



QUALITY IS OUR IMAGE

acr.org

March 1, 2019

The Honorable Lamar Alexander  
Chairman, Health, Education, Labor and Pensions Committee  
United States Senate  
Washington, D.C. 20510

Dear Chairman Alexander,

On behalf of the more than 38,000 members of the American College of Radiology (ACR), I appreciate the opportunity to respond to your request for information (RFI) to help address America's rising health care costs.

The ACR has a long history of working with Congress to make imaging more accessible, efficient and affordable for the patients its members serve. The College's work with the federal government led to the enactment of lifesaving programs such as the Mammography Quality Standards Act, which established uniform mammography facility guidelines, as well as the application of mandatory accreditation standards for imaging facilities that deliver advanced imaging services such as Magnetic Resonance (MR), Computed Tomography (CT) and Positron Emission Tomography (PET). These programs have saved tens of thousands of lives and increased the quality of imaging this country's patients receive.

In the context of the questions posed in Chairman Alexander's December 11, 2018 letter, the American College of Radiology will be discussing its ongoing efforts to implement the required consultation of evidence based appropriate use criteria (AUC) for advanced imaging services, that the ACR believes address many of the goals the HELP Committee is trying to achieve with regard reducing or eliminating unnecessary imaging care with resulting reduction of health care costs. The College's answers to the Chairman's questions are below:

1. What specific steps can Congress take to lower health care costs, incentivize care that improves the health and outcomes of patients and increase the ability for patients to access information about their care to make informed decisions?

*The ACR understands and is proud to be a part of the increasing role medical imaging is playing in the diagnosis and treatment of disease. The College understands that appropriate use of diagnostic imaging must be achieved as our population ages and as these technologies advance beyond imagination. However, as pressure grows on policy makers to control costs and improve health outcomes, solutions must be reached to ensure access to advanced imaging care. The ACR's solution to this problem is to reduce duplicative and unnecessary imaging exams through the implementation of evidence based appropriate use criteria using clinical decision support mechanisms (AUC-CDSM) available at the point of care.*

*To that end, the ACR strongly supported provisions in the Protecting Access to Medicare Act of 2014 (PAMA) (PL 113-93) mandating the consultation of appropriate use criteria (AUC) for the ordering of advanced imaging studies (CT, MRI, Nuclear Medicine and PET scanning). At its core, the PAMA AUC policy is designed to ensure patients receive the correct imaging test at the right time thus curbing exposure to unnecessary radiation, reducing Medicare spending on unnecessary advanced imaging procedures, , and promoting the movement towards value-based care. We believe that this is a more credible and physician friendly policy alternative to the imposition of advanced imaging prior authorization programs in Medicare,*

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*a process that has been shown to be a huge burden on referring healthcare professionals and a source of physician burnout.*

*Prior to the eventual full implementation of the AUC program by Medicare on January 1, 2020, pervasive adoption of AUC-based utilization systems has taken place throughout the country outside of the Medicare program. In fact, AUC-CDS has successfully achieved electronic health record (EHR) integration in over 500 health systems and 2,000 acute care facilities in all 50 states.*

2. What does Congress or the Administration need to do to implement those steps? Operationally, how would these recommendations work?

*The AUC provisions were passed with strong bipartisan support on April 1, 2014 with overwhelming majorities in the House and Senate. The College congratulates Congress on that wise decision and asks that Congress continues its strong support of the PAMA AUC provisions during the final phases of the CMS rulemaking process. The PAMA AUC provisions are scheduled for final implementation on January 1, 2020.*

*Operationally, it takes less than 50 seconds for a healthcare provider (ordering physician) to consult and order the correct advanced imaging study using AUC-CDSM. Within the EHR, accessing the AUC-CDSM is a natural part of the workflow; therefore, there is no disruption to the provider. The basis of the recommendation can be shared with the patient as well. Since the ordering physician ultimately retains the final authority over the selection of the advanced imaging procedure, there is no disruption of the doctor-patient relationship even under circumstances where the CDSM produces a recommendation for a patient to not ultimately receive an imaging service.*

*PAMA also places sole financial responsibility on rendering physicians, typically radiologists, for noncompliance with the program. **In fact, rendering physicians forfeit their technical and professional component reimbursement if they perform advanced diagnostic imaging services on Medicare patients when the ordering physician does not first document that they confirmed the value of the desired service against the imaging AUC.***

3. Once implemented, what are the potential shortcomings of those steps, and why are they worthy of consideration despite the shortcomings?

