



Attention: HIT Policy Committee
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Ave, SW., Suite 729D, Washington, DC 20201
Subject: Meaningful Use

Dear Chairman Blumenthal and Members of the HIT Policy Committee:

The American College of Radiology (ACR)—a professional organization serving more than 32,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists—appreciates the opportunity to provide comments on the HIT Policy Committee’s discussions of, and draft recommendations for, “meaningful use” of certified electronic health record (EHR) technology. The ACR plays a leadership role in advancing diagnostic imaging quality and practice guidelines, as well as developing standards of interoperability, including the Digital Imaging and Communications in Medicine (DICOM) and Integrating the Healthcare Enterprise (IHE) - Radiology industry standards.

Diagnostic radiology relies upon information technology, such as radiology information systems (RIS) and picture archiving and communication systems (PACS), to coordinate workflows, view, store, protect, and transfer images and reports. Diagnostic radiology is also atypical from many other medical specialties in that it involves orders from referring physicians for imaging procedures and/or reads of images. Thus, it is important that the HIT Policy Committee address meaningful use of certified EHR technology for physicians ordering diagnostic imaging procedures, as well as for the physicians (radiologists) who read the images and report back to the ordering physicians.

Meaningful Use for Ordering Physicians

The ACR strongly supports the HIT Policy Committee’s goal that EHRs should use evidence-based order sets and computerized physician order entry (CPOE) tied to clinical decision support to enable appropriate ordering. This technology should be able to connect the image ordering process to physician-developed guidelines, such as the ACR Appropriateness Criteria developed by expert panels in diagnostic imaging, interventional radiology, and radiation oncology together with other specialties. By employing CPOE tied to ACR’s Appropriateness Criteria guidelines, ordering physicians enhance the quality of patient care and contribute to the most efficacious use of radiology.¹

The ACR also believes that meaningful use for ordering physicians should include using EHR technology to facilitate review of a patient’s imaging history prior to ordering a new imaging exam. With this information on hand, physicians will be able to determine if a previous diagnostic image would reveal important information and negate the need to order a new, perhaps duplicative, imaging procedure. This would improve quality of care and reduce healthcare costs by preventing unnecessary imaging.

¹ Sistrom CS, Dang PA, Weilburg JB, Dreyer KJ, Rosenthal DI, and Thrall JH. Effect of Computerized Order Entry with Integrated Decision Support on the Growth of Outpatient Procedure Volumes: Seven-year Time Series Analysis. *Radiol* 251: 147-155; 2009. (<http://radiology.rsnaajnl.org/cgi/content/abstract/251/1/147>)

Meaningful Use for Diagnostic Radiologists

As mentioned previously, diagnostic radiology is unique from many other specialties, not only in the fact that HIT (RIS/PACS) is already firmly embedded in the practice of the specialty, but also because diagnostic radiologists generally would not use certain functions of EHRs more often associated with primary care, cardiology, pediatrics, etc. Specifically, diagnostic radiologists would generally not use functions related to prescribing, allergy management, vitals, inputting demographics, automatic patient reminders, or problem lists. If these uses are required of all eligible professionals, radiologists would likely not be able to meet the minimum criteria for meaningful use, or have any practical reason to implement technologies that feature these functionalities outside of a multispecialty group practice setting. Instead, meaningful use of certified EHR technology for diagnostic radiology should focus on receiving orders and electronic reporting. To do this, physician organizations like the ACR should take the lead on defining universal standards of diagnosis/reporting.

Additionally, the ACR believes that technology should soon evolve to facilitate the electronic exchange of diagnostic images alongside reports. We support the HIT Policy Committee's 2015 objective that calls for multimedia support, whereby EHRs should be able to connect to other technologies that facilitate the exchange of diagnostic images.

Barriers for Diagnostic Radiology

As mentioned previously, most diagnostic radiologists do not typically communicate with offsite pharmacies, manage medications or allergies, record vitals, etc. Thus, the major challenge for meaningful use of certified EHR technology in diagnostic radiology is that there are no certification pathways for HIT products that radiologists would leverage in their typical workflow. The Certification Commission for Health Information Technology (CCHIT), which many experts believe will continue to serve as the primary HHS-recognized certification body for HIT, only provides certification for primary care EHR products and for those specialties with workflows similar to those of primary care physicians—such as cardiology and pediatrics—but not for medical specialties with largely unique workflows, such as radiology.

It is therefore important that an HHS-recognized certification pathway be established for radiology specialty products prior to 2011 if diagnostic radiologists are able to participate in this program. If CCHIT is unable to open a certification pathway for EHR products that fulfill the needs of radiologists before 2011, radiology would need HHS and professional associations, like the ACR, to serve in that certifying capacity.

The ACR greatly appreciates your consideration of these comments and we welcome the opportunity for continued dialogue with HHS and the HIT Policy Committee on meaningful use and other areas of mutual interest. Please contact Gloria Romanelli, ACR Senior Director, Legislative and Regulatory Relations, or Michael Peters, ACR Assistant Director of Regulatory and Legislative Portfolio, at 202-223-1670 if our organization can be of assistance in this matter.

Sincerely,



James H. Thrall, MD, FACR
Chair, Board of Chancellors
American College of Radiology