Avoidable Imaging Learning Collaborative 2016

Funded by the Center for Medicare & Medicaid Innovation (CMMI)

Presenters

Dr. Jeremiah (Jay) Schuur

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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

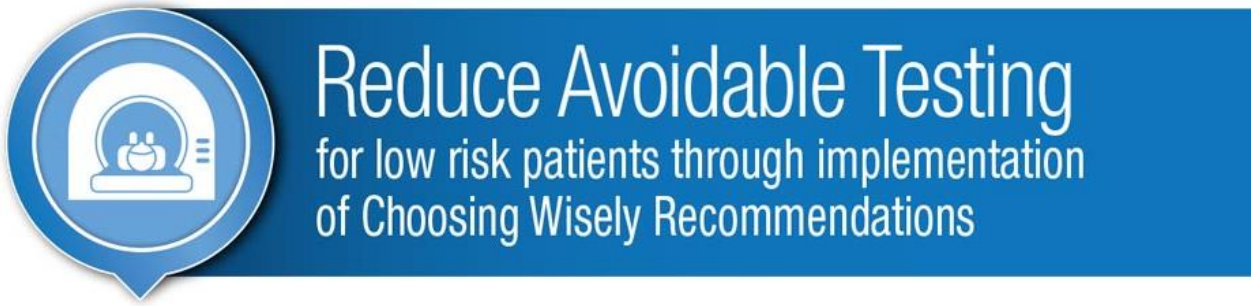
- Data Reports
- Summary Report
- Lessons Learned
- eCME, MOC, MIPS credit

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

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.
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.
Don't delay engaging available palliative and hospice care services in the ED for patients likely to benefit.
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.
Avoid instituting intravenous (IV) fluids before doing a trial of oral rehydration therapy in uncomplicated ED cases of mild to moderate dehydration in children

ACEP's Choosing Wisely Recommendations

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.

Avoid CT of the head in asymptomatic adult patients in the ED with syncope, insignificant trauma and a normal neurological evaluation.

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.

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.

Avoid prescribing antibiotics in the ED for uncomplicated sinusitis.

Available Resources

- Monthly Webinars
  - Screening/ Identification of Best Practices
  - Intervention and Implementation of Best Practices
  - 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

