Outlook for Clinical Decision Support: A Conversation with ACR Select

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Ingrid Lund, PhD
Practice Manager
lundi@advisory.com
Today’s Presenters

Ingrid Lund, PhD  
*Practice Manager, Imaging Performance Partnership*  
The Advisory Board Company  
lundi@advisory.com

Jeffrey Weilburg, MD  
*Partners Healthcare Associate Medical Director, Massachusetts General Physician Organization*

Bob Cooke  
*VP of Marketing and Strategy, ACR Select*  
rcooke@acrselect.org

Michael Mardini  
*CEO, ACR Select*
Road Map

1. Outlook for CDS: Has the Time (Finally) Come?

2. ACR Select – Implementing Appropriate Use Criteria

3. The Provider Experience: Radiology Order Entry at MGH

4. Q & A Session with the Experts
CPRM\(^1\) Uncovers Significant Variation in Medicare Imaging Spending

How Big is the Opportunity?

$22.90

\(\text{PMPM}^2\) difference in imaging spending between well-managed and loosely-managed benchmarks

Setting Breakdown

- Physician Global Billing: 43%
- Hospital-Based Imaging: 57%

Modality Breakdown

- Basic Imaging: 49%
- CT: 27%
- MRI: 19%
- PET: 5%

Source: Milliman; Crimson Population Risk Manager; Imaging Performance Partnership interviews and analysis.

1) Crimson Population Risk Manager.
2) Per member per month.
### How Big is the Opportunity? (cont.)

**Difference Between Loosely- and Well-Managed Benchmarks**

*Top 10 HCG PMPM Opportunities for Medicare, 2011*

<table>
<thead>
<tr>
<th>Category</th>
<th>Savings (PMPM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drugs</td>
<td>$112.52</td>
</tr>
<tr>
<td>Inpatient Medical</td>
<td>$63.18</td>
</tr>
<tr>
<td>Inpatient Surgery</td>
<td>$56.97</td>
</tr>
<tr>
<td>SNF&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$32.26</td>
</tr>
<tr>
<td>Imaging&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$22.90</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$20.60</td>
</tr>
<tr>
<td>Non-hospital DME&lt;sup&gt;3&lt;/sup&gt;, Supplies</td>
<td>$12.69</td>
</tr>
<tr>
<td>Physician Office/Home Visits</td>
<td>$12.07</td>
</tr>
<tr>
<td>Physician Hospital Visits</td>
<td>$7.36</td>
</tr>
<tr>
<td>Physician, Outpatient Surgery</td>
<td>$7.24</td>
</tr>
</tbody>
</table>

1) Skilled Nursing Facility.
2) Imaging savings opportunity calculated by summing all physician and hospital outpatient charges for CT, MRI, PET, and general radiology.
3) Durable Medical Equipment.

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**Company in Brief: Milliman**
- Independent actuarial firm based in Seattle, WA
- Health care benchmarks include over 35 million lives, 2 billion claims across data sets from both public and private sector
- Difference between loosely- and well-managed benchmarks represent opportunity to reduce cost to payer

**Technology in Brief: Crimson Population Risk Manager (CPRM)**
- Performance technology solution to manage total cost and quality for defined populations
- Cost data informs risk-based contract negotiations with payers
- Represents risk portfolio of hospitals in various stages of population health management

Source: Milliman; Crimson Population Risk Manager; Imaging Performance Partnership interviews and analysis.
Frequently Asked Questions

1) **How are the well-managed benchmarks calculated?**
   Well-managed benchmarks represent cost and utilization targets derived from claims data in a highly effective managed care environment (e.g. staff model HMO or globally capitated provider group). Targets are developed from over two billion claims from Milliman clients, published HMO data, clinical chart reviews, and actuarial judgment.

2) **How are the loosely-managed benchmarks calculated?**
   Loosely-managed benchmarks are derived from plans that have some utilization review, preauthorization, and case management but are generally not tightly managed.

3) **How achievable are these well-managed benchmarks?**
   The most efficient managed care organizations are able to produce results similar to or exceeding the well-managed benchmarks; however, it may not be realistic for a given group to achieve the same results in most areas.

4) **Do well-managed targets represent the lowest-cost provider?**
   The well-managed targets represent average nationwide utilization levels in high-performance managed care environments that effectively apply care management principles across the entire continuum of medical care.

