Case Study: Recognition for Radiology

Key Takeaways:

- The ACR Diagnostic Center of Excellence (DICOE) award allows radiology practices to demonstrate they have achieved the highest levels of efficiency, safety, and quality of patient care.
- The first-ever DICOE winners believe that achieving the recognition bolsters their reputation with referring physicians and patients.
- Recognition of top quality is increasingly important in the new value-based payment model and helps demonstrate radiology’s role as consultants and contributors to patient management.

In this age of profound changes in health-care delivery models, radiologists must find new strategies for demonstrating their value and staying viable. A new addition to the Imaging 3.0 toolkit is the ACR Diagnostic Imaging Center of Excellence™, or DICOE, achievement. This program takes a radiology department or practice to the next level of imaging efficiency and demonstrates the practice’s commitment to the safest and highest quality care. The Center of Excellence process goes beyond accreditation to recognize the best imaging practices through a comprehensive assessment of the entire medical-imaging enterprise, including corporate structure and outcomes.

The Pinnacle of Medical-Imaging Care

In order to receive the DICOE distinction, imaging facilities must be accredited by the ACR in all modalities that they offer for which ACR accreditation is available. They must participate in the Dose Index Registry® and General Radiology Improvement Database, in addition to adhering to the radiation-safety guidelines of Image Wisely® and Image Gently®. An ACR team (comprising a radiologist, a medical physicist, and a radiologic technologist) will conduct an on-site survey to review all aspects of the facility’s operations.

In May 2013, the ACR recognized the nation’s first-ever DICOE facilities. They are Hackensack University Medical Center (HUMC), in Bergen County, N.J., and Mount Desert Island Hospital in Bar Harbor, Maine, which served as the beta-testing sites for the program. The DICOE award is given to facilities that demonstrate excellence in multiple areas — the professional staff, technology, and policies and procedures the organization follows — but, most importantly, it reflects superior patient care.

Harry Agress Jr., MD, FACC, chair emeritus of the department of radiology at HUMC, says, “When a patient sees that HUMC is an ACR DICOE facility, they will know that this is an institution that has gone beyond the norm to achieve a national standard of excellence. This achievement shows our patients that we want to take the extra step for them — that we take their imaging care extremely seriously and that we’ll do whatever we can to give them the best possible care.”

Using DICOE as a Benchmark

The imaging team at HUMC always believed that it had built a top radiology department and established best practices, but it had no way of knowing how well it was actually doing, compared with other departments. “There are honors within many other areas of medicine; however, there were very few avenues for recognition of an entire radiology department — until now,” Agress says.

Agress believes that DICOE takes accreditation to a considerably higher level. “This is a comprehensive evaluation of our entire department and everything that goes into the process of patient care,” he says. “More than ever, patients are looking for that kind of recognition: They want to find the best. Thanks to the ACR, there’s now a way for them to see which hospitals have the best radiology.”

As radiologists take the lead in advancing quality across the continuum of patient care, hospital administrators are also taking notice. “The DICOE award strengthens our relationship with our hospital administration,” Agress says. “Being one of the very first in the country to be recognized by an organization as well respected as the ACR shows that we are very committed to excellence.”
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Helping a Small Hospital Stand Out

As a small, rural hospital on the coast of Maine, Mount Desert Island Hospital also understands the impact that achieving DICOE makes on the community. John M. Benson, MD, FACR, medical director of medical imaging, says, “We have a highly skilled team using advanced technology. We have generous donors, and we’re well supported by our local community, but there’s always a perception that bigger is better, and there’s a 500-bed hospital just 50 miles away.”

He continues, “Achieving DICOE can put a small hospital on the map. It shows that you can have a superior radiology practice, even without the resources of a large hospital. A patient can feel safe, and our referring physicians know that they can trust us as a top-quality partner in the decision-making process.”

For Benson, the DICOE award is the culmination of his team’s hard work in building a high-quality imaging service. “DICOE is saying to our patients and colleagues that we have a great team, we have very high standards of practice, and we have top-notch quality-assurance programs. We’re recognized by the ACR as one of the best facilities in the country in delivering imaging services. That’s a really big feather in our cap.”

Establishing a Framework for Excellence

Both DICOE recipients believe that preparing for the process and participating in the site survey were invaluable learning tools. “When we first saw the DICOE application, we realized that there were many things that we were already doing well, but we also saw some areas that needed improvement,” Agress says. “Using the DICOE standards gave us a framework for reviewing our entire department and defining our strengths and weaknesses.”

Benson and his team had a similar approach. “We looked through the standards and realized that we needed to do some background work, such as shoring up our accreditations, signing up for required registries, and tweaking our quality-assurance plan,” he says. “It was a very thorough assessment, and it was relevant to a medical-imaging department. During the visit, we also took away several new ideas — for example, critical-results tracking — that we are implementing in our system. There were definitely changes for the better that we’re making as a result of the DICOE evaluation.”

Going through the DICOE process also delivered unexpected benefits to the HUMC radiology department. “This effort required tremendous teamwork. It brought people from many different disciplines — physicians, nurses, technologists, physicists, administrators, and support staff — together as a team,” Agress says. “It provided a great opportunity to get feedback and coordination from all aspects of our practice and to learn from one another. Going through the process also helped strengthen communication within our department.”

Driving Business Value

Since the DICOE program measures imaging efficiency and the safety and quality of care, its attainment can potentially help radiology practices realize important financial benefits and demonstrate radiology’s excellence to policymakers. “I expect that our business will increase as a result of being recognized as a center of excellence,” Benson says. “It will certainly help our hospital compete with other nearby hospitals.”

Now that the DICOE award has been established, its initial recipients believe that more and more patients, referring physicians, and payers will be seeking facilities that have been acknowledged as top performers. “The advantages of receiving the DICOE award are multifaceted,” Agress says. “For referring physicians, it demonstrates that we’re the kind of place to which they want to send patients to have their studies done. Patients can see that we have gone to another level of quality in imaging care. In terms of payers and evolving federal government standards, demonstrating quality has become more and more important, and it will continue to be one of the major competitive factors in health-care reform. Confirmation of high-quality care has never been more imperative.”

The DICOE award has come at a critical time for the radiology community. “Radiology has been under the gun for many years, and the next few years will not be any different. The economic environment is rapidly changing, and we’re moving to a value model, rather than the volume model,” Benson explains. “Quality is becoming increasingly important, especially with some of the alternative payment approaches, such as the use of accountable care organizations. Having this kind of

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Recognition for excellence is exactly what payers and the federal government will be considering in the new health-care model. Now is a great time for this new initiative.

Agress stresses that it’s time for the radiology community to shape its future — versus being shaped by it. "Rarely does a patient come into a hospital without needing some form of imaging that will help his or her physician make major decisions about diagnosis and treatment," he says. "A patient’s care is extremely dependent on how well we, as radiologists, do our jobs. We see our roles not only as those of interpreters of images, but also as those of consultants and contributors to patient management. Achieving the DICOE award represents an opportunity for radiology practices to play a major part in the future of medicine by promoting better quality and more efficient (and appropriate) patient care."

Radiology practices can learn more about applying to join the DICOE community by visiting www.acr.org/DICOE.