The Medicare Imaging Demonstration

Centers for Medicare & Medicaid Services
Office of Research, Development, and Information
Medicare Demonstrations Program Group

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Agenda

- Introductions
- Demonstration overview
- Advanced imaging procedures
- Decision Support Systems & guidelines
- Quality

Ground Rules

- **Identify yourself**
- **Identify your organization**
- **Limit comments to 2 minutes**

Legislative Mandate

Section 135(b) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)

Goal

Collect data regarding physician use of advanced diagnostic imaging services to determine the appropriateness of services in relation to established criteria and physician peers

Imaging Services

- ☑ Diagnostic magnetic resonance imaging (MRI)
- ☑ Computed tomography (CT)
- ☑ Nuclear medicine
- ❑ EXCLUDED: X-ray, ultrasound and fluoroscopy

Prior authorization

Proposed Key Design Elements

- 2 year demonstration
- Advanced imaging procedures
- Decision Support Systems (DSS)
- Conveners
- Physician practices
- Pay for reporting
- Physician feedback

Advanced Imaging Procedures

11 procedures selected based on expenditures, availability of appropriateness guidelines and utilization in Medicare fee-for-service (FFS):

1. Spect MPI
2. MRI Lumbar Spine
3. CT Lumbar Spine
4. MRI Brain
5. CT Brain
6. CT Sinus
7. CT Thorax
8. CT Abdomen
9. CT Pelvis
10. MRI Knee
11. MRI Shoulder

Decision Support Systems

Point of Order (POO) Model

- Computerized order entry system
- Requires input of information at time of referral
- Provides feedback regarding the appropriateness of the order

Decision Support Systems

Point of Service (POS) Model

- Used by the physician practice furnishing the image service
- Uses an electronic or paper intake form
  - Beneficiary data confirmed and certified by the physician furnishing the imaging services
  - Format allows for electronic submission
- Provides feedback regarding the appropriateness of the order

DSS and Guidelines

- DSS provides decision-support feedback
  - regarding appropriateness of the order
  - for only the 11 selected demo procedures
  - cannot deny Medicare covered services

- Guidelines
  - medical specialty groups
  - source transparent to physician
  - consistent with Medicare FFS coverage policy

The Convener's Role

- Bring a panel of physician practices
- Bring DSS specific to the 11 selected demonstration procedures and guidelines
- Deliver data to/from practices & to/from CMS
- Recruit 200-1000 physicians (per convener)
- Recruit physicians across size, practice type, and across geographic areas
- Distribute incentive payments to practices
- Competitive award (up to 6 conveners)

Physician Practices

- Minimum of 5 imaging procedures (of the 11 selected for the demo) ordered in the prior year for Medicare FFS beneficiaries per practice
- All advanced images ordered by any physician in the practice included
- Primary care and cardiology preferred

Pay for Reporting

- Completeness of Reporting (COR)
- Physician practice payments
- Convener payments
- Initial payment after baseline data collection
- Quarterly payments to physician practices and conveners for data
- Year 1 = 80% COR minimum
- Year 2 = 90% COR minimum

Appropriateness

- DSS used by all physicians in practices participating in the demonstration
- Transparent medical specialty guidelines
- Feedback regarding the appropriateness of the order
- Feedback regarding utilization
- Data collection

Pre-Post Design

- **Pre: 6 months baseline data collection**
  - **no feedback regarding appropriateness**
  - **no access to guidelines**
- **Post: 18 months data collection**
  - **feedback regarding appropriateness**
  - **guidelines are accessible & transparent**
- **Appropriateness: practices serve as own comparison group**
- **Utilization: Medicare FFS claims data comparison**

Physician Incentives

- CMS calculates prior year ordering volume for 11 selected procedures ordered by the physician practice for FFS beneficiaries
- CMS classifies practices into ~6 payment tiers defined by prior year ordering volume
- CMS sets annual payment amounts for tiers
- Pay practices quarterly starting after baseline data is received
- Payment for "completeness of reporting"

Convener Incentives

- Up to 6 conveners will be selected based on proposals and budget limitations
- Incentives paid to conveners for data reporting
- Pay conveners quarterly starting after baseline data is received
- Payment for "completeness of reporting"

Quality

- ☑ **DSS provides immediate feedback on appropriateness**

- ☑ **Quarterly feedback reports**
  - ✓ **physician, practice, convener comparisons**
  - ✓ **appropriateness rates**
  - ✓ **utilization rates**
  - ✓ **image results**

Thank You for Participating

Project webpage:
http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=descending&itemID=CMS1222075&intNumPerPage=10

Project email box: ImagingDemo135b@cms.hhs.gov