5) **How often are these benchmarks updated?**
   Annual adjustments are made to the benchmarks after reviewing industry trends and considering information learned through engagement projects.
All Signs Point to Go on CDS

Four Key Forces Coming Together to Support CDS Adoption

1. Increasing Appropriateness Scrutiny
   - Choosing Wisely campaign calling value of certain exams into question
   - Radiation exposure concerns increasing

2. Proliferation of Risk-Based Payment Models
   - 609 ACOs as of January 2014 and counting
   - Bundled payments, value-based purchasing and other risk-based models also on the rise

3. Regulatory Backing in Place
   - Recent SGR Fix legislation mandates CDS Use
   - Several states utilize CDS over traditional RBM-managed preauthorization

4. Meaningful Use and EMR Implementation
   - Meaningful use legislation provides incentives for application of IT systems
   - Provider rapidly adopting EMR, thus providing a vehicle for CDS integration

Source: Imaging Performance Partnership interviews and analysis.

1) Electronic medical records
Certain Exams Under Fire

Choosing Wisely Campaign Raises Attention on Low-Value Imaging

Initiative in Brief

- Founded by the ABIM$^1$ Foundation in 2012, expanded in 2013
- 59 medical and consumer partners participate in creating and disseminating guidelines
- Initiative currently features 31 specialty lists representing 155 procedures patients and physicians should question
- Approximately 41 procedures concern use of imaging
- Also created 38 distinct guides to boost patient education, awareness


$^1$ American Board of Internal Medicine.
### ACOs Off and Running

**ACO Presence Steadily Extending Nationwide**

#### Total Number of Operating ACOs

<table>
<thead>
<tr>
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<th></th>
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<tr>
<td><strong>2012</strong></td>
<td>23</td>
<td>27</td>
<td>88</td>
<td>106</td>
<td>7</td>
<td>235</td>
<td>123</td>
<td>609</td>
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<tr>
<td><strong>2013</strong></td>
<td></td>
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<td><strong>2014</strong></td>
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<tr>
<td><strong>Pioneers</strong></td>
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<tr>
<td><strong>Switching</strong></td>
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<td><strong>Total</strong></td>
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</tbody>
</table>

#### Widening Reach of ACOs\(^1\)

- **52%**: Portion of U.S. population living in a primary care service area with an ACO
- **14%**: Portion of U.S. population treated by an ACO
- **5.3M**: Medicare FFS beneficiaries treated by an ACO

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As of February 2013.
Protesting Access to Medicare Act of 2014

Legislation Overview and Included Provisions

**Legislation Overview**

**Overview:** The “Protecting Access to Medicare Act of 2014” (HR 4302), referred to as the 2014 “doc fix” legislation mandates a temporary physician Medicare payment rate fix until April 1, 2015

**Introduced by:** Joe Pitts (R–PA)

**House Committee Consideration:** Budget, Ways and Means, Energy and Commerce

**Timeline:**
- March 26, 2014: Introduced to the House
- March 27, 2014: Passed the House
- March 31, 2014: Passed Senate
- April 1, 2014: Signed by President Obama

**Key Components**

- Establishes 12-month delay to the Medicare Sustainable Growth Rate (SGR)
- Delays ICD-10 coding system implementation until at least October 1, 2015
- Requires the use of appropriate use criteria for imaging tests
- Changes Clinical Lab Fee schedule payment system
- Eliminates limits on deductibles for employer-sponsored health plans
- Ensures accurate valuation of services under the physician fee schedule
- Delays enforcement of the two-midnight rule
- Creates a skilled nursing facility value-based purchasing program

Imaging Clinical Decision Support Required

Two Key Imaging Provisions

1. Requires imaging professionals to use appropriate use criteria to receive Medicare payment
   - Sets stricter controls on radiation dose levels delivered by CT machines

Applauded by the ACR

“The ACR is delighted that clinical decision support for advanced imaging was part of the SGR patch legislation. Of course we'd have loved it to be permanent reform, but CDS is a critical step on the path to value based healthcare.”

