Protecting Access to Medicare ACT (PAMA) Radiology Clinical Decision Support

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Radiology Clinical Decision Support (CDS)

- The Protecting Access to Medicare Act (PAMA) established a new program to increase the rate of appropriate ordering of advanced diagnostic imaging services (CT, MRI, PET and Nuclear Medicine) provided to Medicare beneficiaries in 8 Priority Clinical Areas.
- Initially, the statute required that physicians and APCs ordering these examinations from ambulatory and ED encounters review "appropriate use criteria" (AUC) related to each order starting in 2021. Cy 2020 was an educational and training year.
- The program "hard" start date has been extended a year. Instead of viewing the CDS being required Jan 2021, it is not until Jan 2022. CY 2021 continues as an educational and training year.

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Priority Clinical Areas (PCAs)

Advanced imaging library **contains 500 interventions** that target nuanced clinical scenarios within CMS's 8 priority clinical areas (PCAs).

Coronary artery disease
(suspected or diagnosed)

Suspected pulmonary embolism

Headache
(traumatic & non-traumatic)

Hip pain

Low back pain

Shoulder pain
(to include suspected rotator cuff injury)

Cancer of the lung
(primary or metastatic, suspected or diagnosed)

Cervical or neck pain

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- Large Integrated Delivery network
  - 24 Hospitals with ~ 4000 beds
  - 40,000+ Sq miles (Santa Cruz to Oregon Boarder, width of Northern CA
  - 13,000 Providers (5K in Sutter Med Groups and 8K Independents)
- Information Services
  - 1 EHR (mostly)
  - 1 PACS (mostly)
  - Expansive HIE Network (Thank you Dr. Lane)
  - Thousand of other applications

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Sutter Health's PAMA Approach

- Implement Sutter's chosen CDSM:
- Require CDS consultation and reporting of AUC code for advanced imaging orders for <u>Medicare</u> patients.
- Focus on minimizing alerts, minimizing disruption, and maximizing helpful guidance for advance imaging tests
- Anticipate the need for additional scheduling support

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Sutter Health's PAMA Approach

- Implementation Plan
  - Sutter EHR and SutterLink Pilot
  - Sutter EHR Ambulatory (all)
  - Sutter EHR ED Pilot
  - Sutter EHR ED and HOD (All)
  - Outside Portal for Ancillary ordering
- Success factors
  - Medicare only to start (Medicare +64
  - Minimizing disruption
  - Build to support better documentation
  - Education
  - Communication to outside clinicians

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Pilot Data from a 2 week period

- 181 advanced imaging orders were placed by 90 Providers
  - 92 Studies (51%) had NO alert fire as the indications were out of scope
  - 89 Studies (49%) had an initial alert fire. After Clinical Decision Support fired:
    - In 46/89 (52%) of these resulted in either an appropriate indication was selected or the indication we not one of the categories evaluated
    - In 41 (48%) the system did NOT validate that the indication was appropriate (not appropriate or insufficient information)
      - 1/3 Closed and ignored the system*
      - 1/3 overrode the advice to change the study
      - 1/3 Added information and overrode the advice
    - **Of these, ultimately only 2 orders were changed. In both cases <u>MRI Lumber Spine w/o contrast</u> was switched to <u>MRI Lumber Spine ww/o contrast</u>.**
    - ***The 1/3 of time that the providers closed and ignored the system would NOT count as having interacted with the CDS for Medicare criteria**

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One week of alerting for 80 Providers

- A total of 95 Advanced Imaging Orders were placed
  - 39 Providers ordered NO studies that required evaluation
  - 41 Providers ordered had a CDS Alert fire:
    - 30 Providers had 1-2 orders evaluated
    - 9 Providers had 3-5 orders evaluated
    - 1 Provider had 8 orders evaluated
    - 1 Provider had 9 orders evaluated

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A week in the Delta ED

- Evaluated studies: 86

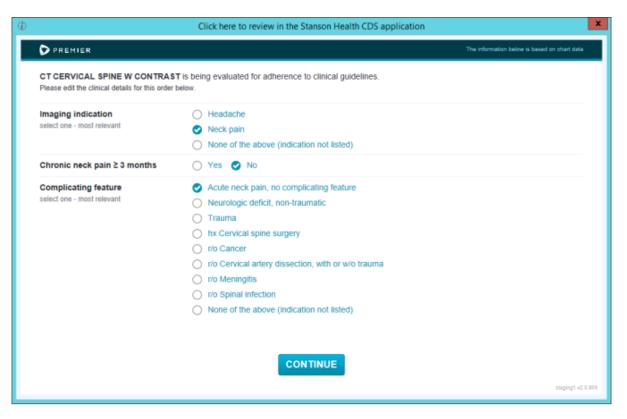 - Not applicable   42 – No Impact
  - Adherent   21 – No Impact
  - Not adherent   9 – Alerted to non-adherence
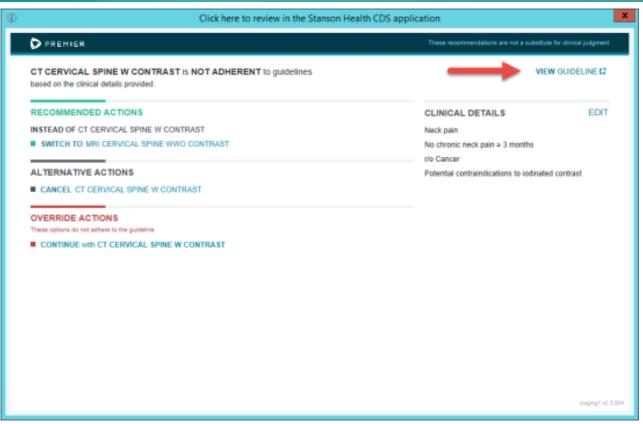 - More Info   14 – More info requested

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Request for additional information

Final Decision Point

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Speed buttons in development