

2020 ACR-RBMA Practice Leaders Forum



CDS Planning, Implementation and Lessons Learned

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Disclosures

- No financial disclosures

Learning Objectives

- CDS pre-rollout education/preparation
- Hard stops
- Content optimization
- Gold Card Program

Pre-Rollout Education



Support

Garnered support from Risk and Senior Leadership – Always focused on how this project would enhance patient care. Never focused on the mandate



Understand the Impact

Met with key stakeholders and medical directors to understand how this would impact workflows – highlighted efficiencies gained and reduced risk. Earned support



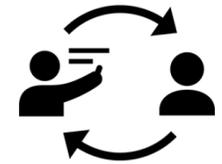
Engaged

Utilized project management to assist with meetings and communication



Education

Developed a tutorial video and one page hands-outs that were sent out via email that showed the work-flow – In that email, offered to attend departmental meetings to discuss



Nobody is Alone

Offered opportunities for constant communication with the radiology director and associate radiology medical director

Hard Stops In EPIC – Mandating an indication is chosen



Chose to require clinicians to choose an indication



Purpose: Decrease the number of exams not scored – went live in October 2018 but positive results



Offered the ability to add free-text, but an indication was required



Prior to requiring an indication, we met with several high volume ordering clinicians to ensure indications were available. We ended up adding 10,000 synonyms to make the search process easier

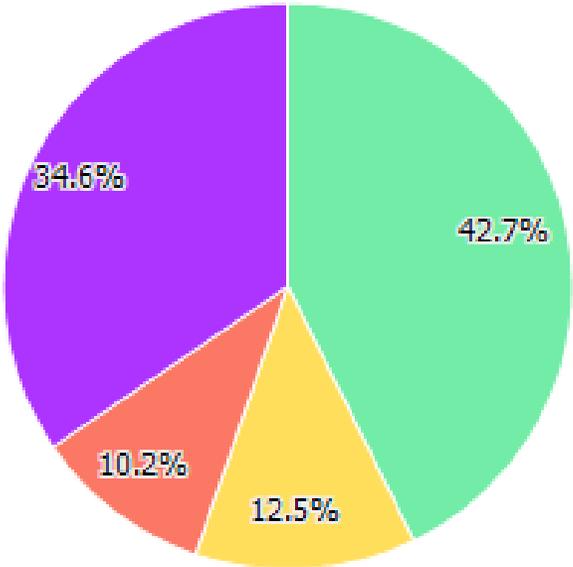


Offered constant access to radiology director in the event indications needed to be added – content optimization

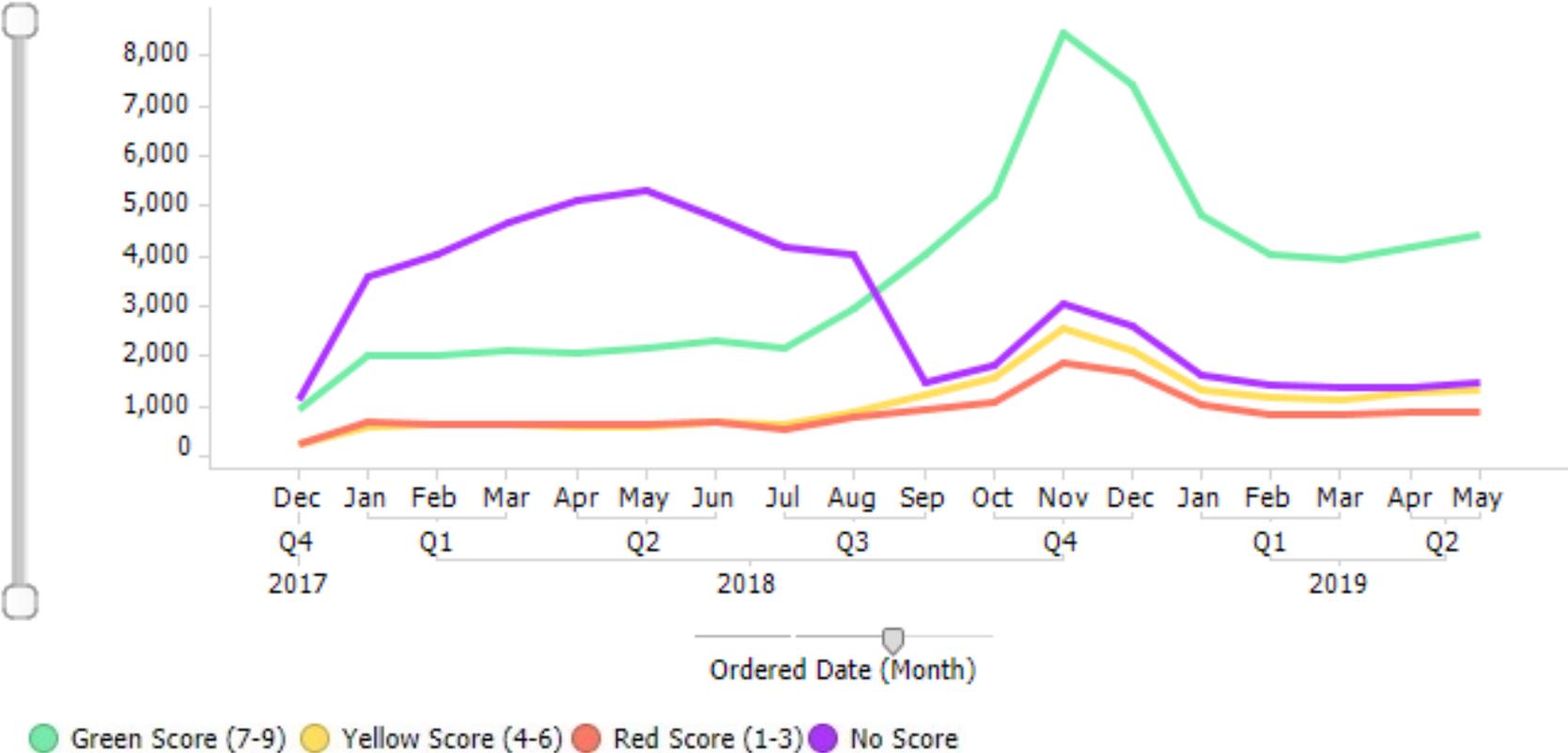
Radiology had weekly and now monthly meetings with CDS vendor to ensure changes were efficient

Appropriateness December 2017-June 2019

Score Grouping



Appropriateness Trending



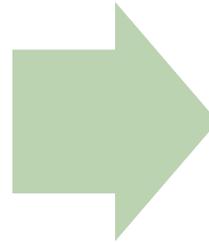
Data from Carle Foundation Hospital Post Go-Live

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Gold-Card – No Prior Authorization

Carle owns a health plan

- The health plan was negotiating with an appropriate use vendor. During that negotiation, Carle was involved in negotiating the terms with the appropriate use vendor and required them to add language that, based on data, they would accept the CDS scores to avoid duplicate work.
- Contractual agreement.



Appropriate use vendor originally agreed to accept high-scoring exams; 7,8, and 9

- Carle was able to show that 99.9% of the time, the appropriate use vendor was prior authorizing “maybe appropriate” exams. The health plan negotiated with the vendor the acceptance of maybe appropriate exams as well.