Geraldine McGinty
Chair, ACR Commission on Economics

Timeline for Appropriate Use Provision

- **November 15, 2015**
  - HHS will specify appropriate use criteria for advanced imaging services

- **April 1, 2016**
  - HHS will publish a list of approved appropriate use mechanisms

- **January 1, 2017**
  - Providers must include information about qualified clinical decision support mechanism used to receive payment

- **January 1, 2020**
  - HHS will establish a process for identifying outlier ordering professionals and require prior authorization for services ordered by outliers

# State Medicaid Programs Also Taking Interest

## State Initiatives Aim to Replace RBMs with CDS

<table>
<thead>
<tr>
<th>State</th>
<th>Initiative</th>
<th>Details</th>
</tr>
</thead>
</table>
| Arkansas | Health Care Payment Improvement Initiative | - Launched late 2012, collaboration between Medicaid, AR Department of Human Services and two largest payers: AR Blue Cross Blue Shield and AR QualChoice  
- Implements episodic bundled risk-based payment model  
- One mechanism for success is ACR Select incorporation |
| Missouri | HB 867 Authorization for Providers of Medical Assistance Benefits | - Proposed law allowing health care providers to use CDS as an alternative to preauthorization for state Medicaid program  
- Annual payment to MedSolutions, RBM currently managing preauthorization, is $2.1M |
| Wisconsin | ForwardHealth Alternative Pathway | - Announced June 2013, allows use of approved CDS as an alternative to preauthorization for state Medicaid program  
- Approved CDS systems are ACR Select and Medicalis  
- Use of an approved CDS and submission of an application are required to obtain privilege |

Radiologists Eligible for Rewards, Excused from Penalties

Medicare EHR Incentive Program in Brief
• Program provides incentive payments to eligible professionals, eligible hospitals, and CAHs¹ that demonstrate meaningful use of certified EHR technology
• Program participants must obtain and use certified EHR technology to track and measure performance across an array of metrics, for five years, across three or more evolving stages

Maximum Incentive Payments Under Meaningful Use Program
$44,000
Total amount of incentive payments EPs can receive under the program over five years (for those who start before 2013)

Exemption from Payment Adjustments
• Available to any physician with a primary specialty of anesthesiology, radiology, or pathology
• Physicians must apply for the exemption by July 1 of the year before they are due to receive payment adjustments
• Exemption from payment penalties will only be granted up to a maximum of five years

Minnesota’s ICSI at the Forefront

**Payers**: Blue Cross Blue Shield of Minnesota, HealthPartners Health Plan, Medica, UCare

**Providers**: Allina Medical Center, Fairview Health Services, HealthPartners Medical Group, Park Nicollet Health Services, St. Mary’s/ Duluth Clinic Health System

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**Institute for Clinical Systems Improvement**

- Nonprofit, independent quality improvement organization comprised of 50+ medical group and sponsored by five non-profit health plans
- Launched decision support pilot in an attempt to identify patient-centered, cost-effective alternatives to RBM prenotification
- Although formal program has ended, ICSI supports and advocates for adoption of clinical decision support systems for high-tech diagnostic imaging

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**Growth of HTDI Services in Minnesota**

- Waived RBM requirement
- Used CDS for top 90% of CT, MRI, PET orders

Benefits Weighed Against Practical Concerns

ICSI Initiative Deemed Huge Success

- Decreased utilization accounts for $150 million in savings for Minnesota payers
- Many physicians utilized CDS tool in front of patients, promoting shared decision making
- Pilot results showed 10% improvement in utility of scans ordered compared to RBM model
- Supports meaningful use achievements for medical groups
- Ease of use compared to RBM model saves providers average of 303 hours/month

Changing Market Halts Progress

- 2008: ICSI pilot ends
- 2011: CDS solution offered to all medical groups and clinics
- 2012: Many payers resume pre-notification or pre-authorization requirements
- 2013: ICSI looking into partnership with NDSC

All Eyes on Medicare Imaging Demonstration

CMS Decision Support Testing Tool’s Ability to Manage Imaging Costs

Must use CDS to track eleven advanced imaging procedures:
1. SPECT MPI
2. MRI lumbar spine
3. CT lumbar spine
4. MRI brain
5. CT brain
6. CT sinus
7. CT thorax
8. CT abdomen
9. CT pelvis
10. MRI knee
11. MRI shoulder

Medicare Imaging Demonstration

- Authorized by the Medicare Improvements for Patients and Providers Act of 2008
- Launched project in July 2010; selected five pilot institutions in February 2011
- Chose tests based on high spending and utilization within Medicare beneficiaries; guidelines culled from over a dozen medical specialty societies
- Baseline data collection ended April 2012, trial to run through April 2014

1) Medicare Improvement for Patients and Providers Act.

Lingering Questions on Enduring Value of CDS

“We see health plans as being very interested in this and expecting it to be a product of the future, but it’s also on the radar that decision-support systems don’t have proven reliability, durability, and reproducibility. They need to be shown to be effective – and that has not been shown so far.”

