



Advanced Imaging Management

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The goal and challenges of managing advanced imaging

- Goal** >> Reduce unnecessary utilization and promotes the most effective study with the least exposure to radiation.
- Overuse** >> A majority of surveyed physician leadership (60%) also indicated physicians being unfamiliar with appropriate diagnostic tests has significantly contributed to this unnecessary imaging.¹
- Defensive medicine** >> As much as \$30 billion is spent on unnecessary imaging procedures annually.²
- Patient demand** >> According to 65% of physician leaders, patient demand is a significant factor in unnecessary imaging.³
- Radiation risk** >> Intensified use of imaging results in increased patient exposure to radiation and higher risk of cancer.

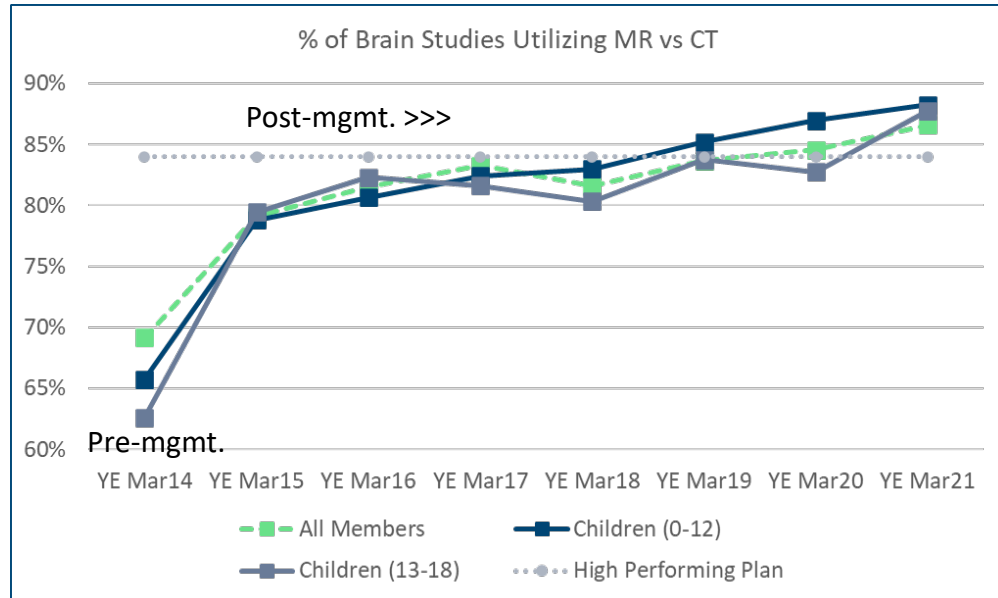
¹<http://informaticsincontext.com/wp-content/uploads/2014/06/peer60-unnecessaryimaging.pdf>

² <https://revcycleintelligence.com/news/despite-financial-incentives-medical-imaging-rates-reaccelerating#:~:text=Medical%20imaging%20is%20critical%20to,US%20about%20%2430%20billion%20annually.>

³ Beachy, D. (2014, September 8). Defensive medicine driving up wasteful imaging. Retrieved from <https://www.healthimaging.com/topics/healthcare-economics-policy/defensive-medicine-driving-wasteful-imaging>

Case Studies: Quality & Program Performance

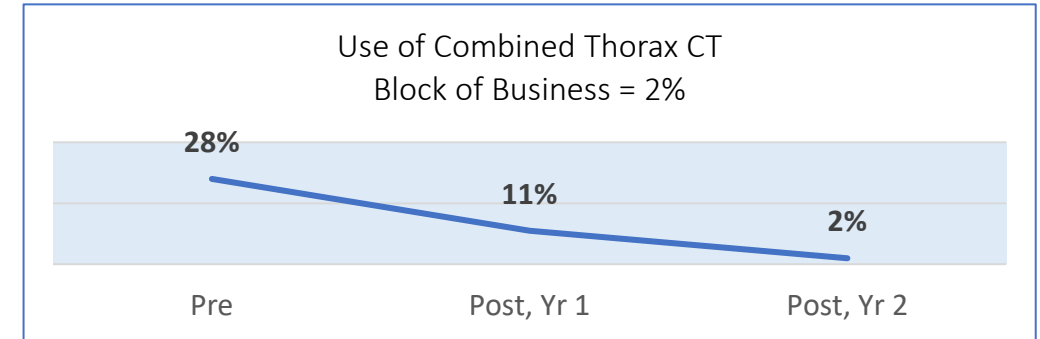
Improving Clinical Quality and Member Radiation Safety



Case Study: Reducing radiation exposure by increasing the use of MR over CT for brain studies. This shows the immediate improvement following management, followed by sustained improvement over the life of the program. This is particularly important to children, being more sensitive to radiation. This study shows the biggest improvement is with children.

Brain MR is generally preferable to Brain CT because of the lower radiation exposure, particularly for children. While not clinically equivalent for every case, the program promotes the use of Brain MR where feasible and available. The table above shows the shift in mix between the two studies over the years for an east-coast client.

Improving Clinical Quality & Imaging Care Delivery With a Focus on Provider Data, Outreach & Collaboration



Case Study: Shows the use of Combined Thorax CTs for one specific high-volume Plan provider who comparatively scored lower on a CMS quality metric than their peers. Data transparency, collaborative outreach and clinical consultation over time helped improve provider results.

Able to identify high volume Plan providers who comparatively scored lower on CMS quality metrics than their peers (CMS Clinical Practice Measures).

Analytics and provider services teams worked with Plan leaders to develop an outreach plan aligned to targeted offices and providers to improve some of these identified opportunities.

Continued monitoring of key performance and quality metrics allowed the Plan and program to continue to improve patient quality.

CMS OP-11, NQF #0513

https://www.qualityforum.org/Projects/nr/Pulmonary_and_Critical_Care_Measures/3/Maintenance_Measures_Under_Review.aspx

Healthcare Training and Targeted Clinical Provider Outreach for a New York Based Health Plan

*Targeted Clinical, Administrative, and/or Process Outreach Activities Focused on Key Plan
Providers using Provider Relations & Clinical Teams
Providers Showing Improvement in Clinical Denial Rate (CDR) Post Education/Outreach*



Targeted Provider	
Pre-Outreach CDR Q2-2021	31.8%
Post Outreach CDR Q1-2022	21.3%

Advanced/Cardiac Imaging Program Management Financial Details

	Members	Utilization Per K	Paid per Utilization	Unmanaged Paid PMPM	Managed Paid PMPM	Gross Save PMPM	ASO Fees	Net Save PMPM
Commercial	150,000	153.9	\$ 1,516	\$ 19.44	\$ 16.14	\$ 3.31	\$ 0.50	\$ 2.81

	Unmanaged Paid Dollars	Managed Paid Dollars	Gross Save Dollars	ASO Fees	Net Save Dollars
Commercial	\$ 34,996,860	\$ 29,047,394	\$ 5,949,466	\$ 900,000	\$ 5,049,466

ROI for the above plan is 6.6:1

Total spend for a commercial group is roughly \$500 pmpm