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3

Emergency Departments

97

Physicians, PAs, and NPs

159,493

Patient Encounters

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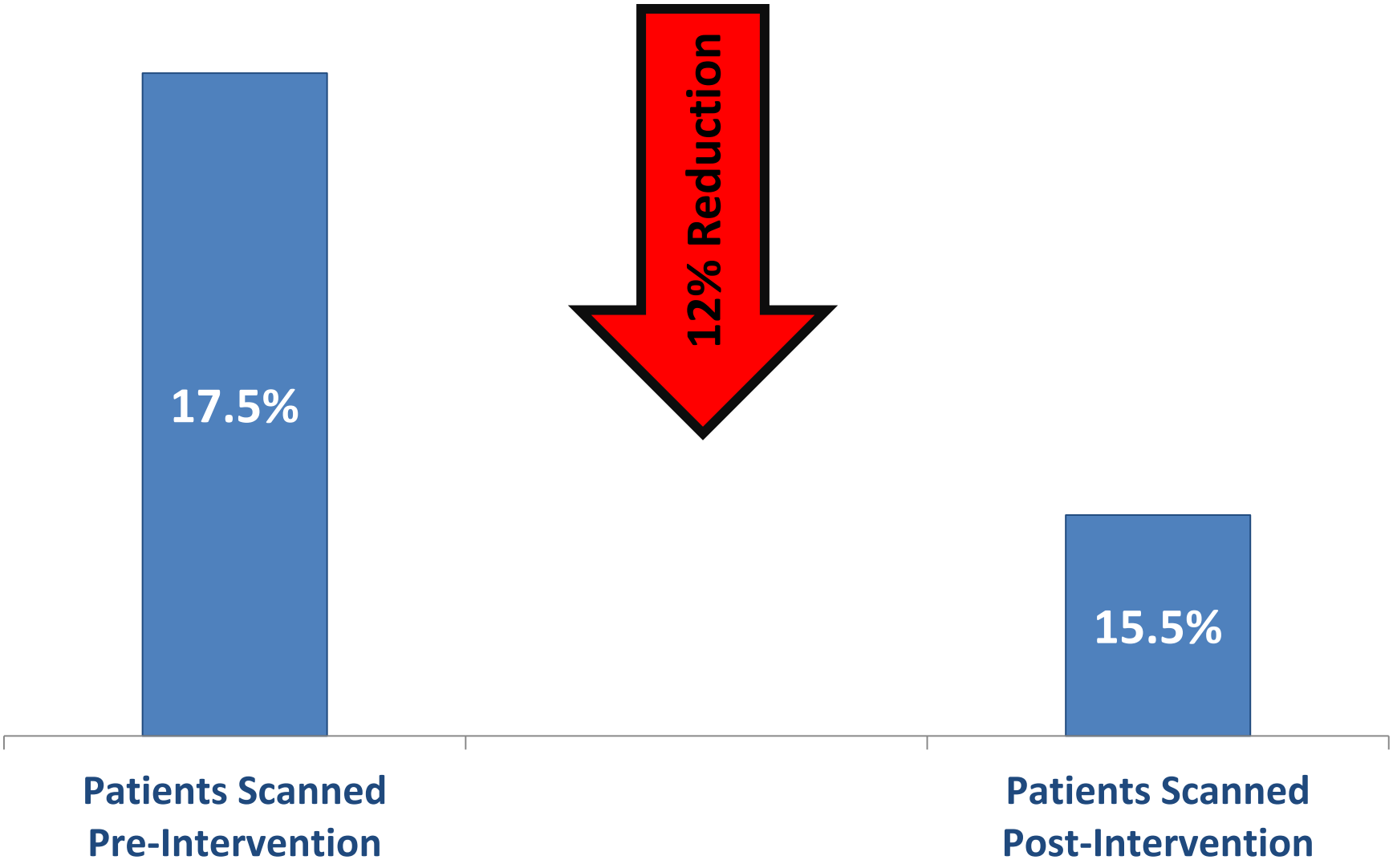
Results



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What Were the 2 Weird Tricks?

1. 30 minute educational session
2. Monthly reports shared publicly at provider meetings for several months

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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

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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

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Everything I Learned in Med School Was Useless...

JAMA. 1995 Sep 6;274(9):700-5.

Changing physician performance. A systematic review of the effect of continuing medical education strategies.

Davis DA[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.

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…Everything I Need to Know I Learned in Kindergarten

