Qualified Clinical Decision Support Mechanisms as of June 2018

AIM Specialty Health ProviderPortal®*

Applied Pathways CURION™ Platform

Cranberry Peak ezCDS

eviCore healthcare's Clinical Decision Support Mechanism

MedCurrent OrderWise™

Medicalis Clinical Decision Support Mechanism

National Decision Support Company CareSelect^{TM*}

National Imaging Associates RadMD

Sage Health Management Solutions Inc. RadWise®

Stanson Health's Stanson CDS

Test Appropriate CDSM*

Clinical Decision Support Mechanisms with Preliminary Qualification as of **June 2018**

Cerner CDS mechanism

Evinance Decision Support

Flying Aces Speed of Care Decision Support

Infinx CDSM

LogicNets' Decision Engines

New Century Health's CarePro

Reliant Medical Group CDSM

*Free Tool Available



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1. Jason L. Hom, MD, How (and Why) to Get Your Colleagues on Board with CDS, https://acrbulletin.org/acr-bulletin-may-2016/515board-cds-radiology. Accessed March 2019; 2. MLM Factsheet, December 2018; 3. Haines, G. Rebecca, MSM, CAE; Sowers, Linda G. Clinical Decision Support and Diagnostic Imaging, Steps Forward, American Medical Association, 2017.

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Clinical Decision Support

Preparing for appropriate imaging and accountability through the use of clinical decision support tools and close collaboration.

Beginning January 1, 2020, the Centers for Medicare and Medicaid Services (CMS) will begin requiring all Medicare Part B advanced diagnostic imaging requests to carry a code signifying that the ordering medical professional consulted a qualified Clinical Decision Support mechanism (CDSM). The imaging providers must also report the CDSM consultation on their Medicare claims.²

Advanced Radiology is committed to being a trusted partner in caring for your patients. We take seriously our role in assuring a smooth transition to the use of CDSM, for ourselves and our referring practices. With that responsibility in mind, we will be providing valuable monthly information, beginning with this issue, that will help you understand CDS and guide you through the process of selecting a clinical decision support mechanism (CDSM),

integrating it into your practice, and using it to enhance your patient/doctor relationships. Beginning with this issue, we will provide answers to key questions about the upcoming transition to CDS, including:

- What is CDS?
- What is the timeline for its implementation?
- How will my practice benefit from using CDS?
- What steps should I take to transition my practice to CDS?
- Where can I find resources to help my practice with implementation?
- How should I involve my patients in the use of CDS?

"In the drive to reduce inappropriate imaging and deliver better care at lower costs, it is imperative for physicians who order imaging and for radiologists to forge a strong, collaborative partnership. Avoiding unnecessary care begins by following evidence-based recommendations for which tests and procedures are most appropriate for each patient's clinical situation.

Such recommendations can be found in published guidelines or embedded in clinical decision support (CDS) tools. Avoiding unnecessary care continues with a consultative partnership with radiologists who can help us determine the right test for our patients at the right time. As members of the multi-disciplinary care team, radiologists are integral to the appropriate imaging decision-making process."1

> Jason L. Hom. MD. Hospitalist Stanford Healthcare, Stanford University

What is Clinical Decision Support (CDS)?

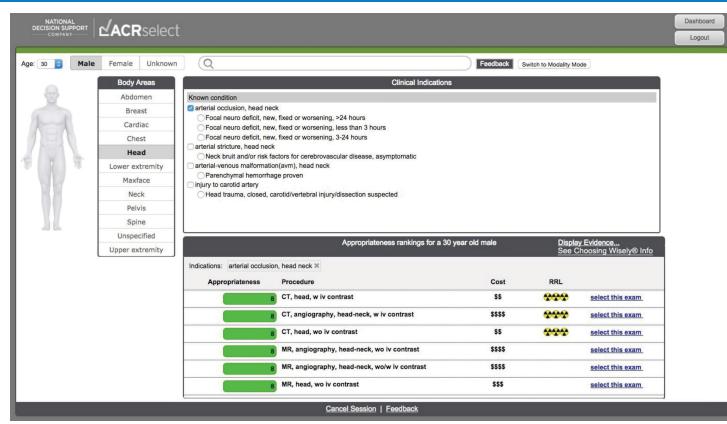
Clinical Decision Support (CDS) enables clinicians to demonstrate to patients and payers that they are ordering appropriate imaging tests. CDS employs technology and appropriate use criteria (AUC) to promote sound clinical judgment and patient safety by providing immediate access to risk factors that support shared decision-making, such as radiation dose, cost information and more.

