

RADIOLOGY TRENDS

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Radiologists Inconsistent With How They Convey Diagnostic Certainty

Diagnostic certainty phrases (DCPs) are common in radiology reports, helping the radiologist convey certainty in an imaging finding or its clinical significance. According to a new [study](#) published in *Academic Radiology*, however, radiologists use a wide variety of DCPs, and reducing this variation could improve the overall quality of radiology reports.

The study's authors reviewed the DCPs used at a single academic medical center in 2016, tracking DCPs shown to have good agreement between radiologists and referring physicians. Overall, 43% of all radiology reports were found to include at least a single DCP. A DCP was used in 68% of all CT reports, making it the most common modality to feature such a phrase.

"Only 3% of these DCPs were those that previous studies have shown as having good agreement between radiologists and referring physicians," wrote Ronilda Lacson, MD, PhD, department of radiology at Brigham and Women's Hospital in Boston, Massachusetts. "These DCPs with good agreement are typically used to express extremes of certainty; radiologists utilize these terms when they are 'most certain' (e.g., 'diagnostic of') or believe a phrase as conferring a 100% likelihood of a diagnosis." A high level of variation was noted in the use of DCPs with good agreement between physicians, which the authors described as "not surprising."

"Further studies could assess whether years in practice or physician risk profiles are associated with variation in DCP usage," the authors wrote. "Interventions to harmonize the use of DCPs among individual radiologists, including minimizing use of DCPs without 'good agreement,' may be helpful to reduce ambiguity of reports for referring providers and patients."

CMS Changes Documentation Requirements For E/M Services Coding and Compliance Tips by Lori Shore, CPC, RCC

The Centers for Medicare and Medicaid Services (CMS) released its 2019 Final Rule last week which included the long-awaited news that many have anticipated: they are reducing the documentation burdens for Evaluation and Management (E/M) services. In an open letter to clinicians, CMS Administrator Seema Verma announced the reduced documentation requirements for 2019 as well as the payment changes effective in 2021. The changes from Seema Verma's letter to clinicians for 2019:

- Simplify the documentation of history and exam for established patients such that when relevant information is already contained in the medical record, clinicians can focus their documentation on what

has changed since the last visit rather than having to re-document information.

- Clarify that for both new and established E/M office visits, a Chief Complaint or other historical information already entered into the record by ancillary staff or by patients themselves may simply be reviewed and verified rather than re-entered.
- Eliminate the requirement for documenting the medical necessity of furnishing visits in the patient's home versus in an office.
- Remove potentially duplicative requirements for certain notations in medical records that may have previously been documented by residents or other members of the med-

ical team. To see a complete copy of the letter to clinicians, please go to: <https://www.cms.gov/About-CMS/Story-Page/Clinician-Letter-Reducing-Burden-Documentation-and-Coding-Reform-.pdf>.

Beginning in 2021 the payment for E/M services will be condensed into three levels instead of the previously proposed two levels. Level 1 services will receive one level of payment, Levels 2-4 will receive a blended level of payment, and Level 5 services will receive higher reimbursement. Add-on codes will be made available for Levels 2-4 to adjust payment for extended visits. This is all part of CMS' commitment to "Patients over Paperwork" initiative.



How a new study on inappropriate imaging orders should inform your strategy to curb unnecessary testing

10:15 AM on November 6, 2018 by Matt Morrill and Tyler Aderhold. *The Advisory Board Company* (ABC) is the owner and publisher of this article.

One billion dollars per year—that's how much one [study](#) estimates is spent on neuroimaging for headaches in the United States, an exam that is considered low value by Choosing Wisely. Considering that imaging for headache is just one of many Choosing Wisely targets related to imaging, it's clear that reducing unnecessary imaging could significantly affect overall health care spending. However, although the Choosing Wisely campaign launched over six years ago to help reduce unnecessary, low-value medical services, studies have found it's had only limited impact on imaging utilization to date.

For instance, low back pain imaging—which was targeted due to its frequency, high cost, and often low value—is one example of unrealized potential. According to a 2017 [study](#), there has only been a 4% reduction in lower back pain imaging since the start of the Choosing Wisely campaign, indicating major untapped opportunity to reduce utilization of this low-value service.

Target education efforts to highest utilizers of low-value tests

When it comes to inflecting change on the utilization of low-value exams, imaging leaders must collaborate with referring providers to drive change. This collaboration can take the form of referrer education, increased use of order checks, and adoption of CDS, but it can be difficult for imaging leaders to provide this education to their entire referrer base.

According to a new [study](#), however, a large portion of low-value tests may come for a relatively small subgroup of physicians. For the study, researchers examined ordering patterns of primary care providers for four different low-value exams: repeated dual-energy x-ray absorptiometry scans, electrocardiograms, Papanicolaou tests, and chest radiographs. The researchers found that 18.4% of physicians qualified as a "frequent user" of these low-value tests, and this group accounted for 39.2% of all low-value orders—the [Pareto principle](#) in action.

Targeting this subgroup of physicians will likely result in greater return on effort for imaging leaders than a more generalized approach.

Identifying the highest utilizers

While identifying which physicians fall into this "frequent user" group may still be a challenge for imaging programs, this study attempted to identify a few common characteristics of these utilizers. Physicians who were male, further removed from medical school, and operated in a fee-for-service model were more likely to order low-value exams.

As imaging programs continue to invest in initiatives to improve the appropriateness of imaging and implement CDS, they should strategically target educational efforts at those providers who order unnecessary imaging most often.

Does your imaging population health strategy match your level of risk?

Health systems are moving toward population health management. So what does this mean for your imaging program?

Our infographic gives guidance on where to target your organization's population health investments depending on exposure to risk-based payments. [View here.](#)



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