Educational Session

Monthly Reports

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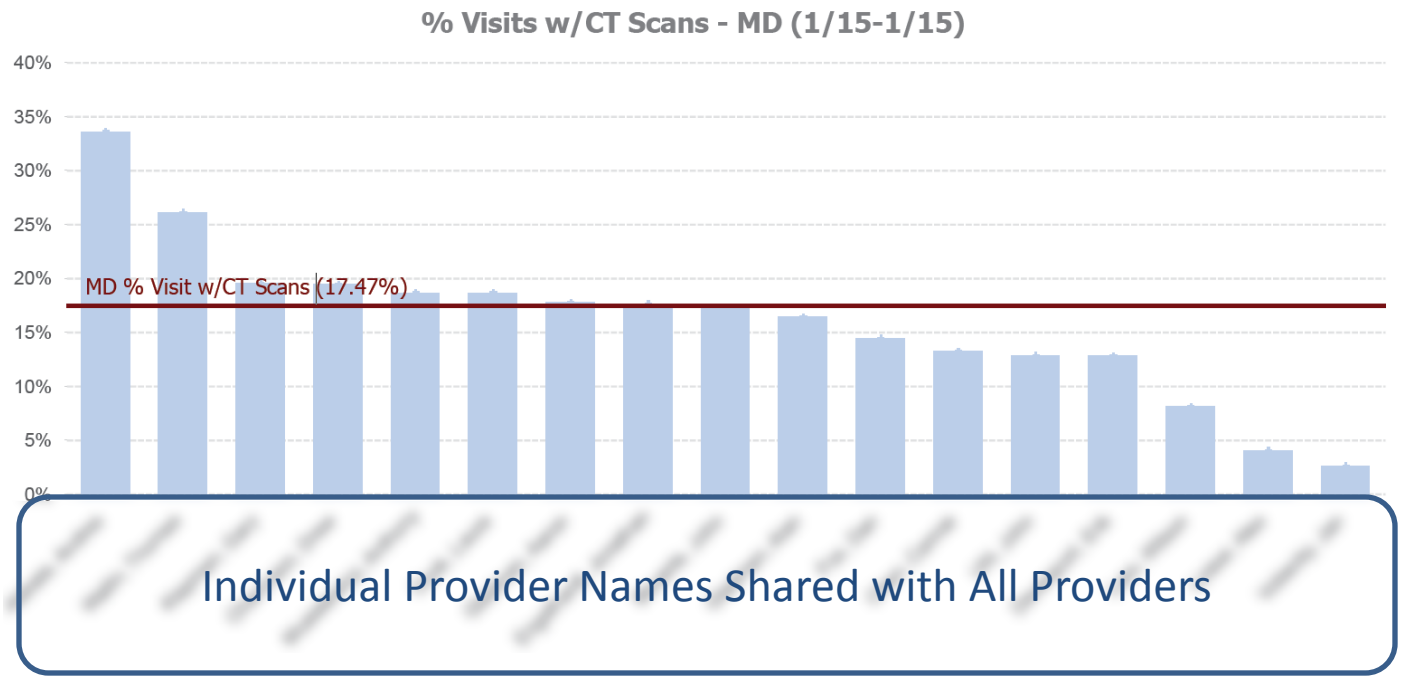

Key points for an effective report:

- Transparent – every provider sees every other provider
- Providers arranged in rank order (not alphabetically)
- Reference Line

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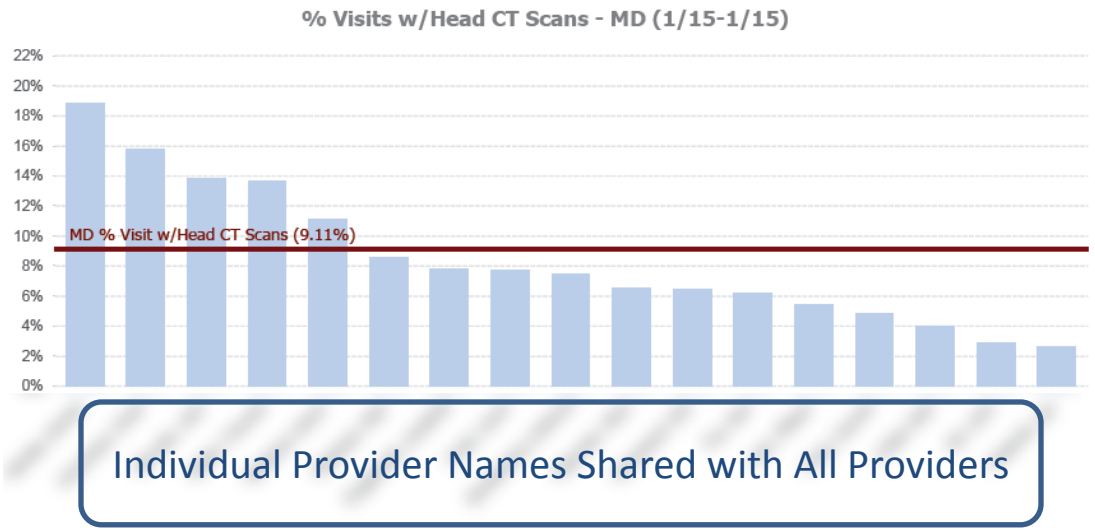
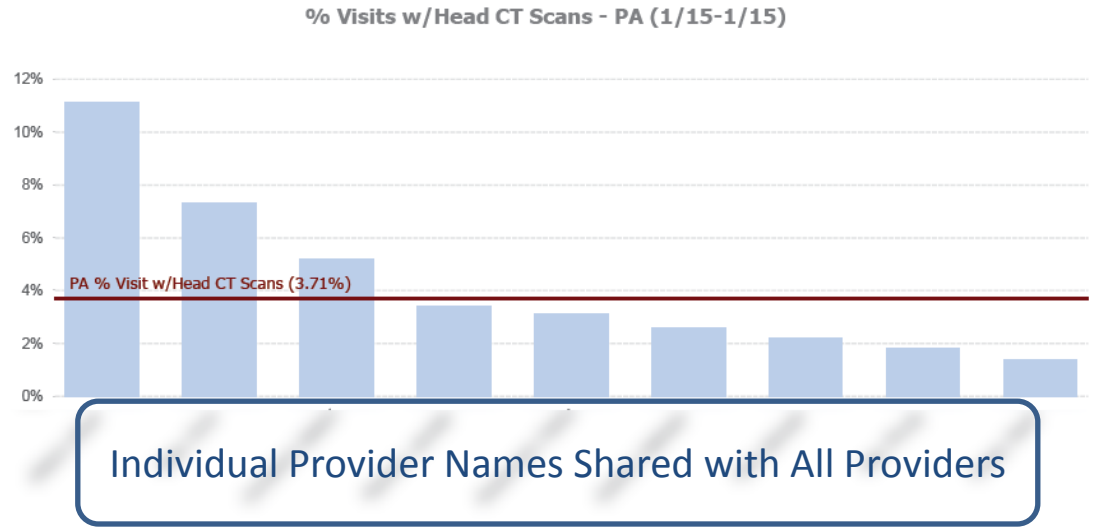