Clinical Decision Support Mechanisms (CDSMs) are decision support tools that empower the ordering clinician—in collaboration with radiologists—to choose the right imaging test at the right time and for the right reasons.³

Well-designed CDSMs that are embedded in electronic medical record (EMR) systems can play a valuable role in decision-making at the point of care. Several studies have already demonstrated their value in reducing inappropriate imaging. Avoiding unnecessary care begins by following evidence-based recommendations for which tests and procedures are most appropriate for each patient's clinical situation.¹

Under the Protecting Access to Medicare Act (PAMA), An ordering provider must consult AUC for every Medicare Part B advanced imaging order (including CT, MRI, Nuclear Medicine and PET scans), and include proof of consultation with each order. Proof of consultation consists of a code generated by the CDSM. Providers can access imaging AUC either by a stand-alone CDS system or via CDS software integrated into a practice's electronic health record system.

Furnishing providers like Advanced Radiology, must document that code in order to receive reimbursement.



Sample screen from ACRSelect, a CDSM tool developed by the National Decision Support Company in conjunction with the American College of Radiology (ACR).

What is the timeline for implementation of CDS?



?

July 2018 to December 2019: Voluntary Reporting Period

The voluntary reporting period allows time for organizations to verify the accuracy of reported claims data to ensure payment in preparation for the January 2020 start date.

January 2020 to December 2020: Educational and Operations Testing

Requirements for consultation and data submission are scheduled to begin with a one-year educational and testing period. During the first year of the program, consultation is required; however, CMS will not impose penalties on furnishing providers, nor use the data to determine outliers.



January 2021: Reimbursement Denials Begin

Beginning January 1, 2021, CMS will only pay claims that include the necessary evidence of AUC consultation. If you order Medicare Part B advanced diagnostic imaging services (MR, CT, Nuclear Medicine, or PET), you must consult Appropriate Use Criteria (AUC) through a qualified Clinical Decision Support Mechanism (CDSM). You must also provide the information to furnishing professionals and facilities. They in turn must report AUC consultation information on their Medicare claims.



January 2023 or 2024: Outliers Identified

Up to 5% of ordering providers will be identified as outliers and required to obtain per-authorization when ordering advanced diagnostic imaging services for their Medicare patients.

CDS resources and information

Helpful information on Clinical Decision Support education, implementation, and training are abundant and available free of charge. Here are just a few sources:

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Introducing Your Practice to CDS:

The Office of the National Coordinator for Health Information Technology (ONC) https://www.healthit.gov/topic/safety/ clinical-decision-support

American Medical Association EdHub™ https://edhub.ama-assn.org/ collections/5589/clinical-decision-support

The Healthcare Information and Management Systems Society (HIMSS) https://www.himss.org/library/clinicaldecision-support

Selecting Your CDS Mechanism:

The Centers for Medicare and Medicaid Services (CMS)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ Appropriate-Use-Criteria-Program/CDSM. html

The Healthcare Information and Management Systems Society (HIMSS)

https://www.himss.org/library/ clinical-decision-support/quidebookseries?navltemNumber=16571

The Office of the National Coordinator for Health Information Technology (ONC)

https://www.healthit.gov/sites/default/ files/3-4-3-successful-cds.pdf



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- 2. Appropriate Use Criteria for Advanced Diagnostic Imaging, 3. AMA Steps Forward: Clinical Decision Support and Diagnostic
- 4. https://www.healthit.gov/topic/safety/clinical-decision-support 5. https://www.onclive.com/publications/oncology-business-news/2016/january-2016/clinical-decision-sup-

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When the testing period ends and reimbursement denials begin (currently scheduled for January 1, 2021), a clinical decision consult must be documented via a CMS-qualified clinical decision support mechanism. Without a documented consult, rendering providers will not receive Medicare payment for the procedure, and may begin returning or denying orders from non-compliant ordering providers.

