Avoidable Imaging Learning Collaborative 2016
Funded by the Center for Medicare & Medicaid Innovation (CMMI)
Presenters

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Dr. Kevin Klauer
Dr. Greg Miller
Objectives

• Gain a better understanding of the Transforming Clinical Practice Initiative (TCPI)

• Gain a better understanding and knowledge of the E-QUAL Network Avoidable Imaging Initiative
TCPI Overview

- Support more than 150,000 clinicians in their practice transformation work
- Improve health outcomes for millions of Medicare, Medicaid and CHIP beneficiaries and other patients
- Reduce unnecessary hospitalizations for 5 million patients
- Generate $1 to $4 billion in savings to the federal government and commercial payers
- Sustain efficient care delivery by reducing unnecessary testing and procedures
- Build the evidence base on practice transformation so that effective solutions can be scaled
Practice Transformation

• Individual Patient → Treating Populations

• Fragmented Care → Coordinated/Integrated Care

• Payer-driven change → Provider-driven practice

• Volume-based payment → Value-based payment

But where does Emergency Medicine Fit in?
E-QUAL Network Focus Areas

1. Improving outcomes for patients with sepsis

2. Reducing avoidable imaging in low risk patients through implementation of ACEP’s Choosing Wisely recommendations
   - Reduce use of high-cost imaging for **low back pain**
   - Head CT scan after **minor head injury**
   - Chest CT for **pulmonary embolus**
   - Abdominal CT for **renal colic**

3. Improving the value of ED chest pain evaluation by reducing avoidable admissions in low risk patients with chest pain
What will the Learning Collaborative provide?

**Recruitment & Enrollment**
- Enrollment Pledge
- Readiness Assessment Survey

**Learning Period (6-9 months)**
- Monthly Webinars, Office Hours
- Tool kit
- Publicize guidelines
- Disseminate CME
- Benchmarking data

**Wrap Up**
- Data Reports
- Summary Report
- Lessons Learned
- eCME, MOC, MIPS credit

American College of Emergency Physicians
Benefits to Participating

• Gain access to toolkits including best practices, and sample guidelines
• Learn from expert national faculty
• Submit and receive benchmarking data to guide local QI efforts
• Free to all participants

• Gain national recognition for your successes
• Get your clinicians access to high-quality eCME for free
• Earn ABEM MOC credit (LLSA and Part IV Activities)
• Meet CMS quality reporting requirement of MIPS
Who Can Participate?

- Goal is to form small teams from each participating site
  - Physician Lead: ED Director, QI Director, Physician champion
  - Nursing Lead: Nurse Director, Nurse Educator, Nurse champion
  - Administrator: assist with data gathering and dissemination to staff
  - Other Providers and Staff nurses Welcome
Learning Collaborative 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
**ACEP’s Choosing Wisely Recommendations**

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>Avoid computed tomography (CT) scans of the head in ED patients with minor head injury who are at low risk based on validated decision instruments.</td>
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<td>Avoid placing indwelling urinary catheters in the ED for either urine output monitoring in stable patients who can void, or for patient or staff convenience.</td>
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<td>Don’t delay engaging available palliative and hospice care services in the ED for patients likely to benefit.</td>
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<td>Avoid antibiotics and wound cultures in ED patients with uncomplicated skin and soft tissue abscesses after successful incision and drainage and with adequate medical follow-up.</td>
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<td>Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated ED cases of mild to moderate dehydration in children</td>
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## ACEP’s Choosing Wisely Recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
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<tr>
<td>Avoid ordering CT of the abdomen and pelvis in young otherwise healthy ED patients with known histories of ureterolithiasis presenting with symptoms consistent with uncomplicated kidney stones.</td>
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<td>Avoid CT of the head in asymptomatic adult patients in the ED with syncope, insignificant trauma and a normal neurological evaluation.</td>
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<td>Avoid CT pulmonary angiography in ED patients with a low-pretest probability of pulmonary embolism and either a negative Pulmonary Embolism Rule-Out Criteria (PERC) or a negative D-dimer.</td>
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<td>Avoid lumbar spine imaging in the ED for adults with atraumatic back pain unless the patient has severe or progressive neurologic deficits or is suspected of having a serious underlying condition, such as vertebral infection or cancer with bony metastasis.</td>
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<td>Avoid prescribing antibiotics in the ED for uncomplicated sinusitis.</td>
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Available Resources