Individual Provider Names Shared with All Providers



Individual Provider Names Shared with All Providers

Share data for both physicians and PA/NPs, but in different graphs

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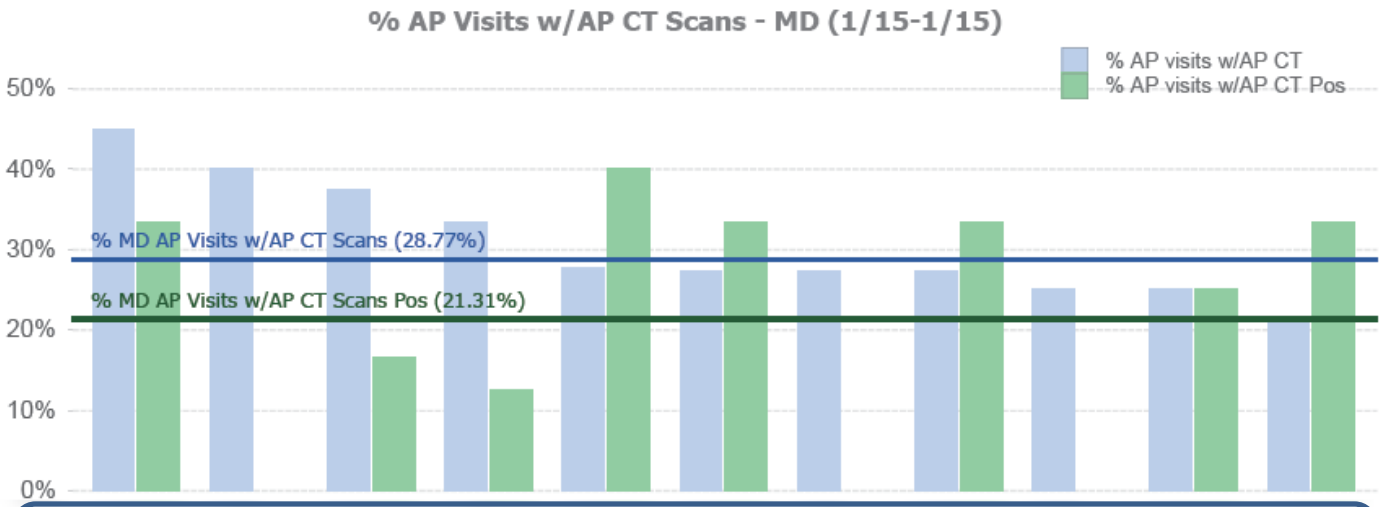