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- How will my practice benefit from the use of CDS?
- What steps should I take to transition my practice to CDS?
- Where can I find resources to help my practice with implementation?

"We are providing feedback to the provider, as if they were consulting a radiology expert in real time," says Robert Cooke, vice president of marketing and strategy at NDSC, a CDSM provider, pointing out that the ACR Appropriateness Criteria is created by panels of subject-specific experts.1

How will my practice benefit from CDS?

A CDSM is an interactive digital tool for clinicians that provides AUC information to clinicians as care is being delivered. Ordering providers can use this information to make the most patient-appropriate treatment decision for specific clinical conditions. These tools may be modules within current certified EMR technology, private sector mechanisms independent from certified EHR technology, or those established by CMS.²

CDS mechanisms are designed to improve decision-making and are particularly attractive for their ability to address the growing information overload many clinicians face, as well as to provide a platform for integrating evidence-based knowledge into care delivery. Whether a component of a comprehensive EHR system, or a stand-alone mechanism, Clinical Decision Support reduces the number of inappropriate images ordered, helps providers meet quality goals based on utilization, and can

even improve your patient's experience, yielding better satisfaction scores.

Clinical Decision Support (CDS) enables clinicians to demonstrate to patients and payers that they are ordering appropriate imaging tests. CDS tools and resources can empower physicians, inspire them to engage patients in dialogue and shared decision-making, enhance patient safety, and benefit the health care system by minimizing waste and costs.³

The Office of the National Coordinator of Healthcare Information Technology (ONC) states that its aim is "to help the health care industry create the technical infrastructure needed to allow health systems to share data with each other electronically to provide the most complete information possible into CDS systems. Complete records allow CDS systems to help with diagnoses and track for negative drug interactions by having a better view of a patient's whole health.⁴

CRITICAL CDS DEADLINES:



July 2018 to December 2019: Voluntary Reporting Period



January 2020 to December 2020: Educational and Operations Testing



January 2021: Reimbursement Denials Begin



January 2023 or 2024: Outliers Identified

What steps should I take to implement CDS in my practice?

If your practice uses an electronic health records application, work with your implementation team to integrate clinical decision support technology. Clinical decision support technology will be most useful when it is integrated into your EHR platform. Include your EHR vendor in your discussions about decision support.

The "Right" Types of Tools

There are many different technologies and options available when it comes to clinical decision support tools. When selecting which tools to implement, practices should consider what HHS calls the "CDS Five Rights." These "rights" provide guidance and indicate that clinical decision support tools should provide the right information; to the right people; in the right format; through the right channels; and at the right times.

Here is a brief checklist to help your practice plan its implementation of Clinical Decision Support:



Make sure your medical, professional, and IT staff are aware of the approaching CMS deadlines.



Explain why you are doing this - legislative requirement and quality improvements.



Ensure that your IT/informatics team is incorporating AUC into your electronic medical record (EMR) and image ordering and fulfillment systems.



Meet with various stakeholders:



Obtain buy-in from administration



Obtain buy-in from ordering practitioners



Obtain buy-in from information systems (IS) and information technology (IT)



Educate relevant staff on how to use the AUC/CDS system you choose - your qCDSM vendor can help.



Hold regularly-scheduled conference calls with your CDSM vendor, IS/IT and ordering provider leaders



Provide operational education materials for mandatory viewing prior to turning on your CDS system

Clinical Decision Support has a number of important benefits, including:

- Increased quality of care and enhanced health outcomes
- Avoidance of errors and adverse events
- Improved efficiency, cost-benefit, and provider and patient satisfaction
- Standard criteria for decision-making
- Transparency for patients and physicians

