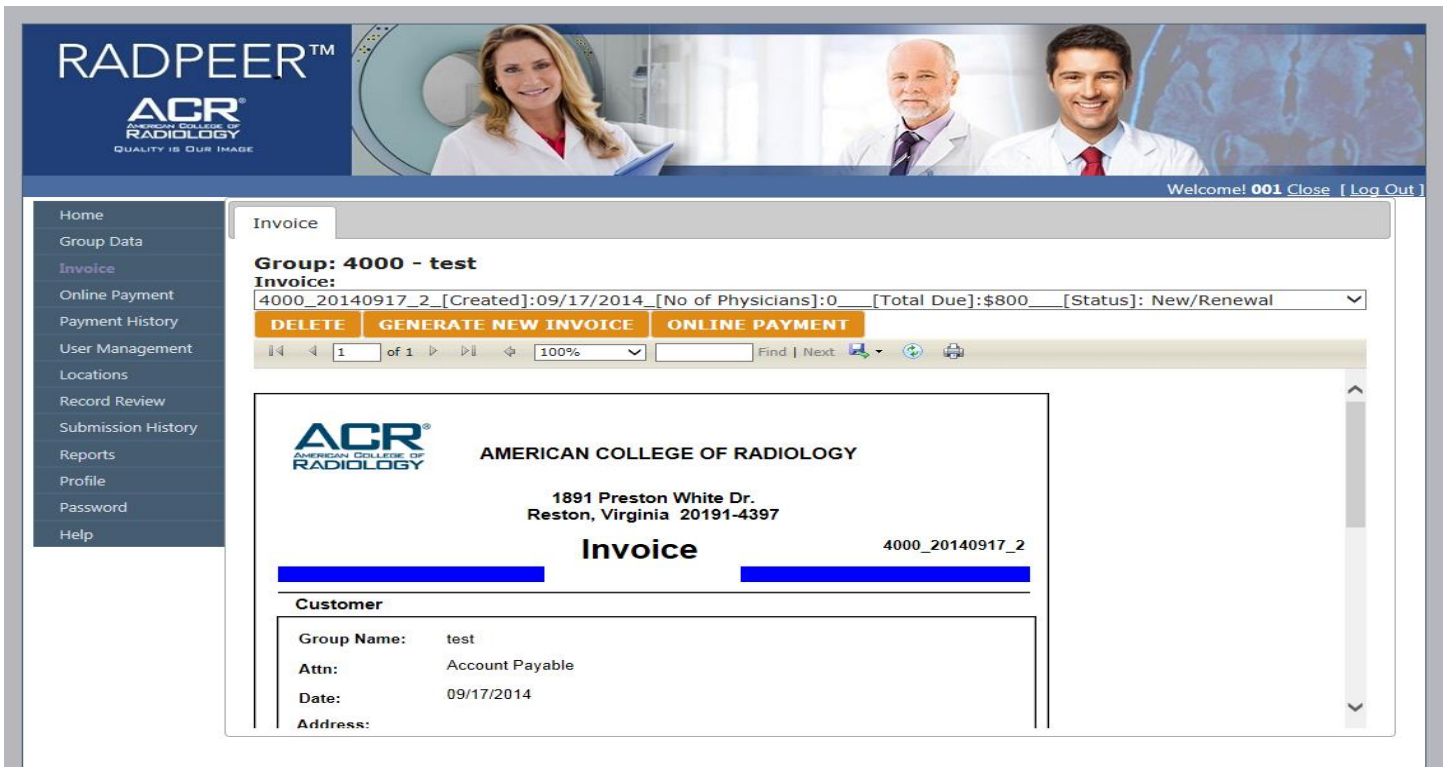
Figure 6

Figure 6 – Invoice The fee is based on the number of physicians indicated in the Group setup. The down arrow key at the end of the row will display all prior invoices that were generated. RADPEER is an annual subscription.