Michael J. Pentecost, MD
Associate CMO, National Imaging Associates

Reducing Rate of High-Cost Imaging Exams

Virginia Mason Measures “Before and After” Imaging Rates

Rate of Utilization for Pilot Imaging Procedures and Diagnoses, Before and After CDS Implementation

<table>
<thead>
<tr>
<th>Procedure</th>
<th>2004</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar MRI rate</td>
<td>12.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Brain MRI rate</td>
<td>14.8%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Sinus MRI rate</td>
<td>17.5%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Head CT rate (control exam)</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Effectiveness of CDS in Controlling Inappropriate Imaging

- Researchers at Virginia Mason Medical Center analyzed utilization rates before and after implementation of integrated clinical decision support for select high-volume imaging studies.
- Intervention limited to outpatient imaging for single commercial payer.
- Found clinically significant utilization rate reduction for all three test exams.

Minimizing Inappropriate Exams to Improve Value

Brigham and Women’s Measures Both Rate and Yield of CTPA Exams

CT Pulmonary Angiogram

Clinical Suspicion of PE
- Low
- Intermediate ✗
- High

D-Dimer Level
- Normal
- Elevated
- Not Evaluated

Based on current evidence as well as our experience at Brigham and Women’s Hospital, diagnosing an acute pulmonary embolism by CTPA in low or intermediate risk patients with a normal D-dimer is extremely unlikely.

Growth Rate of CTPA, Before and After Implementation of CDS

<table>
<thead>
<tr>
<th>Period</th>
<th>Growth Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2007</td>
<td>82.1%</td>
</tr>
<tr>
<td>2007-2009</td>
<td>(20.1%)</td>
</tr>
</tbody>
</table>

Yield of CTPA, Before and After Implementation of CDS

<table>
<thead>
<tr>
<th>Period</th>
<th>Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-2007</td>
<td>5.9%</td>
</tr>
<tr>
<td>2007-2009</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Minimizing Inappropriate Exams to Improve Value (cont.)

Case in Brief: Brigham and Women’s Hospital
- 777-bed teaching hospital in Boston, MA; part of Partners HealthCare
- Between 2003 and 2007, use of CTPA increased by 82.1% in the ED
- Integrated CDS into ED CPOE in 2007 to determine effect of evidence-based interventions on the use and yield of CTPA studies
- Roll-out strategy included targeted multidisciplinary meetings, physician champions within the ED, and an educational campaign
- Decrease in use of CTPA, increase in yield of exam was also coupled with a decrease in use of D-dimer testing, perhaps due to increased risk stratification and immediate imaging of high-risk patients

Physician Gaming Remains Definite Possibility

Case Study 3

1. Ideal Order ID’d

Physician sees patient, recommends head CT

2. CDS Submission

Selects appropriate indications on CDS interface

- Headache
- Blurry vision
- Dizziness
- Memory loss
- Trauma
- Seizure

3. Unwanted Results

Receives low CDS score, encouraged to change order

4. Chance to Restart

System redirects physician to CPOE initial order entry page

5. Indications Adjusted

Confident in desired exam, physician modifies indications on order page

- Headache
- Dizziness
- Blurry vision
- Trauma
- Memory loss
- Seizure

6. Desired Exam Ordered

Receives “appropriate” score, submits order for scheduling

Source: Imaging Performance Partnership interviews and analysis.
Assessing Ease of Workflow Adaptation

University of Iowa Physicians Focus on Look, Feel of Products

- University of Iowa starts to think about CDS
- Provides two vendor demonstrations to select group of physicians, administrators
- Feedback revolves around ease and speed of navigating the tool

Questions to Consider Around Navigability

- Are exams selected by a search function or pull-down menu?
- Is exam nomenclature consistent with institution norms?
- Does system automatically pull up critical information about relevant exams?

Questions to Consider Around Speed

- Can CDS be integrated into CPOE instead of pulling up a new interface?
- How many extra “clicks” will physicians need to make to receive score?
- If exam is changed, will CDS automatically re-populate physician order form?

