

2019 ACR-RBMA Practice Leaders Forum

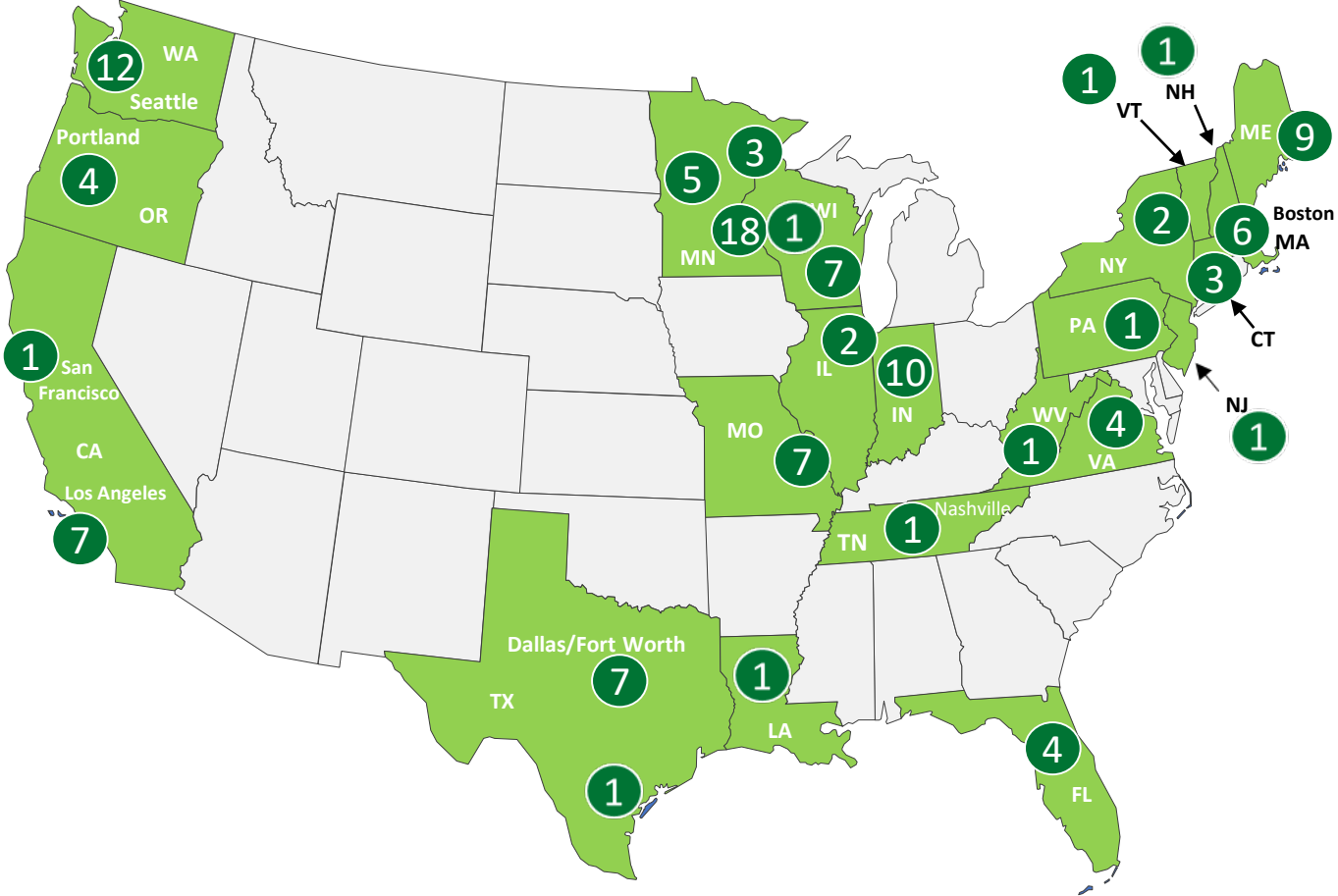
National Outpatient Radiology Practice Models in Preparation for Changing Medical Reimbursement

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Disclosures

- Member of RBMA's Federal Affairs Committee
- Board member of Imaging for a Cause Foundation
- Measurement specialist designee for the CDI Quality Institute's qualified Provider Led Entity

Center for Diagnostic Imaging: a collection of community-based partnerships



CDI is a federation, not a “top down” corporation

- No employed physicians: *the partnering radiologist groups are independent and serve as medical directors of the imaging centers through a professional services agreement.*
- Successful hospital partners in several markets: *it is usually a 3-way partnership with the radiologist group.*
- Complex partnership agreements: *there are no uniform legal agreements as each partnership is shaped to fit the community served.*
- Fleet of over 150 mobile imaging units: *Insight Imaging provides interim and ongoing service, often to smaller facilities .*
- Common RIS and other shared systems and reporting: *this allows small radiology groups to survive as CDI offers safety, compliance, incident and MIPS reporting, etc.*

Radiologist engagement is high with quality activities

- The Institute is a non-profit organization: *the governing body are the partnering medical directors.*
- Robust Radiologist Quality and Mentoring program (RQM[®]): *250 radiologists participate in a best practices/peer review program (current cases only with a 30 day deadline).*
- Clinical guidelines development: *guidelines, report templates, ICD 10 tips are developed by a contract Chief Clinical Officer, with involvement of radiologist-experts.*
- Qualified Provider Led Entity: *the Institute was one of the first entities qualified by CMS to develop Appropriate Use Criteria (AUC). The Institute is devoted to AUC that is useful to community-based physicians.*

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