IMPORTANT CDS **MILESTONES:**



July 2018 - December 2019: Voluntary Reporting Period



January 2020 - December 2020: **Educational and Operations**



January 2021: Reimbursement Denials Begin



January 2023 or 2024: **Dutliers Identified**



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- 2. Moyer, A and Salovey, P. Patient participation in treatment decision making and the psychological consequences of breast cancer surgery. Womens Health. 1998. Summer; 4(2): 103-16.
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- 7. Say, R. Shared Decision Making. Patient Involvement in Clinical Practice BMJ Quality & Safety 2002; 11:297-298.
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- 10. Centers for Medicare and Medicaid Services, eHealthUniversity, CLINICAL DECISION SUPPORT: More Than Just 'Alerts' Tipsheet, Sep-
- 11. American Medical Association, AMA Wire, November 10, 2016.
- 12. https://www.healthleadersmedia.com/innovation/5-ways-health-systems-can-use-clinical-decision-support-tool-provide-better-care. Accessed 8/27/19.

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In this issue, we provide examples of how CDS can improve patient care and relationships...

"You may encounter a patient who insists upon a certain imaging study that is of questionable utility. CDS scores indicating a test is not likely appropriate should trigger a discussion with the patient. To assist you in your patient discussions, CDS tools include literature reviews with evidence supporting the given score.

Training yourself and your care team members, including nurses, nurse practitioners and medical assistants, on how the CDS tool arrives at a particular appropriateness score will empower everyone to explain to the patient what the decision means and why it was made.1"

Empowering Patients

Patient participation is a complex concept that arose from the widespread consumer movement of the 1960s. The birth of healthcare "consumerism" affirmed the patient's right to safety, the right to be informed, the right to choose, and the right to be heard. Patient participation is increasingly recognized as crucial to the redesign of healthcare processes and is advocated as a means to improve patient safety. The concept has been successfully applied to various areas of patient care, such as decision-making and the management of chronic diseases.

Patient-related factors, such as acceptance of the new patient role, lack of medical knowledge, lack of confidence, comorbidity, and various sociodemographic parameters, all affect willingness to participate in the health care process. Among health care professionals, the acceptance and promotion of patient participation are influenced by other issues, including the desire to maintain control, lack of time, personal beliefs, type of illness, and training in patient-caregiver relationships.²

Challenges and Benefits of Patient Involvement

Overuse and inappropriate use of many imaging tests may cause harm by unnecessarily exposing patients to excess radiation; they can also influence patient outcomes when incidental findings are present, and can increase health

care costs. Ordering appropriate imaging tests—particularly when facing time pressure constraints and when the evidence to support the decision is not easily accessed—can be challenging for many physicians.

Given a widely recognized need for improved care quality, safety, and value, no other stakeholder has more at risk than the patient. Empowering patients to control, or at least be involved in aspects of their care, goes a long way to improving

care quality. Research findings support this: compared with patients that do not, patients who participate in medical decisions tend to report more satisfaction with their care², enjoy a better quality of life³, and are adherent to recommendations⁴ with greater satisfaction.⁵

Physicians need appropriate tools to help patients understand the rationale for ordering,

delaying, or not performing a test. Clinical Decision Support (CDS) harnesses technology to promote sound clinical judgment and provides immediate access to radiation dose, cost information and other risks (false positives

or incidental findings) that support shared decision making.

Providing patients with evidence and explanations of Clinical Decision Support can directly involve individual patients in their health-related decisions and actions by leveraging reliable and timely evidence from research findings.⁶ Attractive to patients, policy makers and clinicians alike, research has suggested Involving patients

in making decisions about their medical care may go further than enhancing autonomy by improving outcomes, decreasing treatment costs, and increasing compliance and satisfaction.⁷

CDS tools for imaging empower the ordering clinician—in collaboration with radiologists—to choose the correct imaging test at the right time and for the right reasons.⁸

Patient's "Rights"

The "CDS Five Rights" concept⁹ provides a best practice framework that may be helpful when considering CDS options appropriate for your practice. The CDS Five Rights concept states that in order to provide benefits, CDS interventions must provide:



the right information

evidence-based, suitable to guide action, pertinent to the circumstance



to the right person

considering all care team members: clinicians, patients, and caretakers



in the right format

an alert, order set, or reference information to answer a clinical question



through the right channel

an EMR, personal health record, the Internet or a mobile device



at the right time

at a time of decision, action, or need

Effective CDS must be relevant to those who can act on the information, in a way that supports completion of the right action.¹⁰

