No conflicts of Interest to Disclose
Bird’s eye view of *some* of the ACR initiatives

Value-added to

- Radiology, Pediatric Radiology, Patient care

Activities of Pediatric Commission
Founded 1923

- Radiologists, Radiation oncologists, medical physicists
- 400+ staff in
  - Reston VA – Main headquarters
  - Washington DC - Advocacy
  - Silver Spring MD - AIRP
  - Philadelphia PA – ACRIN
    Research
ACR Pillars

- Quality & Safety
- Education
- Clinical Research
- Economics
- Advocacy
QUALITY & SAFETY

- MIPPA (Medicare Improvements for Patients and Providers Act) – 2008
- Starting January 2012
  - Required accreditation for NM, CT, MR (in addition to mammography already in place)
  - Accreditation new baseline for perceived VALUE
QUALITY & SAFETY

ACR (American College of Radiology) Accreditation Badges:
- Computed Tomography
- Magnetic Resonance Imaging
- Nuclear Medicine
- Position Emission Tomography
- Ultrasound
- Breast Magnetic Resonance Imaging
- Stereotactic Breast Biopsy
- Breast Ultrasound
- Mammography
- Radiation Oncology
QUALITY & SAFETY

ACR
AMERICAN COLLEGE OF RADIOMETRY
ACCREDITED FACILITY

COMPUTED TOMOGRAPHY

Proud Supporter of image gently
The Alliance for Radiation Safety in Pediatric Imaging

ACCRREDITATION
Accredited Facility Search

Look for the ACR accreditation seal! When you see the seal, you know:

- Your hospital, clinic or health center has voluntarily gone through a rigorous review process to be sure it meets nationally accepted standards.
- The personnel are well qualified, through education and certification, to perform and interpret your medical images and administer your radiation therapy treatments.
- The equipment is appropriate for the test or treatment you will receive, and the facility meets or exceeds quality assurance and safety guidelines.

Breast Imaging Center of Excellence – Demonstrates excellence in breast imaging by successfully achieving accreditation in Mammography, Stereotactic Breast Biopsy, Breast Ultrasound and Ultrasound-Guided Breast Biopsy.

Facilities with this logo have successfully achieved accreditation in CT for pediatric imaging. This demonstrates their ability to image pediatric patients with the appropriate radiation doses.

- Diagnostic imaging includes multiple modalities (different types of tests and equipment)—, CT, MRI, mammography, nuclear medicine, PET, breast ultrasound, stereotactic breast biopsy, and ultrasound. The ACR accredits each of these "modalities" separately, so look for accreditation seals for each modality in your hospital's advertisements. Please note that the ACR no longer offers accreditation for general x-ray services.
- **Pediatric Practices**
  - Adult criteria, adult studies
- **AdHoc Pediatric MRI subcommittee**
  - Cynthia Rigsby
    - Ashok Panigrapy
    - Sudha Anupindi
    - Hermann Kan
    - Seraj Surai (physicist)
QUALITY & SAFETY

- Over 500 registered facilities
Six Children’s Hospitals

NATIONAL PEDIATRIC BENCHMARKS

- Optimal CT scan techniques
- Optimal dose indices
Diagnostic reference ranges and the American College of Radiology Dose Index Registry: the pediatric experience

Nava S. Gondi

Purpose: To develop diagnostic reference ranges (DRRs) and a method for individual pediatric patients to calculate diagnostic reference doses for computed tomography (CT) scans of the abdomen in children and provide an approach to aid in the health care benefit with the use of CT imaging.

Methods: The National Radiology Data Registry (NRDR)-Pediatric CT Module is a patient-specific tool that utilizes CT dose metrics from the registry to generate DRRs for pediatric patients. The NRDR database contains information on over 1.3 million CT studies performed in more than 900 hospitals across the United States and includes patient demographics, CT examination information, and dose metrics. The DRRs are calculated using the patient's age, weight, and sex to determine the expected dose for pediatric patients.

Results: The NRDR-Pediatric CT Module includes DRRs for pediatric patients aged 0-20 years. The module provides a method for clinicians to calculate the dose for individual patients, thereby enabling more informed decision-making regarding the use of CT imaging.