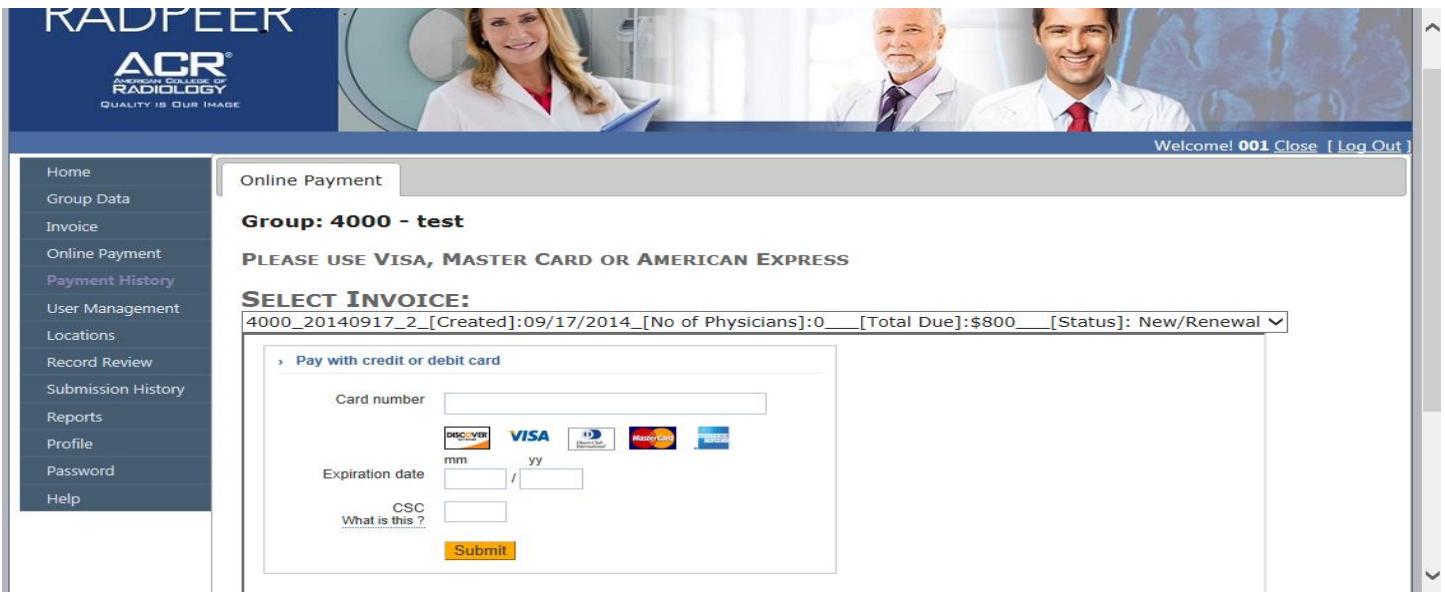
Figure 7

Figure 7- Online Payment Select Online Payment to pay by credit card. Using the down arrow, select the invoice to be paid. The Invoice number and amount of payment will pre-populate.
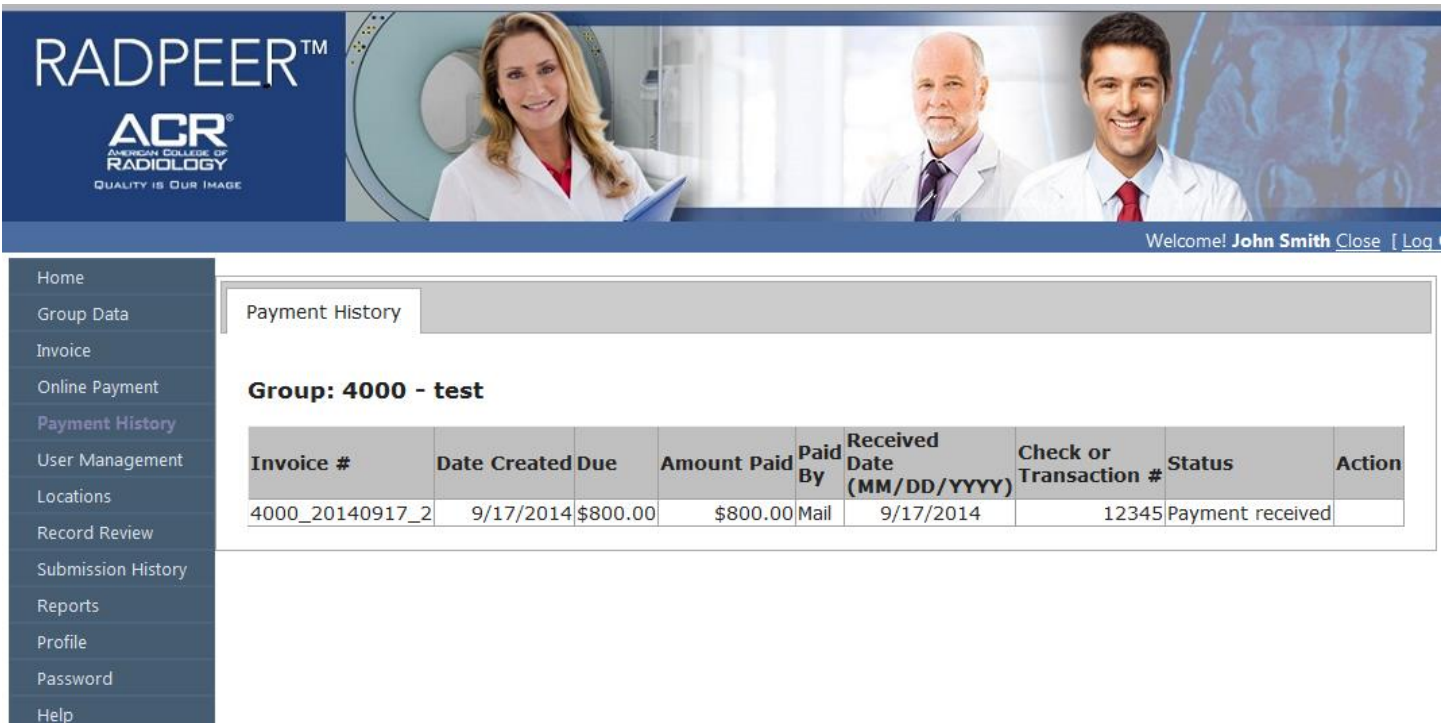
Figure 8