Source: University of Iowa Hospitals and Clinics, Iowa City, IA; Imaging Performance Partnership interviews and analysis.
Case in Brief: University of Iowa Hospitals and Clinics

- 680-bed academic medical center based in Iowa City, IA
- In 2012, University of Iowa Hospitals and Clinics joined with MercyCare Community Physicians to become a Medicare Shared Savings ACO
- Radiology leaders looked to identify their potential contribution to ACO
- Chair presented adoption of clinical decision support to senior leadership as way to educate physicians quickly at point-of-care while engaging in long-term care redesign projects
- Initial demand low, but after facilitating further discussion and negotiating vendor demonstrations, system is moving forward with adoption sometime in 2013
Value of CDS Extends beyond the Physician

Using Data to Inform System-Wide Efforts

CDS Analytics Can Improve Physician Counseling, Care Transformation

- Average appropriateness of highest-volume exams
- Average appropriateness of highest-cost exams
- Average appropriateness of all exams ordered for specific disease state
- Differences in appropriateness by care setting

- Physician ordering patterns compared to cohort
- Average appropriateness of exams ordered compared by ordering physician specialty
- Average appropriateness of exams ordered compared by ordering physician experience

- Incidence of recommended follow-up imaging compared to peer cohort
- Incidence of recommended follow-up imaging compared by radiologist experience
- Incidence of recommended follow-up imaging compared by level of radiologist expertise

Source: Imaging Performance Partnership interviews and analysis.
ACR Select - Implementing Appropriate Use Criteria
In July 2012, the American College of Radiology (ACR) contracted with National Decision Support Company (NDSC) to provide the technical platform, support and licensing of the ACR Appropriateness Criteria (AC) under the name ACR Select.
What is ACR Select?

- **ACR Select** is the complete, digitally consumable, web service version of ACR Appropriateness Criteria® (AC)
- Designed to be easily integrated with EHR/EMR/CPOE systems so healthcare organizations can effortlessly consume ACR AC guidelines and ensure that the right patient gets the right scan for the right indication

- **300+** Volunteer Physicians
- **20+** Radiology and Non-Radiology Specialty Orgs
- **90%** Clinical Scenario Coverage
ACR AC® Expert Panels

• American Academy of Neurology
• American Academy of Orthopaedic Surgeons
• American Academy of Otolaryngology-Head and Neck Surgery
• American Academy of Pediatrics
• American Association of Neurological Surgeons
• American College of Cardiology
• American College of Chest Physicians
• American Congress of Obstetricians and Gynecologists
• American College of Rheumatology

• American College of Surgeons
• American Gastroenterological Association
• American Pediatric Surgical Association
• American Society of Clinical Oncology
• American Society of Hematology
• American Society of Nephrology
• American Urological Association
• Society for Vascular Surgery
• Society of Gynecologic Oncologists
• Society of Nuclear Medicine
• Society of Thoracic Surgeons
• NDSC is the commercial entity to manage the platform, delivery and integration of the Appropriate Use Criteria (AUC) for use by healthcare providers
• The ACR authors and manages the AUC
The ACR curates the clinical content based on market feedback, development of new imaging procedures, and member feedback.
- The review process can be applied to any AUC.
- The knowledge base is extensible.
• Configure Decision Support criteria to adapt to local market or provider conditions
  – Score MR angiography higher vs. alternatives to match local expertise
  – Local payer requirements
• Full traceability of changes vs. “standard” criteria
• Provides feedback loop to the ACR for future criteria updates
• *Localized content is not new criteria, its is adaptation of the existing content at the rule set level.*
## ACR Appropriateness Criteria®

### Ataxia

#### Evidence Table

<table>
<thead>
<tr>
<th>Reference</th>
<th>Study Type</th>
<th>Patients/Events</th>
<th>Study Objective (Purpose of Study)</th>
<th>Study Results</th>
<th>Study Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Macalitch M. Spinocerebellar ataxia. <em>Neurology</em> 2008; 29 Suppl: 311-313</td>
<td>Review/Other-Dx</td>
<td>N/A</td>
<td>Review imaging of SCAs.</td>
<td>Conventional MRI in patients with progressive ataxia demonstrates the three main patterns of macroscopic damage, namely spinal atrophy, OPCA and cortical cerebellar atrophy. Non-conventional MRI techniques detect nervous tissue abnormalities before development of atrophy which are correlated with the severity of the clinical defect.</td>
<td>4</td>
</tr>
<tr>
<td>7. Abel TW, Baker SJ, Fraser MM, et al. Limbata-Drusius disease: a report of 31 cases with immunohistochemical analysis of the PTEN/MEK/ERK pathway. <em>J Neuropathol Exp Neurol</em> 2005; 64(4):341-349</td>
<td>Review/Other-Dx</td>
<td>31 patients</td>
<td>To review histopathologic and molecular characteristics of LDD, and its association with CD.</td>
<td>Basic imaging findings and histopathology are illustrated. The pathogenesis of LDD is thought to relate to loss of inhibitory regulation on cell growth and migration. Search for manifestations of CD is needed.</td>
<td>4</td>
</tr>
</tbody>
</table>

*See Last Page for Key*

2012 Review

Broderick Page 1
Your decision support number is:

2772799

To receive an email confirmation, enter your email and comments and click on the Send button below.

