



# Tackling Overuse of Imaging – Improving Patient Outcomes, Reducing Cost

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# Imaging – Opportunity for “Stewardship”

## Medical-Imaging Stewardship in the Accountable Care Era

Daniel J. Durand, M.D., Jonathan S. Lewin, M.D., and Scott A. Berkowitz, M.D., M.B.A.

Medical-imaging technology plays an essential role in the timely diagnosis and management of many conditions. Lately, however, it's become equally well known for its low-value uses and as the single largest source of per capita radiation exposure. Imaging is by far the most common service on the lists of unnecessary tests and procedures of the Choosing Wisely campaign, and an estimated 20 to 50% of imaging is unnecessary.<sup>1</sup> Medical imaging is thus a valuable resource in dire need of better stewardship.

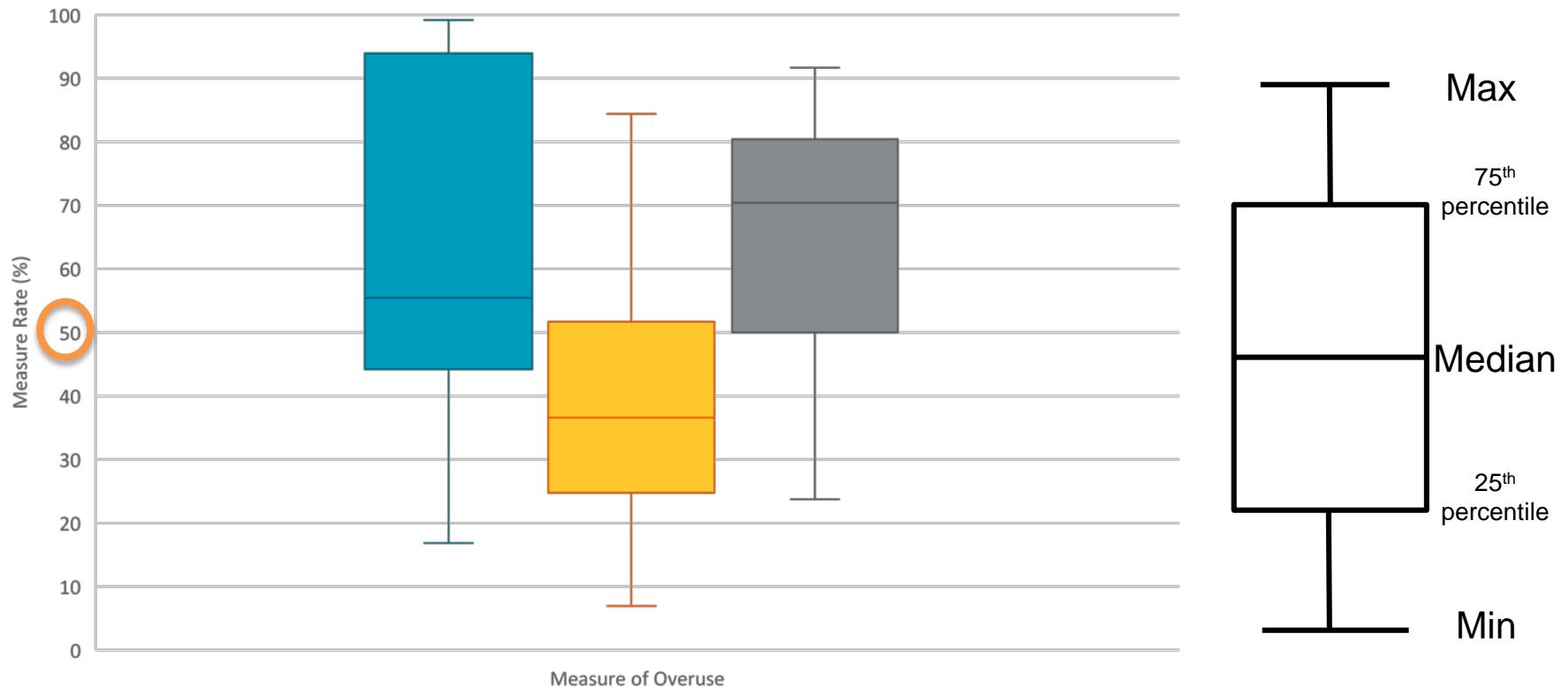
Because of concerns about

2014, which mandates that, beginning in 2017, physicians reference appropriateness guidelines from provider organizations when ordering advanced imaging for Medicare beneficiaries.<sup>3</sup> Although practical aspects of implementation of the law have yet to be clarified, in the context of the shift toward value-based care many health systems are implementing clinical decision support (CDS) systems to help providers select the most appropriate form of imaging while limiting overutilization.

We believe we've reached an inflection point for provider-led imaging stewardship nationwide.

ing health care leaders to commit themselves more deeply to imaging stewardship. Protecting time for physician champions to lead change-management efforts and investing in infrastructure to support them are necessary but not sufficient; leaders must also publicly signal a cultural transition away from easy imaging access and toward stewardship. This message will be most effective if it's framed as an essential component of a larger quality-improvement strategy. Public endorsement of specific Choosing Wisely recommendations related to imaging is an excellent first step.

# VBP4P Data: Variation in Practice Patterns



- Avoidance of Antibiotic Treatment for Adults with Acute Bronchitis
- Evidence Based Cervical Cancer Screening (Appropriately Screened)
- Use of Imaging Studies for Low Back Pain

In one-quarter of physician organizations participating in VBP4P, 50% of members with low back pain DO get an imaging study within 28 days of diagnosis.