• Monthly Webinars
  o Screening/ Identification of Best Practices
  o Intervention and Implementation of Best Practices
  o Office Hours

• Tool Kit
  – Best Practice Guideline and Resources
  – Data Collection strategies and tools
    • CEDR
    • R-SCAN
    • Manual data collection
    • Benchmarking Data

• CME Credit
Avoidable Imaging Webinar Schedule

• Monthly Webinars will be held from 1:00pm-2:00 EST
• To view the schedule visit www.acep.org/equal
Next Steps

1. Gather your team
2. Sign up – take the Online Readiness Assessment
   - Need each participating site to fill out one survey
   - Required of ACEP by CMS
3. Look for upcoming emails about the E-QUAL Network Avoidable Imaging Initiative activities
For More Information

- ACEP E-QUAL Network Resources and More Information: www.acep.org/equal

- Contacts
  - Nalani Tarrant: (Project Manager) ntarrant@acep.org
  - Jay Schuur: (co-PI) jschuur@partners.org
  - Arjun Venkatesh: (co-PI) arjun.venkatesh@yale.edu
These 2 Weird Tricks Eliminate Thousands of CTs in Just 30 Minutes

Gregg Miller, MD FACEP
Director of Performance and Quality
CEP America
3
Emergency Departments

97
Physicians, PAs, and NPs

159,493
Patient Encounters
Results

17.5% reduction in the percentage of patients scanned.

- **Pre-Intervention:** 17.5%
- **Post-Intervention:** 15.5%
What Were the 2 Weird Tricks?

1. 30 minute educational session
2. Monthly reports shared publicly at provider meetings for several months
Tricks We Didn’t Use

• No computerized decision rules
• No EMR pop-ups
• No financial incentives or penalties
• No prolonged CME sessions on CT decision rules
30 Minutes of Education: Who Cares About Too Many CTs?

- **Patients**
  - 50,000/yr ED causes 2-10 cancers/yr via CTs
  - CTs cost >$1000 and medical debt is #1 cause of bankruptcy

- **Hospitals**
  - Value based purchasing

- **Risk Managers**
  - CTs can sometimes paradoxically increase risk
    - “Incidental finding...”
    - Unnecessary CTs delay necessary CTs

Davis DA\textsuperscript{1}, Thomson MA, Oxman AD, Haynes RB.

CONCLUSION: Widely used CME delivery methods such as conferences have little direct impact on improving professional practice. More effective methods such as systematic practice-based interventions and outreach visits are seldom used by CME providers.
...Everything I Need to Know I Learned in Kindergarten

Educational Session

Monthly Reports
Key points for an effective report:

- Transparent – every provider sees every other provider
- Providers arranged in rank order (not alphabetically)
- Reference Line
Share data for both physicians and PA/NPs, but in different graphs.
• Patient experience scores weren’t higher for patients who got CT scans (though in some other studies they are)
• Discharged patient throughput times were ~100 minutes longer if a CT is ordered (certainly there are confounding variables)
Life Doesn’t Have to be Difficult

Simple report: Calculate by provider CTs/Hrs worked

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<td># Scans</td>
<td># Hours</td>
<td>#Scans/Hr</td>
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Individual Provider Names Shared With All Providers
The Key Ingredient: Culture

✓ Transparency
✓ Accountability
✓ Patient-centered

• If you already have the right culture, reporting CT utilization will improve patient care
• If you don’t have the right culture yet, reporting CT utilization will help you get there
Summary

Peer Pressure Works

Everyone else listening to ACEP’s E-QUAL Webinar will do great things...you should too!
Thank You!
Avoidable Imaging Webinar:
Thursday, July 21st
1:00pm-2:00pm EST

ACEP E-QUAL Network Resources and More Information:
www.acep.org/equal

Contact Nalani Tarrant (Project Manager):
ntarrant@acep.org