Figure 8 - Payment History This will be a record of all payment received and applied to the account. This information is entered by the ACR or automatically if the payment is made online.
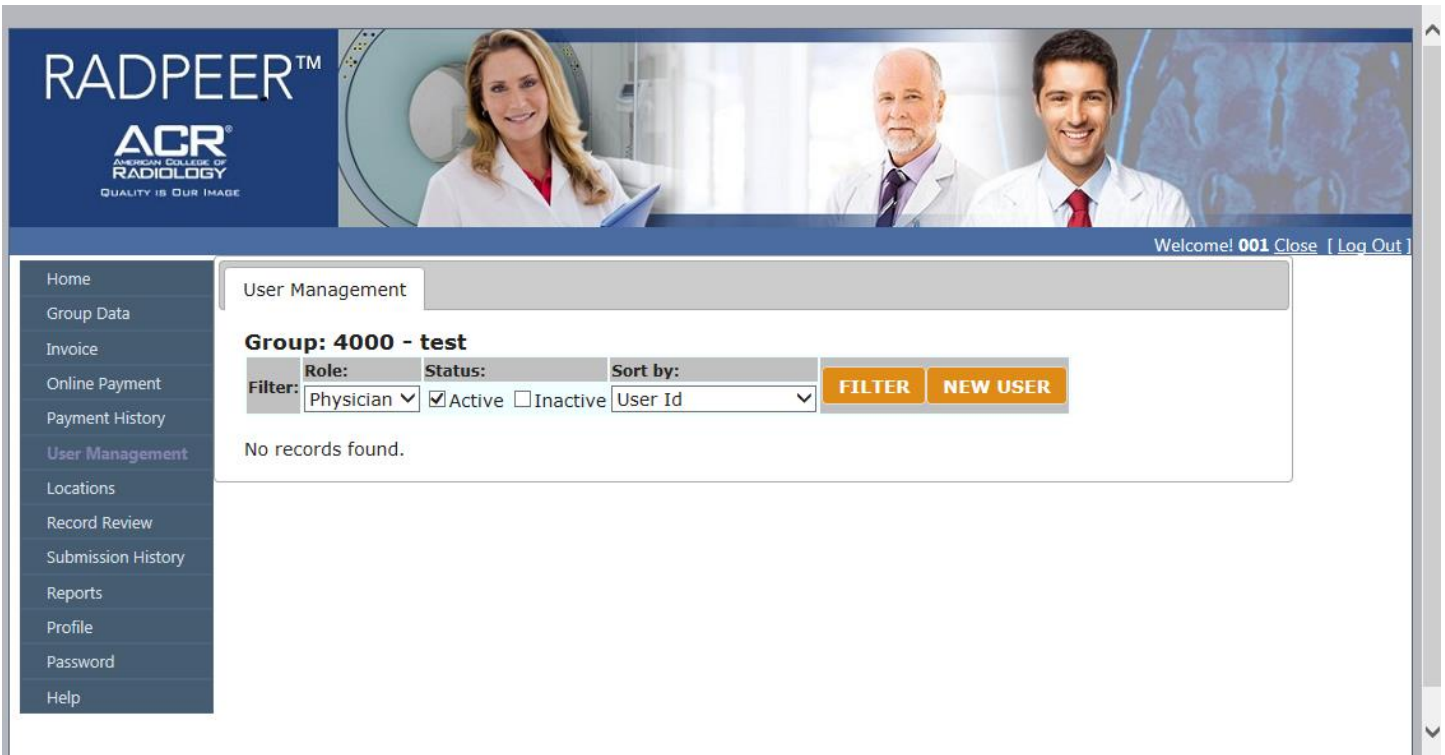
Figure 9