# Patients' Stories from Consumer Reports

## ConsumerHealthChoices®

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### Patients' stories

## How too Many Tests can Cause Lifelong Harm



I've had 17 MRIs since the year 2000 due to some chronic pain issues, mostly in my back. That was 15 too many.

Chronic pain can be frustrating for a doctor, and my MRIs were handed out like candy. Most of them were given to me to get me out of their office to "prove" nothing was wrong with me. They're even given frequently for people who have mild back pain.

I never once thought that getting a scan would be dangerous – especially those five MRIs that had a contrast agent in them that contained a toxic heavy metal called gadolinium.

[Why Won't Doctors Accept Each Other's X-rays?](#)

[I Never Questioned the Safety of Having MRIs With Contrast](#)

[Another Day, Another Doctor, but the Same Tests](#)

[Why Test for a Condition you Don't Intend to Treat?](#)

[How too Many Tests can Cause Lifelong Harm](#)

[Best Advice: Don't be Afraid to Ask the Hard Questions](#)

[A Conversation With Your Doctor can Change Your Life](#)

[Now I Know I Didn't Need all That X-ray Radiation](#)

# Choosing Wisely® Initiative

- Goal is to encourage conversations between clinicians and patients regarding what care is truly needed
- Launched in 2012
- Collaboration with Consumer Reports
- Specialty societies recommend “do not do” tests and treatments – more than 70 society partners



*An initiative of the ABIM Foundation*



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American Academy of Family Physicians



**Fifteen Things Physicians and Patients Should Question**

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

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

# Credibility Among Clinicians

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## TRENDS FROM THE FIELD

### Physician Perceptions of Choosing Wisely and Drivers of Overuse

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Carrie H. Colla, PhD; Elizabeth A. Kinsella, BA; Nancy E. Morden, MD, MPH; David J. Meyers, MPH; Meredith B. Rosenthal, PhD; and Thomas D. Sequist, MD, MPH

Agreed or somewhat agreed that Choosing Wisely was a **legitimate source of guidance:**

- 97.1% primary care
- 95% medical specialties
- 92.2% surgical specialties

75.1% of primary care physicians reported they agreed or somewhat agreed that Choosing Wisely **empowered them to reduce use of unnecessary tests and procedures**

# ACR Resources – Providers, Patients, CDS

**RadiologyInfo.org**  
For patients

Test/Treatment Patient Type Screening/Wellness Disease/Condition Safety En Español More Info

## Spotlight

September is National Ovarian Cancer Awareness Month ▶

September is National Prostate Cancer Awareness Month ▶

Recently posted:

• Video: Hysterosalpingography ▶

• Video: Catheter Angiography ▶

• Video: Chest MRI ▶

• Video: Prostate Ultrasound ▶

Radiology and You ▶

In the News: CT Colonography ▶

## Pediatric Content

Referring physicians and other health care professionals need information to help manage their patients' imaging needs. Some imaging tests and treatments have special pediatric considerations. The latter has implications for your radiologist colleagues can help you and your patients make imaging decisions.

In addition, please use the resources below for medical information that addresses imaging-related questions such as: Does my patient need diagnostic imaging? When does it make sense to use alternatives to ionizing radiation? What about the special concerns of radiosensitive patients?



And be sure to **take the pledge** to image wisely!

## Resources



### » Radiation Dose Reference Card

Download this reference card showing the radiation dose to adults of common examinations.

Download PDF

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Healthcare  
ASSOCIATION

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## The radiology information resource for patients

**R-SCAN™**  
Radiology Support, Communication  
and Alignment Network



## What is R-SCAN?

R-SCAN™ is a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness and streamline image ordering. 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.

8.50 x 11.00 in

# Decreasing Inappropriate Care in California

- IHA-led team is one of 7 Choosing Wisely projects across the country
- Funding from Robert Wood Johnson Foundation
- Partnership with Consumer Reports
- 3-year project (2015-18)
- Targeting 20% reductions in specific tests/treatments:
  - Antibiotics for acute bronchitis
  - Imaging for low back pain (SRS), headache (SH)
  - Preoperative stress testing (SRS), “repeating” orders for inpatient blood work (SH)



*An initiative of the ABIM Foundation*





# Leveraging clinical decision support



An initiative of the ABIM Foundation



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## Cedars-Sinai Alerts Its Docs to *Choosing Wisely*

June 5, 2014

With a focus on stimulating physician and patient conversations, there is perhaps no more appropriate environment in which the *Choosing Wisely*® campaign could take hold than the examining room. Cedars-Sinai Health System has taken an important step in ensuring these conversations happen by becoming the first system in the nation to incorporate dozens of specialty society campaign recommendations into its electronic medical records (EMR) system.

Cedars-Sinai programmed its CS-Link EMR, which is made by Epic, to include 180 *Choosing Wisely* recommendations. A pilot, launched last summer in some of Cedars' outpatient clinics, resulted in statistically significant reductions in the use of medications that had been questioned by specialty societies such as:

- the use of antipsychotics for elderly patients with dementia;
- butalbital for patients with migraine headaches; and,
- benzodiazepine as a first-line treatment for sleep in the elderly.

# Today's Presenters

- Ann Marie Giusto, R.N., Sutter Health
  - Tackling overuse of imaging for uncomplicated headache through comparative provider feedback
- Steven Deutsch, M.D., Cedars-Sinai Health System
  - Leveraging clinical decision support to address overuse of imaging
- Parag Agnihotri, M.D., Sharp Rees-Stealy Medical Group
  - Tackling overuse of imaging for low back pain with a patient engagement focus