Conclusion: The NRDR-Pediatric CT Module offers a valuable tool for healthcare providers, allowing them to make more informed decisions about the use of CT imaging in pediatric patients. The module provides a method for calculating diagnostic reference doses, which can aid in optimizing patient care and minimizing radiation exposure.

References:


Keywords: Diagnostic reference ranges, CT imaging, pediatric patients, Dose Index Registry, NRDR.
Subcommittee on Pediatric Digital Radiography Techniques
- Steve Don, Robert Mac Dougall

CR/DR techniques in pediatric hospitals vary 28-fold
- Much more than can be accounted for by type of detector or the use of grids
- Staff at hospitals not sure of what type of equipment they had, or how to use it
Purpose

- Establish guidelines for hospitals to develop pediatric technique charts for DR
- Representatives from stakeholders
- ACR, SPR, Image Gently, AAPM, ASRT, MITA, FDA

WHITE PAPER
QUALITY & SAFETY

- 22 Practice Parameters cosponsored by SPR in 2015
- Committee chose to cosponsor 22 Practice Parameters for 2016

Pediatric Commission

ACR–AIUM PRACTICE GUIDELINE FOR THE PERFORMANCE OF THE ULTRASOUND EXAMINATION FOR DETECTION AND ASSESSMENT OF DEVELOPMENTAL DYSPLASIA OF THE HIP


Revised 2008 (Resolution 10)*
Rad-Peer
  ➢ Rad-Peer as PQI
Bi-Rads
ACR Manual on Contrast Media
RadiologyInfo.org
EDUCATION

- ACR Education Center
- Online learning
- Print learning materials
- Multimedia instructional materials
- Off-site educational meetings
- CME e.g., Case-in-Point

- **AIRP** — American Institute for Radiologic Pathology™
- **RLI** — Radiology Leadership Institute
AMCLC 2015
- A meeting for all members
- SPR – sponsored session
  - Geared towards adult radiologists
- Advocacy/Economics emphasis
- Keynote: General Colin Powell

Ad-Hoc joint ACR-SPR committee
- Needs assessment currently in progress
ACR Education Center

Courses
- Congenital heart disease
- MSK MR
- CT Colonography
- Neuroradiology
  - Head and Neck
A four-week Radiologic Pathology Correlation Course
Radiology residents, fellows and practicing radiologists
State-of-the-art, at the AFI Silver Theatre and Cultural Center in Silver Spring, MD

airp.org
Radiology Leadership Institute
Clinical Research

Neiman Health Policy Institute
ACRIN - ACR Imaging Network
- completed first decade

Greater than 30 clinical trials
- greater than 100 imaging facilities

Imaging clinical trials
ACRIN - ACR > 90 publications
RESEARCH

- Visited ACRIN center Philadelphia
- Identified research priorities
  - priority leaders
  - multicenter research initiatives
- White Paper
- Funding Sources

CLINICAL
Medical Imaging: Is the Growth Boom Over?

Medical imaging has previously been identified as one of the fastest growing of all health care sectors. More recently, though, data from a variety of sources reveal a dramatic and sustained slowing—and now a decline—in both utilization and spending. The outcomes and cost implications on individual patients and the health care delivery system at large are not yet known.

Repeat Medical Imaging: A Classification System for Meaningful Policy Analysis and Research

![Diagram of medical imaging categories: High Value Added, Low Value Added, Intentional Duplication, Unintentional Duplication, Follow Up Imaging, Duplicate Imaging, Supplementary Imaging, Unrelated Imaging, Standard Follow Up Surveillance, Non Standard Follow Up Surveillance, Recommended Screening, Incurable Pain Imaging Information, Unrelated Event.](image)
RESEARCH

- Only invited articles
- Selective journal with many excellent submissions

- White papers
- Economics
- Politics
- Quality, Safety
- Managed care
- Regulation
- Accreditation
- CME
The ACR Government Relations Team

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ACR monitors, engages and liaisons with all federal agencies, rulemakings, and initiatives relevant to radiology, including (but not limited to):