*Throughout the rulemaking process, several medical specialty organizations have tried to argue that adoption of AUC-CDSM is a burdensome effort and that implementation of the program should be delayed further. The ACR has firmly rejected this notion both in formal comments to CMS as well as in letters to the chairs and ranking members of the various jurisdictional congressional committees.*

*Despite the objections of some medical specialties, the College believes the federal government, private insurers and, most importantly, their beneficiaries will benefit from the documented and estimated savings associated with the implementation of AUC-CDSM. For instance, a state-wide demonstration project pertaining to imaging AUC implemented by a consortium of private insurers in Minnesota produced impressive results, including enhanced provider satisfaction, better and safer utilization, **along with approximately \$84 million in savings over a three-year period.** Minnesota health insurers were so impressed with the results that they allowed CDS consultation to be substituted rather than be subjected to more cumbersome prior authorization initiatives.*

*Furthermore, articles in peer reviewed medical journals, as well as analyses commissioned by private consultants refute the claim that information on the overall benefits of the program is limited. For example,*

*an article published in the July 2018 edition of the Journal of the American College of Radiology (JACR)<sup>1</sup> studying the implementation of a commercially available decision support tool integrated into an EHR witnessed a significant improvement in imaging study appropriateness scores. More specifically, the study found a 50% reduction in the number of low utility studies ordered, a 50% reduction in marginal utility studies ordered, and a 22% increase in appropriate studies ordered.*

*In addition, a February 2017 study produced by The Moran Company<sup>2</sup> found additional compelling evidence in support of the PAMA imaging AUC policy. The Moran Company closely analyzed 250,000 administrative records associated with ordering physicians' AUC transactions. ACR Select, a CMS approved CDSM with approved AUC, was embedded in EHRs and used for non-Medicare patient referrals for advanced diagnostic imaging orders. The Moran Company Study cites two significant impacts of the imaging AUC program. The first conclusion is that, upon interacting with the CDSM, ordering physicians did execute some form of "order changes." The most common type of order change was an "order cancellation." In fact, the vast majority of order changes (i.e. 95%) fell into the category of "order cancellations." **This is significant in that an order cancellation results in savings and reduced patient imaging exposure every time, versus an order change which may or may not result in a potentially less expensive test.** A second conclusion is that implementing an AUC program could have an **overall budgetary impact ... in the range of 2-3% of total Medicare imaging spending.**"*

*The objective of AUC consultation via a CDS mechanism is the optimization of use of advanced diagnostic imaging and there is clear evidence that this results in better, safer and less expensive care. This is what all radiologists, other physicians and healthcare professionals and Medicare beneficiaries want.*

In conclusion, the American College of Radiology would like to thank Chairman Alexander for the opportunity to share its efforts to improve patient safety while lowering costs through reducing duplicative and unnecessary imaging exams. We look forward to working with the Chairman and his staff as Congress continues to look for options to lower health care costs.

Should you have any questions, please do not hesitate to contact Cynthia Moran, Executive Vice President, Economics, Government Relations and Health Policy, American College of Radiology, either via phone (202-223-1670) or email (Cmoran@acr.org).

Sincerely,



William T. Thorwarth, Jr., MD, FACR  
Chief Executive Officer

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<sup>1</sup> Huber, MD, Timothy C., Krishnaraj, MD, MPH, Arun, et. al. "Impact of a Commercially Available Clinical Decision Support Program on Provider Ordering Habits." *Journal of the American College of Radiology*. July 2018. 951-957. Accessed at: [https://www.jacr.org/article/S1546-1440\(18\)30387-9/pdf](https://www.jacr.org/article/S1546-1440(18)30387-9/pdf).

<sup>2</sup> Moran, Don. "Appropriate Use Criteria for Advanced Diagnostic Imaging Services: Evidence from Multisite Implementation of the ACR Select® Program." February 2017. The Moran Company