E-mail:

Comments (optional):

Decision Support Number (DSN)
Unique across all transactions

Send
Ordering Physician Access (EMR)

ACR Select presents score of selected exams any alternates. User refines order based on feedback.

Enter structured reason for exam

Record DSN

Consult AUC
Integrated with EMR systems

Direct CPOE integration

• CPOE Integrations with major EHR providers
• Directly integrated with CPOE workflow using API
• Feedback presented directly at the time the order is to be placed.
  – Supporting Evidence is always available
• All decision support data is embedded in the EHR

Only workflow change is to select a structured indication vs. entering free text reason for exam
Decision Support Analytics - Phillip Jones

Total orders: **2624**
Appropriate: **809**  Marginal: **653**  Inappropriate: **385**  Average: **6.78**
Road Map

1. Outlook for CDS: The Time has (Finally) Come

2. ACR Select - Implementing Appropriate Use Criteria

3. The Provider Experience: Radiology Order Entry at MGH

4. Q & A Session with the Experts
Road Map

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Practice Manager, Imaging Performance Partnership
The Advisory Board Company
lundi@advisory.com

Bob Cooke
VP of Marketing and Strategy, ACR Select
rcooke@acrselect.org

Jeffrey Weilburg, MD
Partners Healthcare
Associate Medical Director, Massachusetts General Physician Organization

Michael Mardini
CEO, ACR Select
Brief Introduction

The Imaging Performance Partnership

I. Research and Insights

- National Member Meetings
  Presentation of latest research findings, designed for oncology program leaders

- Best Practice, Strategy Publications
  Comprehensive book-length topical reports providing real-world case studies and strategies

- Live Webconferences
  Web-enabled educational “intensives” with expert Q&A; archived for on-demand access

- Real-Time Analysis and Insights
  E-newsletter, Imaging Insights, and blog, The Reading Room, showcase ongoing research program updates and analysis of breaking news.

II. Performance Benchmarking

- Volume Forecasters
  Analytic tools provide market-specific volumes and forecasts at modality and individual scan type level

- Operational Tools
  Customized analysis of program performance in key operational areas to drive improvement

- Performance Dashboards
  Key metrics, definitions and benchmarks to identify gaps in performance

- Member Surveys/Benchmarking
  Outpatient, ED, inpatient annual volume and operational benchmarks garnered through member surveys

III. Implementation Support

- Opportunity Assessments
  Toolkits provide step-by-step guidance, and accompanying collateral, to ensure ease of execution of best practices

- The Expert Center
  Consultation with Imaging Performance Partnership experts on any and all topics related to imaging department strategy and operations

- Customized Guidance
  In-depth conversations with Imaging Performance Partnership experts to support decision-making on critical issues

- Facilitated Networking
  Myriad opportunities to facilitate peer-to-peer conversations, learning
## 2014 National Meeting Series

Unlocking Imaging’s Value in the New Health Care Economy

### Day 1

**2014 Imaging Market Outlook**
- Volumes, reimbursement and regulatory update
- Evaluating the provider landscape
- Assessing the impact of risk-based payment models and utilization management on growth

**Positioning Imaging for Success with Executive Leadership and Purchasers**
- Articulating radiology’s value to the C-suite
- Balancing institution and imaging department priorities
- Positioning as ACO/medical home provider of choice
- Pursuing innovative partnerships to expand market share

### Day 2

**Transforming Radiologist Alignment Strategy**
- Assessing and implementing radiology group alignment strategy with hospital partners
- Strengthening relationships with referrers
- Engaging radiologists to craft roles aligned with system goals
- Safeguarding radiology’s future by contributing to value-based care

**Playbook for Optimizing Imaging Screening Programs**
- Marketing to referring physicians and patients to secure buy-in and adequate volume
- Setting a pricing strategy and anticipating impact of future reimbursement
- Developing care protocols and processes to manage suspicious findings
- Measuring downstream value to providers/patients

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Register now at: [advisory.com/ipp](http://advisory.com/ipp)

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**Dates:**
- **Washington, DC** June 26-27
- **Chicago, IL** July 28-29
- **Dana Point, CA** Sept 23-24
- **Philadelphia, PA** Oct 23-24
- **Dallas, TX** Nov 13

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Source: Imaging Performance Partnership research and analysis.