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Radiology Trends

Did You Know?

Researchers in the Netherlands who studied thousands of healthy adults have found a connection between very early stages of brain and heart disease.

Health Spending Increases To Highest Rate Since 2008 Under ACA

The ACA expanded health coverage to millions of Americans last year, and because more had to pay for healthcare services, demand and spending predictably went up more quickly. The U.S. healthcare tab topped \$3.03 trillion in 2014, up 5.3% from 2013, according to figures from the Office of the Actuary, an independent arm of CMS. "How the health sector responds to the evolving access and incentive landscape, as well as the underlying economic conditions, will determine the future trajectory of health spending growth," the actuaries stated.

The 5.3% annual growth rate was the highest since before the 2008 recession. More recently, the U.S. healthcare system recorded historically low growth in expenditures. Many believe that the recession was a primary driver because the high rates of unemployment battered demand for healthcare services.

In addition to more people having health insurance, CMS said high-priced prescription drugs fueled spending rise. Sovaldi and Harvoni, two hepatitis C drugs, were named two of the culprits. The retail prices range from \$84,000-\$95,000 for a 12-week treatment course. Prescription drug spending increased to 12.2% in 2014. Hiring in the industry has also fueled some growth. Healthcare added 407,000 jobs in the first 10 months of 2015, which is almost equal to the 410,000 jobs the industry added in 2013 and 2014 combined.

False-Positive Mammograms May Indicate Increased Cancer Risk

Women with a history of a false-positive mammogram result may be at increased risk of developing breast cancer for up to 10 years after the false-positive result, according to a new study published in *Cancer Epidemiology, Biomarkers & Prevention*, a journal of the American Association for Cancer Research.

"Our finding that breast cancer risk remains elevated up to 10 years after the false-positive result suggests that the radiologist observed suspicious findings on mammograms that are a

marker of future cancer risk," said the study's lead author, Louise M. Henderson, PhD, a UNC Lineberger member and an assistant professor of radiology at the UNC School of Medicine in Chapel Hill. During the course of 10 screening mammograms, the chance of at least one false-positive result is 61 percent for women screened annually, and 42 percent for women screened every two years, she added. Henderson and colleagues analyzed data from the Breast Can-

cer Surveillance Consortium (BCSC) from 1994 to 2009. The study population, which came from seven registries in different parts of the United States, included 2.2 million screening mammograms performed in 1.3 million women, ages 40 to 74 years. The Carolina Mammography Registry, a registry that draws on data from imaging facilities across North Carolina and housed at UNC-Chapel Hill, was one of the seven registries included in the study.

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CMS Finalizes Bundled Payment Plan For Joint Replacements

Hospitals will now be held accountable for the quality of care they deliver to Medicare patients who have hip and knee replacements, under a new bundled payment initiative aimed to save the Medicare program \$343 million over the next five years. The new model takes effect in April 2016.

Under the plan unveiled by Centers for Medicare & Medicaid Services (CMS), hospitals would not be at risk in the first year. However, risk would slowly ramp up over the next several years, with CMS switching from pricing based on a hospital's prior clinical experiences to a regional model by the final year. Altogether, CMS spends about \$7 billion a year on joint replacements but quality varies widely at hospitals that perform the procedure.

While the initiative may focus on cost and quality, it will not necessarily cut down on the growing volume of joint replacements being performed in the U.S. The recently implemented Medicare Hospital Readmission Reduction Program has also shown success in reducing the number of readmissions connected to joint replacement surgery.

"We want to test this on a larger scale," Patrick Conway, M.D., director of the Center for Medicare and Medicaid Innovation, told *U.S. News & World Report*. "We think hospitals, physicians and post-acute providers will be able to partner together and deliver higher quality and more efficient care." CMS said it received some 400 comments in all from the provider community, and made adjustments accordingly before finalizing the rule.

Coding and Compliance Tips by Lori Shore, CPC, RCC

The Centers for Medicare and Medicaid Services (CMS) recently released the Physician Quality Reporting System (PQRS) measures for 2016. Surprisingly, there are over ten new measures that may pertain to radiology practices. Even more surprising is that six of the new measures allow claims-based reporting. This should (*should* being the operative word) make it easier to comply with the ever-increasing complex requirements to successfully satisfy PQRS requirements. There are two new measures that deal with appropriate follow-up imaging for incidental findings, specifically abdominal lesions (measure 405) and thyroid nodules (measure 406). Measure 40 has been retired in 2016 but a similar measure for Osteoporosis management in women who have had fractures (measure 418) has been added. Two new measures have been added for endovascular stroke treatment: Clinical Outcome (measure 409) and "Door to Puncture" time for treatment (measure 413). Other new measures include a survey for treatment of varicose veins with saphenous ablation (measure 420), assessment of retrievable IVC filters for removal (measure 421) and utilization of dose lowering techniques for adult CT patients (measure 436). It is important to decide by which method you plan to report PQRS in 2016. You can continue with claims-based reporting. This is the riskiest option as once the claim is submitted no corrections can be made. Registry-based reporting is another option that offers the ability to correct claims up to the submission date. The registry option also allows your group to submit either individual or measures groups. The measures group applicable to radiology is OPEIR – Optimizing Patient Exposure to Ionizing Radiation. With the measures group each provider is only responsible to report on twenty patients, only eleven of which must be Medicare patients. For more information on your PQRS options please go to <http://cms.gov/pqrs>.