Figure 9 – User Management Select the User Management tab to populate the administrator, poc, and physician accounts. Select the Role first, then select New User. To view the accounts once these are populated, select the Role, then click Filter. The list of users under the Role will appear.

Figure 10

Figure 10 – Adding users The User ID will be assigned by the group. *The password must be a minimum of 8 characters and contain characters from at least 3 of the following 4 sets: uppercase letter, lowercase letter, one number, or one special character: @ # $ % ^ & * ( ) such as Doctorxx#* Click SAVE when done and return to list.

Figure 10A

Figure 10A-Notify Password Reset When finished adding a user, two email notices will be sent to each new user. These will notify them of the Group ID, User ID, and Password information.

Figure 11

Figure 11 If any physician has left the practice or is no longer participating in RADPEER™, he/she must be placed on "Inactive" status; select User Management then select Edit to bring up the entry.
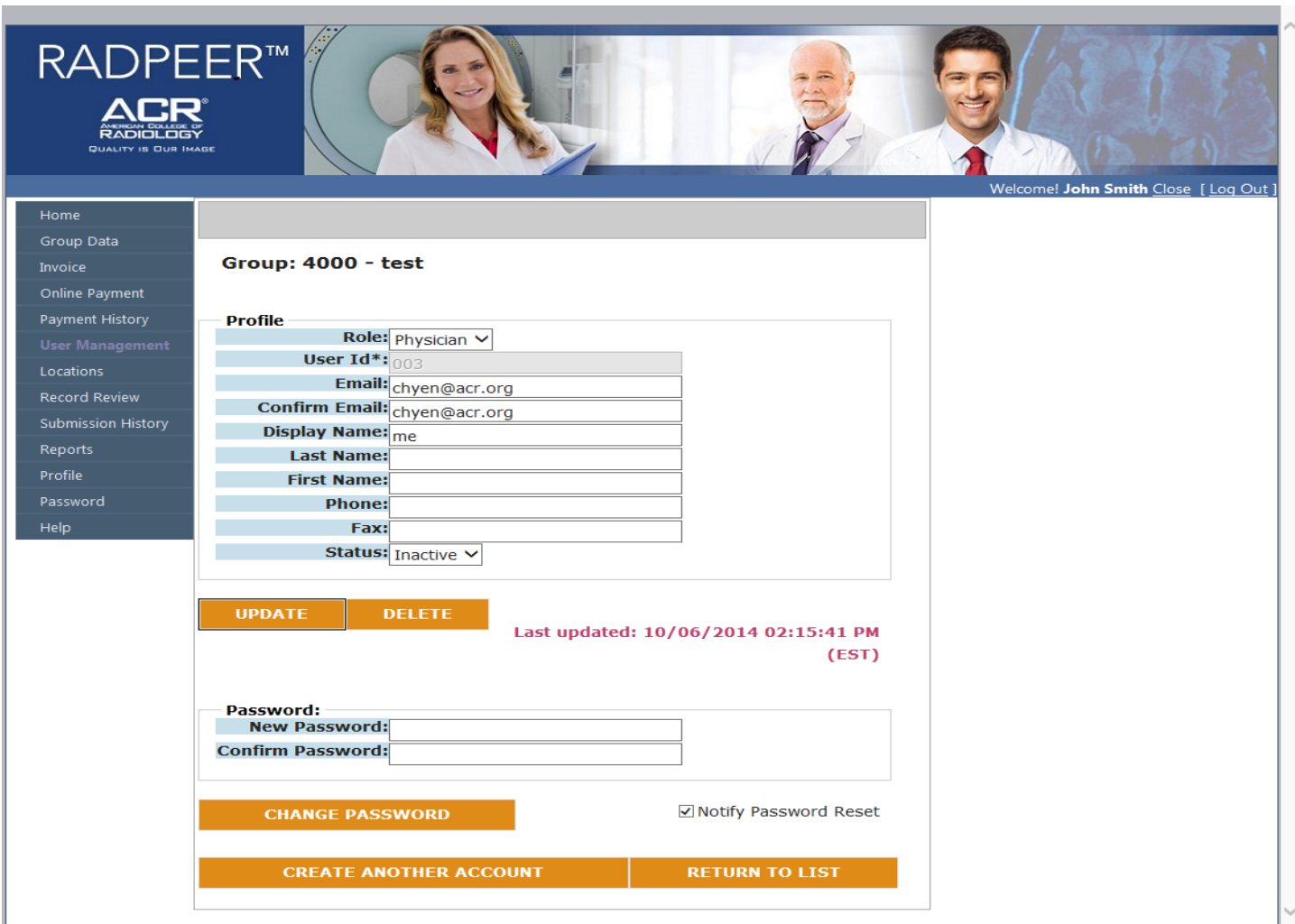
Figure 11A

