Avoidable Imaging Wave II

Working with Radiology to Reduce avoidable imaging: Misconceptions and Frustrations about Emergency Medicine and Radiology
Presenters

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Improving Value For Patients Through Collaboration Between Radiologists And Emergency Medicine Physicians
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Financial Disclosures:

No Disclosures
The Why

- Opportunity to improve patient care
- Opportunity to improve patient satisfaction
- Opportunity to improve ED Throughput
- Enhance narcotic avoidance
- Encouraging appropriate resource use
- Organizations will need to have started these initiatives in the coming months.
Hackensack University Medical Center (HackensackUMC), now a part of The Hackensack Meridian Health Network is an academic 900-bed Tertiary care facility in Hackensack, NJ. We are located about 11 miles from New York City.
Emergency & Trauma Center
What is R-SCAN?

R-SCAN™ is a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based upon a growing list of imaging Choosing Wisely (CW) topics. R-SCAN delivers immediate access to Web-based tools and clinical decision support (CDS) technology that help you optimize imaging care, reduce unnecessary imaging exams and lower the cost of care. There is no cost to participate.
# Reduce Avoidable Imaging Initiative

**Reducing Avoidable Imaging Goal:** To reduce testing and imaging with low-risk patients through the implementation of Choosing Wisely Recommendations.

**Aims for this initiative include:**

- Reduce use of high-cost imaging for **low back pain**
- Reduce head CT scan after **minor head injury**
- Reduce chest CT for **pulmonary embolus**
- Reduce abdominal CT for **renal colic**
- **Head CT for syncope**

## Why Participate in E-QUAL?

The E-QUAL Program will have a learning period of 6-9 months with numerous benefits:

- Meet new CMS MIPS requirements for...

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**Imaging for Low Back Pain**

Don’t do imaging for low back pain within the first six weeks, unless red flags are present.

*Recommended by the North American Spine Society (NASS), the American College of Physicians, and the American Academy of Family Physicians*

**CT for Adult Minor Head Trauma**

Avoid computed tomography (CT) scans of the head in emergency department patients with minor head injury who are at low risk based on validated decision rules.

*Recommended by American College of Emergency Physicians*

**CTA for Pulmonary Embolism**

Do not perform chest CT angiography to evaluate for possible pulmonary embolism in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay.

*Recommended by the American College of Physicians, the American College of Chest Physicians, the American Thoracic Society, and the American College of Radiology*

**Reduce Ordering of CT for Renal Colic**

Avoid ordering CT of the abdomen and pelvis in otherwise healthy emergency department (ED) patients (age <60) with known histories of kidney stones, or urolithiasis, presenting with symptoms consistent with acute uncomplicated renal colic.

*Recommended by the American College of Emergency Physicians*
collaboration is everything
How did we get here?
### Initial Assessment
- Conduct a Focused History & Physical Exam
- Perform a Risk Assessment for Red Flags
- Evaluate for Lumbar Radiculopathy/Stenosis

### 3 Patient Pathways:
- **Pathways / flowsheet / ED Preferences explained in depth following; based off of questions during ED MD history and physical**

**GREEN:**
- Non-specific; no radicular symptoms - treat pain; f/u PCP; D/C home

**AMBER:**
- Radicular - treat pain; schedule MRI prn and Spine surgeon appt; D/C home

**RED:**
- Red flags – treat pain; schedule prompt MRI; Spine surgeon consult; likely admission

### Questions:

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<tr>
<th>#</th>
<th>Question</th>
<th>N</th>
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<td>1</td>
<td>Neck, back, or leg pain present?</td>
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<td>Y</td>
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<td>Shooting radicular pain into arms or legs?</td>
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<td>- Any numbness or tingling into arms or legs?</td>
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<td>3</td>
<td>Weakness, loss of fine motor dexterity, or falls / gait abnormality?</td>
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<td>Any of the following?</td>
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<td>A - Age less than 20 greater than 55</td>
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<td>H - History of Cancer, early morning stiffness, HIV</td>
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<td>5</td>
<td>Is patient currently under treatment for back pain</td>
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<td>Y</td>
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**PATHWAY:** Green Amber Red
4. There are three (3) different pathways (Green/Amber/Red) that can be generated (depending on how the physician answers the questions to the screening). Depending on what pathway is generated, an order set may be suggested for treatment of this patient:

5. Physicians may “preview” the order set and select the treatment desired for this patient:
The Green Pathway

Non-Specific Back Pain
+ No Radicular Symptoms
+ No Red Flags

Management
Pharmacotherapy:
+ Acetaminophen 975mg PO; NSAIDS; steroids - prn
Adjuncts:
+ Superficial Heat
_Large Gel Hot pack to go home with Patient_
+ Physical Therapy Evaluation and Education

Reassessment
Improved:
+ Discharge
+ PCP Follow-up w/in 1-2 wk
+ Non-Opioid Prescription
+ D/C & Return Instructions (Remain Active, Superficial Heat)

Not Improved:
+ Re-evaluate for Red Flags
+ Re-evaluate for Radicular Sx
+ Expand pharmacologic treatment. Consider Oxycodone 5-10 mg PO or IV Narcotic
+ Consider imaging based upon a shared decision with patient (MRI; CT)
The Amber Pathway

Radicular Back Pain
+ History and/or Exam Suggests Stenosis / Nerve Impingement
+ Pseudoclaudication
+ SLR
+ CSLR
(No Myelopathy; No Cauda Equina Symptoms

Management
Pharmacotherapy:
+ Mostly acetaminophen; steroids; possible p.o. “light” narcotic
Adjuncts:
+ Superficial Heat
  Large Gel Hot pack to go home with patient
  Physical Therapy Evaluation and Education

Reassessment
Improved:
+ Discharge
+ MRI appointment made within few days
+ Spine surgeon follow-up within few days
+ Non-Opioid Prescription
+ D/C & Return Instructions (Remain Active, Superficial Heat)

Not Improved:
+ Re-evaluate for Red Flags
+ Re-evaluate for Radicular Sx
+ Expand pharmacologic treatment. Consider Oxycodone 5-10 mg PO or IV Narcotic
Note: If pain uncontrolled, refer to Medicine for admission for pain control; consider CT/MRI as inpatient
### TUNA FISH - What's In A Name?

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### History
- Symptoms > 6wk
- Trauma: Fracture / Dislocation
- Recent spine surgery
- Previous history of malignancy: Lytic spine lesions on X-ray
- Age <16 or >50 with new onset pain
- Cancer/ Unexplained weight loss
- Previous long standing steroid use
- Recent serious illness
- Recent significant infection/ IVDU
- History of IVDU
- Immunocompromised
- Syncope / Vascular origin suspected

### S/S:
- Abnormal Vital Signs
- Saddle anesthesia
- Reduced anal tone
- Arm or leg weakness
- Generalized neurological deficit
- Progressive spinal deformity
- Urinary retention/ Incontinence
- Non-mechanical pain (worse at rest)
- Fever/ rigors

### Management
+ Stabilize Patient
+ Perform diagnostic studies to identify the cause – while in ED
+ Pain Management
+ Spine Surgeon Consultation
+ Plan admission
Technically Challenged?
Thank You

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What's Next?

• Activate your E-QUAL portal
  Portal invites will be sent out by Monday

• Register for the May Webinar
  www.acep.org/equal

• Questions? Contact the E-QUAL team at
  equal@acep.org