

E•QUAL | EMERGENCY QUALITY NETWORK

Avoidable Imaging Wave III Measures Update

Disclosures & Disclaimer

- Centers for Medicare and Medicaid Innovation: ACEP TCPI
- Contracted with Centers for Medicare and Medicaid Services to develop hospital outcome and efficiency measures
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Presenter



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2017: Avoidable Imaging Wave II was a Success

- 198 EDs engaged in Wave II including over 8,000 clinicians
- Over 600 MIPS Improvement Activity Credits Earned
- Observed reductions in CT use in:
 - ▶ Head CT after **Minor Head Trauma**
 - ▶ Head CT for **Syncope**
 - ▶ Abdominal CT for **Renal Colic**

2018: Sepsis Wave III

- Over 500 ED sites including over 14,000 emergency clinicians signed up!
- 5 Imaging Categories to Participate in:
 - ▶ High-Cost Imaging for **Low Back Pain**
 - ▶ Head CT after **Minor Head Trauma**
 - ▶ Chest CT for **Pulmonary Embolism**
 - ▶ Abdominal CT for **Renal Colic**
 - ▶ Head CT for **Syncope**

E-QUAL Avoidable Imaging Metrics:

Head CT Utilization Rate = $\frac{\# \text{ Non-Contrast Head CTs}}{\text{Head Trauma ED Visits}}$

D_x Yield = $\frac{\# \text{ Positive Head CTs}}{\text{All Trauma Head CT Studies}}$

X-Ray Utilization = $\frac{\# \text{ Lumbar X-Rays}}{\text{Low Back Pain ED Visits}}$

Back Pain CT Utilization = $\frac{\# \text{ Lumbar Spine CTs}}{\text{Low Back Pain ED Visits}}$

MRI Utilization = $\frac{\# \text{ Lumbar MRIs}}{\text{Low Back Pain ED Visits}}$

Syncope CT Utilization = $\frac{\# \text{ Contrast Head CTs}}{\text{Syncope ED Visits}}$

PE Utilization Rate = $\frac{\# \text{ Contrast Chest CTs}}{\text{All ED Visits}}$

D_x Yield = $\frac{\# \text{ PE Positive CT Scans}}{\text{Contrast Chest CTs}}$

Renal Colic

Utilization Rate = $\frac{\# \text{ Abdomen CTs without Contrast}}{\text{Flank \& Back Pain ED Visits}}$

Measures Updates: Age Limits

Low Back Pain

MRI/CT/XR Utilization: *Exclude >65 yo*

Minor Head Injury

Head CT Utilization & D_x Yield: *Exclude >65 yo*

Pulmonary Embolism

Chest CT Utilization & D_x Yield: *No Age Exclusion*

Syncope

Head CT Utilization: *Exclude >65 yo*

Renal Colic

Abdominal CT: *Exclude >65 yo*



Previous



Activity Tracker



Next



2018



Site



Avoidable Imaging



Chest Pain



Sepsis



Admin



E-Qual Admin

Avoidable Imaging Wave III Activity 2: Benchmarking

Details about the data collection process and metrics for each of the 5 E-QUAL imaging targets are available below.

Data Collection Process and Metrics Detail



Data Metrics



Benchmarking I

Collecting data is essential to engaging clinicians in QI efforts. Benchmarking is critical to helping front-line clinicians and organizational leaders understand the current state of imaging use in your ED and to demonstrate improvements in Activity 10. Submit recent data (**July to September 2018**) for benchmarking local Avoidable Imaging care performance.

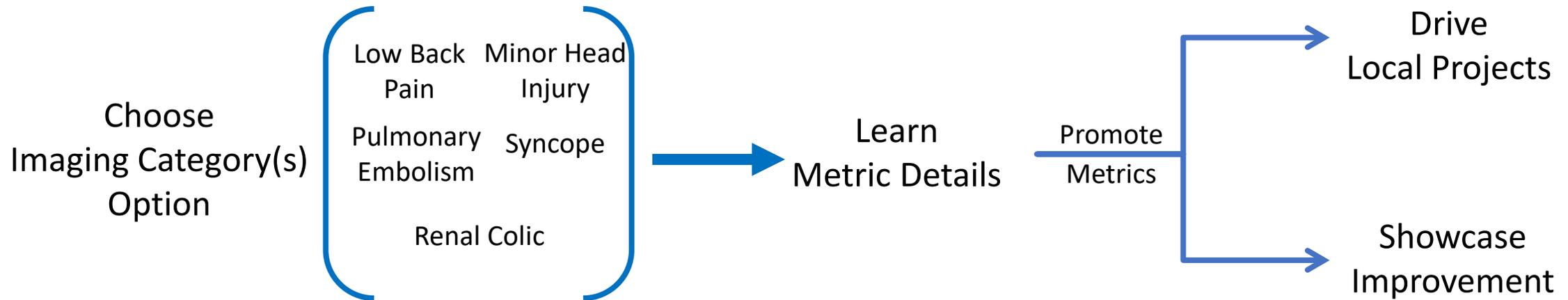
Collaboration with radiology is critical to improving and measuring imaging ordering. In addition to completing this benchmarking activity, you will have the option to work with your radiology department using R-SCAN that is supported by the American College of Radiology (ACR). Ask your radiologist partner if their group could participate in R-SCAN in parallel with your work on E-QUAL. Collaboration on both projects will reduce work burden and increase your Improvement Activity score to include IA_CC_7 Care Coordination.

If they participate in R-SCAN, they will review ED charts for appropriateness of imaging ordering and you will meet with them to review the data. They can get more information on how to participate at: <https://rscan.org/>

Describe how you will collect and submit data on imaging use for this project

Obtain and analyze imaging data in order to produce a simple utilization report by provider for a specific indication (e.g. number of head CT scans per 100 ED visits with a trauma-related ICD-9/10 diagnosis).

Bottom Line – For Wave III



“In God we trust, all others bring data” – W. Edwards Deming

For More Information

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