We encourage our referring physicians to actively discuss imaging appropriateness with patients and begin making decisions about imaging orders together. Patients are more likely to accept and undergo a test once they understand why it is recommended. Once you gain familiarity with CDS through your use of a CDSM, you will feel more comfortable discussing appropriate imaging with your patients.¹¹

CDS Resources and Information

Helpful information on clinical decision support education, implementation, and training are abundant and available free of charge. Here are just a few sources:

About Clinical Decision Support:

The American College of Radiology
https://www.acr.org/Clinical-Resources/
Clinical-Decision-Support

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The Healthcare Information and Management Systems Society (HIMSS)

https://www.himss.org/library/clinical-decision-support

A CASE STUDY IN PATIENT ENGAGEMENT

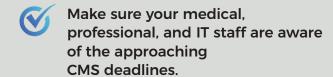
HealthLeaders spoke to two health systems who shared their experiences using a CDSM: Louis Krenn, MD, chief medical information officer and family physician at CoxHealth in Springfield, Missouri, and Ron Elfenbein, MD, an emergency physician at Anne Arundel Medical Center in Annapolis, Maryland.

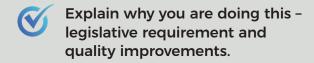
Both Krenn and Elfenbein say the tools have changed the way they interact with patients. Patients often search their symptoms or conditions online and arrive in the office or ED convinced they know what's wrong with them, the physicians say.

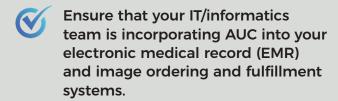
Both doctors agree that sharing images or information on a screen that validates their professional diagnosis is sometimes more convincing to today's patients. Krenn says the clinical decision support mechanism engages patients in the process and provides reassurance to the patients that they have been diagnosed correctly.¹²

CDS Implementation Checklist

This brief checklist can help your practice plan its implementation of Clinical Decision Support:

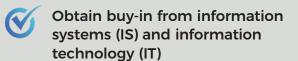


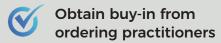




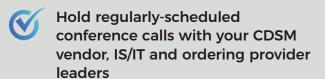


Obtain buy-in from key internal decision-makers













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In our final issue, we recap the important information you need for CDS implementation...

"Hopefully, the real question for many of us is 'Did I come out of the encounter with the best care and the best plan going forward?' We all know that doctors aren't omniscient and that they make mistakes," he says. "For me, I'd rather know that by whatever means necessary, I got the best advice and the best result."

Jonathan Teich, MD, PhD

Chief Medical Informatics, Health Sciences Division, Elsevier Physician, Brigham and Women's Hospital

Schaeffer, J. "CDS Tools and Patient Satisfaction," https://www.fortherecordmag.com/, Vol. 25 No. 6 P. 6, April 2013.

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The Office of the National Coordinator for Health Information Technology (ONC) https://www.healthit.gov/sites/default/files/3-4-3-successful-cds.pdf

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How Clinical Decision Support Works: Otto Decision Support Works: Order is placed Exam is furnished Claim submitted

CDS Milestones



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Preparing Your Practice For Clinical Decision Support

Have our communications helped prepare your practice for Clinical Decision Support? Let us know by completing this brief survey...

Physician:	
1. Ho	w aware were you of the CMS Clinical Decision Support requirements in January 2019?
	Not at all aware
	Somewhat aware
	Very Aware
2. Ho	w aware are you of CMS Clinical Decision Support requirements today?
	Not at all aware
	Somewhat aware
	Very Aware
	you believe your practice is prepared to meet the CMS Clinical Decision Support uirements in January 2020?
	Y D N
4. Do	es your practice have a CDS tool in place?
	Y D N
5. Ho	w can Advanced Radiology best assist you in meeting your CDS requirements?

We appreciate your participation in this survey.

Please return your responses to your Practice Liaison, fax them to Bob Evangelista at 203.696.6130, or email them to Bob.Evangelista@AdRad.com.

Thank you for helping us better understand your needs.