Figure 11A Use the down arrow to select Inactive, then select Update. This allows any data submitted by them to be retained in the RADPEER™ database. Physician ID numbers with records associated with them as either reviewer or reviewed cannot be deleted.

Figure 12

Figure 12- Locations. This list will be created by either the POC or Administrator. Each site will be assigned a 'suffix code', for example 'sam' for Good Samaritan Hospital. The code is a maximum of 10 characters. Enter the information in the boxes then click ADD.

To remove any site on the list, click Edit, then select Inactive from the drop down box, then select Update. This allows any data submitted from the site to be retained in the RADPEER database.

Please note: This option is only available for groups that have selected Individual Practice Locations.
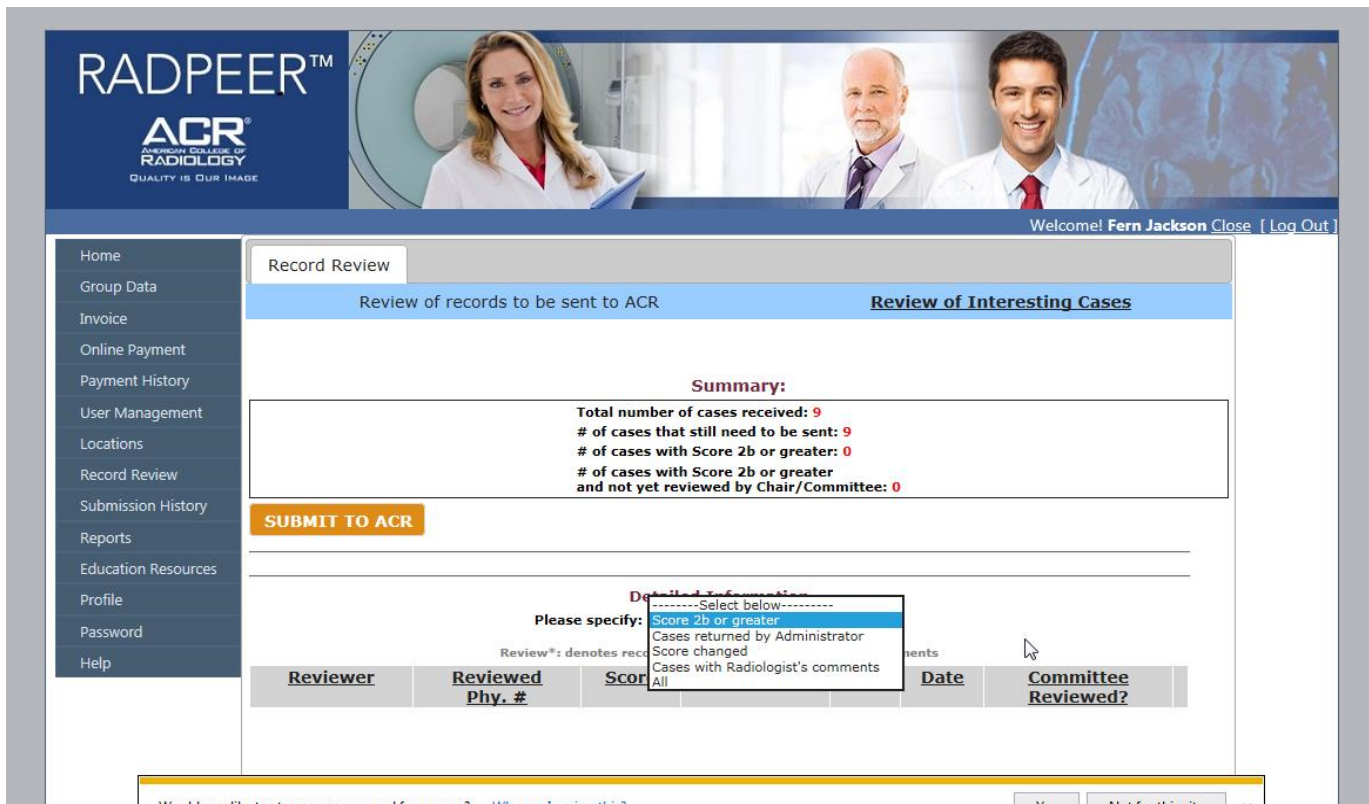
Figure 13