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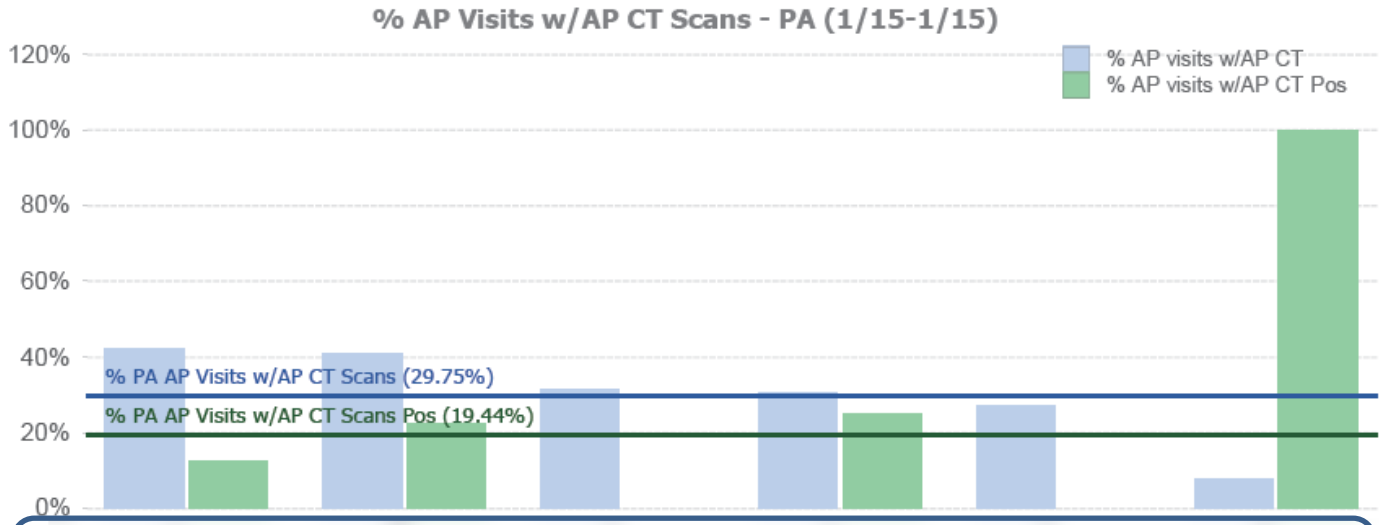

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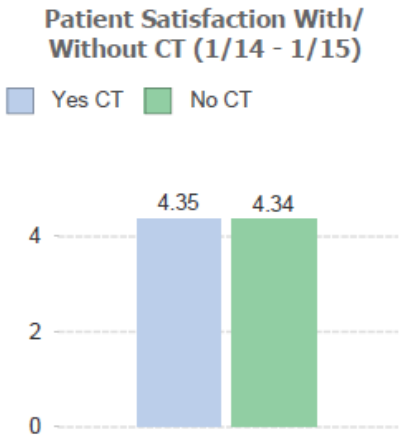

