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## CMS Projects Health Spending To Grow 5.6% Annually Over Next Decade

**N**ational health spending is projected to grow 5.6% annually over the next decade, according to a recent CMS report. The new numbers affirm several previous projections from government economists that spending growth would accelerate because of insurance expansion under the Affordable Care Act, an aging population and expensive new drugs. The study does not, however, take into account the uncertainty the Trump administration brings to the healthcare sector and how the GOP's plans to eliminate ACA provisions like premium subsidies and Medicaid expansion might affect

spending. "The scope, timing, and impact of such possible changes on health spending and health insurance coverage are all uncertain at this time," the authors wrote. The first two years of the projected period are expected to be the slowest periods of spending growth—4.8% in 2016 and 5.4% in 2017. That reflects an expected decrease in spending by Medicaid, Medicare and private insurers as enrollment slows. Medicare spending is expected to grow 5.9% in 2017 and 7.6% in 2025. Medicaid spending is expected to grow by 3.7% in 2017 and 5.9% in 2025. In 2018 and beyond, however, healthcare

spending is expected to accelerate, especially for Medicaid and Medicare. A rise in spending on prescription drugs will be influenced by the increased use of expensive specialty drugs, growing by 6.4% in 2025. That's slower than the 9% growth recorded in 2015, which was driven by the use of expensive hepatitis C drugs and brand name drugs that have since gotten competition from cheaper generics.



### Fluro Forgetfulness

#### Coding and Compliance Tips by Lori Shore, CPC, RCC

Since Measure 145 changed its documentation requirements for the Physician Quality Reporting System (PQRS) which is now part of the Medicare Incentive Payment System (MIPS) last year, we are continually sending back many reports for addendums. Originally, Measure 145 only required that the fluoroscopy time be listed. As of January 1, 2016 the requirements changed to require either the fluoro dosage OR the time AND number of images. The images include only images that require additional radiation to the

patient. Cine loops or video count as one image. With the value-based modifier or Cost component of MIPS measures, the successful reporting of all measures, it is more important than ever that the correct elements are documented in each eligible report. The easiest way to report is to list the fluoro dosage. If the mGys are listed that is all we need to code Measure 145 as met. If you choose to list the fluoro time we also need the number of images. This is the reason so many reports are being returned

for addendums. There are many CPT codes that require us to code Measure 145 for fluoro dosage or time and number of images. The best rule of thumb is that if fluoro is used in any way, including guidance, you need to report this measure.

## The First Step In Radiation Safety: Evaluate Your Culture

8:22 AM on February 13, 2017 by Ty Aderhold of *The Advisory Board Company* (ABC). ABC is the owner and publisher of this article.

Slowly but surely, the use of higher-dose radiation procedures such as CT and interventional radiology has been rising. In the last 15 years alone, the number of CT exams has nearly tripled—and CT examinations have doubled in the past 20 years for children under five, who are at a greater risk for complications due to radiation exposure.

So how can imaging departments remain vigilant in regards to radiation safety?

### Moving towards a Radiation Protection Culture

While every program has some guidelines in place for radiation safety, the difficulty lies in ensuring awareness of these practices and promoting an overall culture of safety when it comes to radiation dose.

That's why the academic community has been pushing for programs to establish a strong Radiation Protection Culture (RPC). The International Radiation Protection Association (IRPA) since 2008 has defined radiation protection culture as "the combination of knowledge, values, behaviors, and experience of radiation protection in all its aspects for patients, workers, population and environment, and in all exposure situations, combining scientific and social dimensions." Essentially, RPC is a combination of an imaging program's practices and staff attitudes toward safety in radiation.

The below chart, found in the IRPA's 2014 Guiding Principles for Establishing a RPC document, illustrates how various types of culture can impact how radiation safety is viewed. The five columns represent different types of radiation protection cultures, with "Generative" as the most progressive culture. Each row represents a specific aspect of radiation safety and the individual items in the chart describe how each specific culture would approach that aspect of radiation safety.

A strong RPC ensures a safe working environment for staff, discovers and curtails unsafe practices, educates staff on radiation risks, and delegates responsibilities for managing these risks to all staff members.

### Two approaches to improving Radiation Protection Culture

One of the easiest ways to improve RPC is to provide continued education for staff members on radiation safety. A recent study found that only 35% of pediatric fellows and residents have sufficient knowledge of radiation risk in common exams. Physicians, radiologists, and nurses need to be taught both the strict regulations that exist around radiation safety and the broader methods for reducing radiation dose when possible.

Beyond education, developing a robust quality assurance program can help improve a program's RPC. This should include creating standards across modalities, monitoring dosage, maintaining equipment, and establishing a committee dedicated to maintaining the program. While quality assurance systems can address radiation safety to varying degrees, it is critical for all programs to maintain a baseline system that includes radiation dose management in order to begin shifting attitudes toward radiation safety over time.

We are currently researching patient safety in preparation for our 2017 national meeting series. If you are facing challenges when it comes to patient safety or have developed solutions to these issues and are willing to discuss them with us, please [email me](#).

**Full Article:** <https://www.advisory.com/research/imaging-performance-partnership/the-reading-room/2017/02/radiation-protection>



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