Figure 13- Record Review (Review of Records to be sent to the ACR). This shows peer review cases that have been submitted by the physicians and are in the "queue" waiting to be sent to ACR. *Interesting Cases* This shows cases that have been identified for discussion for staff or QA panel meetings, or teaching cases. These are not submitted to the ACR.

Detailed Information. The drop down menu allows you to select:
- Scores of 2b or greater
- All

If there are any cases scored 2b or greater these will not be sent to ACR when *SUBMIT to ACR* is selected. This provides the opportunity for:
- Chair/QA Committee review of case before submission to ACR.
- Score to be amended if decided after committee review

These cases will be held in queue till marked **Yes** under committee reviewed.

Your practice should establish procedures for ensuring that scores of 2b, 3a & b are sent for QA review prior to submitting to ACR.

Figure 14A

Figure 14A If "Submit to ACR" is selected, all cases (*except those scored 2b or greater and not marked as reviewed by the Chair/Committee),* will be transmitted to ACR; fields will then clear to "0". If the record review summary shows all zeros, all cases have already been submitted to ACR. If the record review summary shows total number of cases received is 6 and total # of cases that need to be sent is1, this indicates 1 record has not been marked as reviewed by the Chair/Committee, and will not be included with this submission.

Figure 14B

Figure 14B Select 'Interesting Cases' to view the list of records that have been marked. These cases will not be submitted to the ACR.

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Figure 15

Figure 15- Submission History. From the drop down list, you can view the submission history of your group for a selected time period, for example, last twenty submissions, all submissions since enrollment in RADPEER, or within a year. The **Export** feature opens up an Excel spreadsheet of all cases, record by record, sent to the ACR on the submit date. This file can be saved as needed by the group.

Figure 16

Figure 16- Report:

SITE: If the group has chosen to track data by location, you may select a 'combined' report or use the drop down menu to select a specific site report.

TYPE: You may then select either Group, ***Figure 16A*** which will display scores from all sites (combined), or if a specific site has been selected, it will generate a report for that individual site ***Figure 16B***.

If Individual is selected, reports will be generated for the physician's score at all sites (combined) ***Figure 16C***, or physician's scores at a specific site ***Figure 16D.***

The selection for Individual can also be narrowed down by Modally & Body System, ***Figure 16E***

PERIOD: Choose a date range, i.e. 7/13/2009 to 7/13/2009. To print report, go to FILE menu then Print.

The **Physician Reviewed Record Summary** report will break down by modality the number of cases **reviewed** by each physician in the group.

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Group Overall Report

Group ID #:	4000	Report Date:	10/24/2017
Site: Combined			
Total # Participating Physicians:	13	Report Period:	From: 04/24/2017 To: 10/24/2017

	Total	1	2	2b	3	3b	Clinically Significant
Radiography:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Ultrasound:	(1) 7.14%:	(0) 0.00%:	(1) 100.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
CT:	(11) 78.57%:	(9) 81.82%:	(0) 0.00%:	(1) 9.09%:	(1) 9.09%:	(0) 0.00%:	(1) 9.09%:
MRI:	(2) 14.29%:	(1) 50.00%:	(0) 0.00%:	(0) 0.00%:	(1) 50.00%:	(0) 0.00%:	(0) 0.00%:
Nuclear Medicine:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Mammography:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Interventional:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
PET:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Fluoroscopy:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Total	(14) 100.00%:	(10) 71.43%:	(1) 7.14%:	(1) 7.14%:	(2) 14.29%:	(0) 0.00%:	(1) 7.14%:
All Groups		98.05%:	1.61%:	0.08%:	0.17%:	0.08%:	0.16%:

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Figure 16A (Group Report of all Peer Review)

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Group Overall Report

Group ID #:	4000	Report Date:	10/24/2017
Site: 1234567890 [Burlington QA]			
Total # Participating Physicians:	13	Report Period:	From: 04/24/2017 To: 10/24/2017

	Total	1	2	2b	3	3b	Clinically Significant
Radiography:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Ultrasound:	(1) 100.00%:	(0) 0.00%:	(1) 100.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
CT:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
MRI:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Nuclear Medicine:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Mammography:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Interventional:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
PET:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Fluoroscopy:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
Total	(1) 100.00%:	(0) 0.00%:	(1) 100.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:	(0) 0.00%:
All Groups		98.05%:	1.61%:	0.08%:	0.17%:	0.08%:	0.16%:

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Figure 16B (Group Report by Location)

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Individual Physician Report

Group ID #:	4000	Report Date:	10/24/2017
Physician ID:	002	Report Period:	From: 04/24/2017
			To: 10/24/2017

Site: Combined

	Total	1	2	2b	3	3b	Clinically Significant
Radiography:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Ultrasound:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
CT:	(9) 90.00%	(9) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
MRI:	(1) 10.00%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Nuclear Medicine:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Mammography:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Interventional:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
PET:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Fluroscopy:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Total	(10) 100%	(10) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Group Average		71.43%	7.14%	7.14%	14.29%	0.00%	(1) 7.14%

Physician **002** has reviewed **13** out of **14** total group reviews of this report period

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Figure 16C (Individual Report of all Peer Review)

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Individual Physician Report

Group ID #:	4000	Report Date:	10/24/2017
Physician ID:	888	Report Period:	From: 04/24/2017
			To: 10/24/2017

Site: capital

	Total	1	2	2b	3	3b	Clinically Significant
Radiography:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Ultrasound:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
CT:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
MRI:	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(1) 100.00%	(0) 0.00%	(0) 0.00%
Nuclear Medicine:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Mammography:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Interventional:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
PET:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Fluroscopy:	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Total	(1) 100%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(1) 100.00%	(0) 0.00%	(0) 0.00%
Group Average		0.00%	0.00%	0.00%	100.00%	0.00%	(0) 0.00%

Physician **888** has reviewed **0** out of **1** total group reviews of this report period

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Figure 16D (Individual Report by Location)

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Individual Physician Report filtered by Modality/Body System

Group ID #:	4000		Report Date:	10/24/2017
Physician ID:	A15		Report Period:	From: 04/24/2017
				To: 10/24/2017

Site: Combined
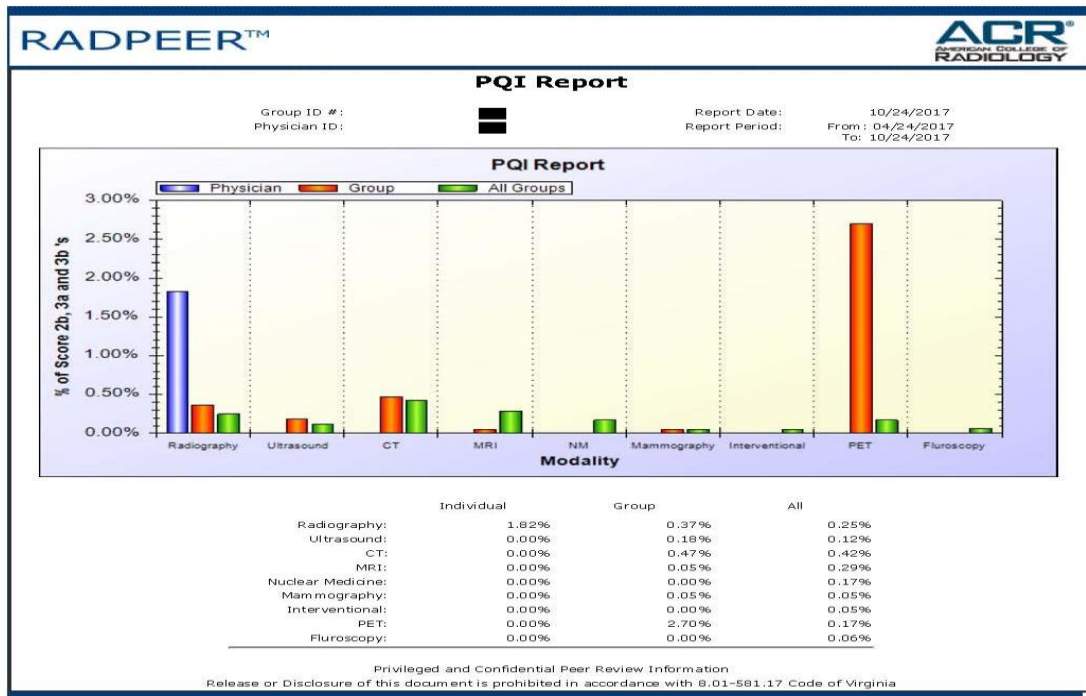Modality: US
Body System: Breast
Age Group: All
Discrepancy: All