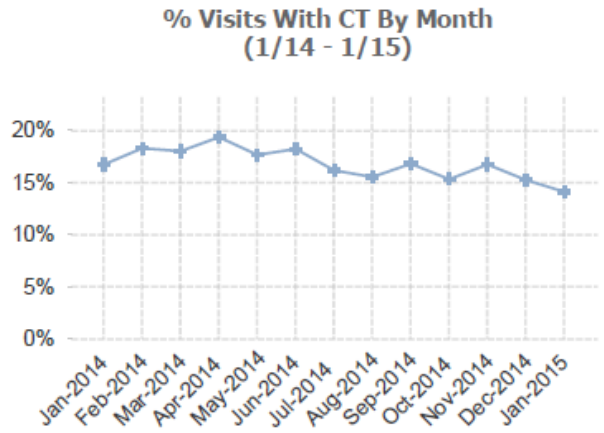

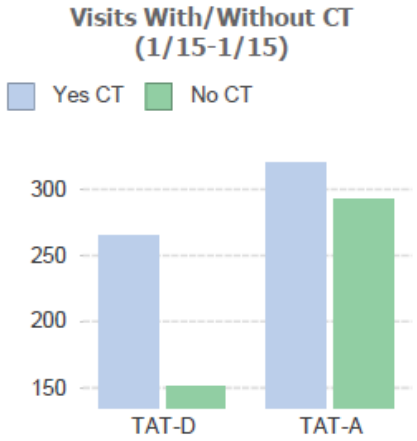

- Patient experience scores weren't higher for patients who got CT scans (though in some other studies they are)
- Discharged patient throughput times were ~100 minutes longer if a CT is ordered (certainly there are confounding variables)

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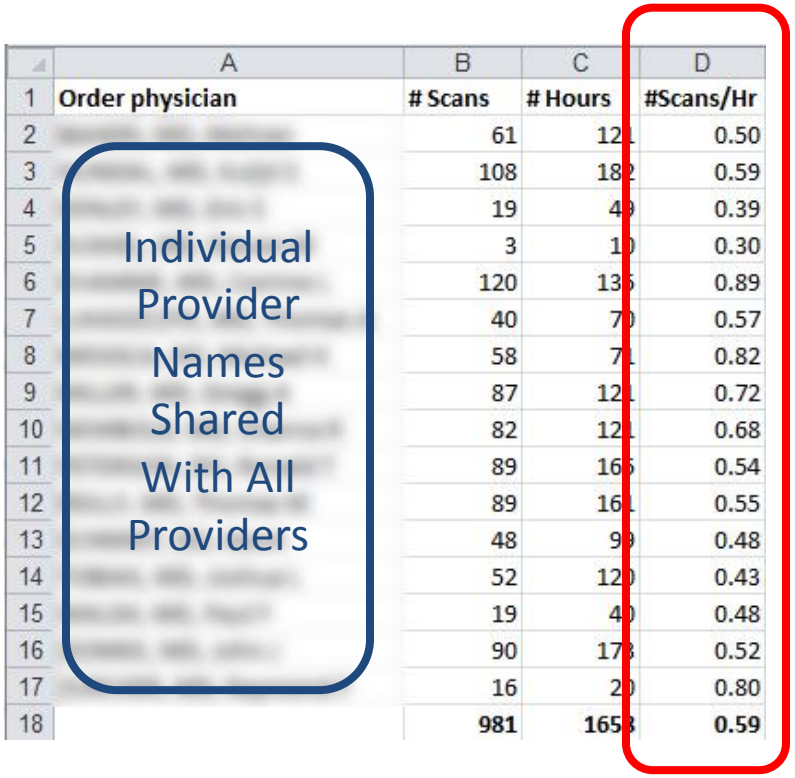
Life Doesn't Have to be Difficult



	A	B	C	D
1	Order physician	# Scans	# Hours	#Scans/Hr
2		61	121	0.50
3		108	182	0.59
4		19	49	0.39
5		3	10	0.30
6		120	135	0.89
7		40	70	0.57
8		58	71	0.82
9		87	121	0.72
10		82	121	0.68
11		89	165	0.54
12		89	161	0.55
13		48	99	0.48
14		52	120	0.43
15		19	40	0.48
16		90	173	0.52
17		16	20	0.80
18		**981**	**1653**	**0.59**

Simple report: Calculate by provider CTs/Hrs worked

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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

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Summary

Peer Pressure Works

Everyone else listening to ACEP's E-QUAL Webinar will do great things…you should too!

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Thank You!

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Avoidable Imaging Webinar:
Thursday, July 21st
1:00pm-2:00pmEST

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

Contact Nalani Tarrant (Project Manager):
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