- U.S. Food and Drug Administration (FDA)
- National Institutes of Health (NIH)
- Nuclear Regulatory Commission (NRC)
- U.S. Department of Health and Human Services (HHS) Office of the National Coordinator for Health IT (HIT)
- Agency for Healthcare Research and Quality
- White House Office of Science and Technology Policy
- U.S. Access Board
Relative Value Update Committee (RUC) meets three times/yr
- ACR representation on RUC panel
- Codes presented at RUC arise from CPT® or at request of CMS
- CMS historically accepted >90% of RUC recommendations
  - this has changed
- Arbitrary reductions of work and practice expense
- Refinement panel access limited
- Final values are published in the Medicare Physician Fee Schedule (MPFS) final rule
SGR (Sustainable Growth Rate) patch
SGR Repeal and Medicare Provider Payment Modernization Act

- Avoid the 24% across-the-board cut mandated by SGR - BBAct (1997)
- Mandates that any cuts >20% be phased in over 2 years
- Require CMS to produce data to justify MPPR payment reductions
  - including those instituted in 2012
SGR (Sustainable Growth Rate) patch

SGR Repeal and Medicare Provider Payment Modernization Act

- Requesting physicians must CONSULT evidence or expert consensus criteria before requesting “advanced” imaging
  - CT, MRI, Nuclear Medicine
    - Will obviate use of RBM’s (Radiology Benefit Managers)
    - Nov 15, 2015: HHS secretary has authority to specify “accepted” AC
    - April 1, 2016: the list must be published
    - January 1, 2017: Requesting MD must have consulted the guidelines to receive payment
    - January 1, 2020: Outlier MD’s will be subjected to prior authorization

- CT scanners must meet NEMA standards limiting radiation dose
  - Currently XR-29-2013
    - 5% reduction in 2016; 15% in 2016
QUALITY & SAFETY

- **Expert Panel**
  - Literature search
  - Evidence-based
    - Ratings on strength of the existing, published evidence
      - √ Brian Coley: Body, Neuro
CDS – Integrates evidence-based appropriateness criteria into the requisition-generating system

Where appropriateness criteria or published evidence are not available, these will be based on expert consensus

- uses Electronic Health Record (EHR)
- Utilization Review and QI
- Will obviate need for RBM pre-authorization
  - Expedite reimbursement process

acrselect.org
Will Radiology be present at the table?

Ophthalmologists

Psychiatric Assn.

Surgeons

Anesthesiologists

Pathologists

Rep Phil Gingrey MD (ObGyn)

ACR CEO
Harvey L. Neiman,
MD, FACP
VALUE

DUES  < $20 per week

- 2004 – 2010:
  - TC- MPPR kept at 25% from 50%
  - PC-MPPR reduced from 50% to 25%

Assume 30% of CT exams are 2\textsuperscript{nd} or 3\textsuperscript{rd} exam
Assume 25 CT exams per scanner per day, 250 d/yr (weekdays only!)
Use MFS TC reimbursement
$352,500 additional revenue per CT scanner not lost
ACR works for members - Advocacy

ADVOCACY

- Extensive coding education for ACR members
  - ✓ Clinical Examples in Radiology
  - ✓ ACR Radiology Coding Source™ newsletter
  - ✓ Coding guides — Ultrasound, Nuclear Medicine
  - ✓ Coding update — Interventional Radiology

- ICD-10 Physician Documentation Improvement Training Podcast series
  - ✓ Available now online
  - ✓ Series of 20 MP4 podcasts
  - ✓ 5–7 minute video & audio

- Learn more at acr.org/billingcoding
ACR works for members

- Complimentary subscriptions to leading publications:
  1. *Journal of the American College of Radiology*®
  2. *ACR Bulletin*
  3. *ACR Radiology Coding Source™*

- Member discounts on continuing education
  - *ACR Continuous Professional Improvement* (CPI) for *AMA PRA Category 1 Credit™* and SAM credit
  - *ACR Learning File®* and Mammography Case Review

- Membership complimentary residents; discounted early career
Free or deep discounts on CME/MOC activities covering subspecialties across the radiology specialty spectrum:
- Daily Case in Point
- Child-sizing CT Dose
- Image Wisely Radiation Safety Case
- *JACR*® journal-based CME activities

Live education meetings, ranging from clinical issues to daily business requirements of radiology practice

Nonclinical courses to help radiologists in all career stages
ACR–AIUM–SRU PRACTICE GUIDELINE FOR THE PERFORMANCE OF THE ULTRASOUND EXAMINATION FOR DETECTION AND ASSESSMENT OF DEVELOPMENTAL DYSPLASIA OF THE HIP