	Total	1	2	2b	3	3b	Clinically Significant
Ultrasound:	(1) 100.00%	(0) 0.00%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Total	(1) 100%	(0) 0.00%	(1) 100.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%	(0) 0.00%
Group Average	0.00%	100.00%	0.00%	0.00%	0.00%	(0) 0.00%

Physician **A15** has reviewed **0** out of **1** total group reviews of this report period

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Figure 16E **(Induvial Report by Modality/Body System)**

PQI Report for MOC

PQI Report   Page 1 of 1

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PQI Report

Group ID #:			Report Date:	10/24/2017
Physician ID:			Report Period:	From: 04/24/2017
				To: 10/24/2017

	Individual	Group	All
Radiography:	1.82%	0.37%	0.25%
Ultrasound:	0.00%	0.18%	0.12%
CT:	0.00%	0.47%	0.42%
MRI:	0.00%	0.05%	0.29%
Nuclear Medicine:	0.00%	0.00%	0.17%
Mammography:	0.00%	0.05%	0.05%
Interventional:	0.00%	0.00%	0.05%
PET:	0.00%	2.70%	0.17%
Fluroscopy:	0.00%	0.00%	0.06%

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RADPEER™ Lexicon

Examples of Scoring:

Note: Scoring should include both primary finding and incidental findings on the imaging study. Both misses and overcalls can be included.

Score of 1: "Concur with original reading" – self explanatory

Score of 2: "Discrepancy in Interpretation/not ordinarily expected to be made (understandable miss)"

2a. "unlikely to be clinically significant"
- Small knee collateral ligament tear (i.e., subtle or difficult to appreciate finding)
- Osteopoikilosis that is not clinically significant (i.e., esoteric finding)
- 7mm mesenteric lymph node on CT abdomen
- Small (5mm) apical pneumothorax on overpenetrated portable chest radiograph following subclavian line placement
- Minimally calcified (<3cm) abdominal aortic aneurysm on KUB
- Old, healed long bone fracture (i.e., apparent on single view)
- Subtle mass (probable benign lymph node) on mammography

2b. "likely to be clinically significant"
- Subtle or early lung cancer seen on chest CT in retrospect (i.e., difficult to diagnose prospectively)
- Subtle meningeal enhancement on CT or MRI brain
- Small subdural hematoma around cerebellar tentorium
- Subtle scapholunate separation
- Small minimally radiopaque soft tissue glass foreign body in hand radiograph
- Subtle 1.5cm pancreatic tail mass
- Early vascular calcifications on screening mammography, recalled for additional imaging (overcall)

Score of 3: "Discrepancy in Interpretation/ should be made most of the time"

3a. "unlikely to be clinically significant"
- 2cm bone cyst noted on MRI knee
- Pneumoperitoneum on abdominal film of patient 1 day after abdominal surgery
- Vertebral body hemangioma on MRI spine
- 3cm thyroid mass on CT chest
- 5mm calcified renal calculus without associated hydronephrosis on CT urogram

3b. "likely to be clinically significant"
- Small subdural hematoma on CT brain
- Skin fold interpreted as pneumothorax in newborn with subsequent placement of chest tube
- Assymmetric 2cm breast mass on CT chest
- 2cm para-aortic or pelvic lymph node
- Peri-appendiceal or peri-colic fat stranding
- 1.5cm adrenal mass in patient with lung mass
- Cluster of pleomorphic microcalcifications on mammography

- Pericardial effusion on CT chest
- Short single segment Crohn's disease on small bowel follow-through exam
- Lateral meniscus tear on knee MRI