The American College of Radiology Random On Site Survey

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MIPPA

- Why accreditation?
- Why Random On Site Surveys?

MIPPA

- Medicare Improvements for Patients and Providers Act
  - Passed 2008
  - Required accreditation of certain imaging modalities by January 1, 2012
    - MIPPA specifically defines advanced diagnostic imaging procedures as including diagnostic magnetic resonance imaging (MRI), computed tomography (CT), and nuclear medicine imaging such as positron emission tomography (PET)
MIPPA expressly excludes from the accreditation requirement x-ray, ultrasound, and fluoroscopy procedures. The law also excludes from the CMS accreditation requirement diagnostic and screening mammography which are subject to quality oversight by the Food and Drug Administration under the Mammography Quality Standards Act.

Which of the following modalities is excluded from the MIPPA accreditation requirement?

1. CT
2. MG
3. PET
4. MR
5. NM

Answer

2. MG (Mammography)

Reference: Centers for Medicare and Medicare Services website
http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/AdvancedDiagnosticImagingAccreditation.html
Accreditation Organizations

- The Centers for Medicare & Medicaid Services (CMS) approved three national accreditation organizations -- the American College of Radiology, the Intersocietal Accreditation Commission, and The Joint Commission
- ACR, IAC, JC

CMS.gov website

Physicist Requirement

- Only the ACR requires that a Qualified Medical Physicist be involved in the ongoing quality control program
- ICA encourages the facility to use a physicist for acceptance testing
- JC does not mention staff requirements on their website

Of the accrediting bodies approved by CMS, which one requires a physicist or scientist to be involved in the QC process?

1. ACR
2. JC
3. IAC
4. SNM
5. AAPM
Answer

1. ACR
   - American College of Radiology

   - http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/AdvancedDiagnosticImagingAccreditation.html
   - ICA Accreditation Standards in CT, MR, Nuclear/PET: http://www.intersocietal.org/intersocietal.htm
   - The Joint Commission Website FAQ's: http://www.jointcommission.org/about/JointCommissionFaqs.aspx#

Introduction

- Notification
- The Team
- The Process
- Facility Readiness

Why ROSS - Mammography

“The FDA also requires the ACR to conduct on-site surveys of a random sample of accredited facilities. Any facility chosen for an on-site survey will be notified in advance. The survey team will include ACR radiologist and medical physicist reviewers and an ACR staff technologist. During this survey, the ACR team will review the facility’s:

- Quality assurance program
- Mammography policies and procedures
- Personnel qualifications, and
- Clinical images and mammography reports”
Mammography

“In addition, the site visit team will work with the facility’s staff to acquire and evaluate a phantom image and a dose assessment. These site visits offer facility staff an excellent opportunity for personal interaction with experts in the field as well as providing validation of facility accreditation information.”

ACR Mammography Accreditation Requirements
http://www.acr.org/~/media/ACR/Documents/Accreditation/Mammography/Requirements.pdf

Other Modalities

On-Site Surveys and Validation Film Checks

“To verify that accredited facilities maintain consistent quality during the 3-year accreditation period, on-site surveys and mail-in film checks for each modality may also be performed at any time during the accreditation process. The ACR reserves the right to conduct on-site surveys either before or after accreditation.”

Overview for the Diagnostic Modality Accreditation Program American College of Radiology
http://www.acr.org/~/media/ACR/Documents/Accreditation/Apply/DiagnosticReqs.pdf
Who gets chosen

- Mammography
  - FDA requires on site surveys
  - One State per month
  - 3 of 4 facilities
  - ~48 facilities per year
- Other Modalities
  - By state randomly chosen by a computer

Name the three people that make up the ROSS team?

1. Three ACR staff members
2. A Radiologist, a Medical Physicist and an ACR staff member
3. A Radiologist and two ACR staff members
4. Three technologists
5. Two radiologists and a medical physicist

Answer

- Answer: 2. A Radiologist, a Medical Physicist and an ACR staff member

Reference:
- ACR Mammography Accreditation Requirements
  http://www.acr.org/~/media/ACR/Documents/Accreditation/Mammography/Requirements.pdf
- Overview for the Diagnostic Modality Accreditation Program American College of Radiology
  http://www.acr.org/~/media/ACR/Documents/Accreditation/Apply/DiagnosticReqs.pdf
The Team

- Radiologist
  - Member of ACR in good standing
  - Clinical image reviewer in the modality being surveyed
  - Volunteer

Medical Physicist

- Member of the ACR in good standing
- Phantom image reviewer for modality
- Volunteer

ACR Staff Member

- Usually a technologist
  - Certified in modality being surveyed
- Works in the accreditation program area for the ACR
The Process – What We Do

• Notification
• Arrival
• The Survey
  – Radiologist
  – Medical Physicist
  – ACR Staff Member

Notification

• About two weeks prior to the inspection
  – By phone
  – Certified Letter
• Who needs to be there during survey

Team Member Responsibilities

• Radiologist
• Physicist
• ACR Staff Member
Radiologist

• Review 10 clinical cases (mammography)
• Review imaging protocols for modality
• Review appropriateness criteria
  – The results of an appropriateness/outcomes analysis and
    the actions taken to correct any deficiencies should be
    maintained as quality assurance records at the facility.
    Policy and procedures must be in place to look at the
diagnostic accuracy, and complication rate and outcome
of CT-guided interventional procedures.
Documentation may be requested as part of an on-site
survey.

Medical Physicists

• Review last two annual surveys
• Review technologists QC program
• Review phantom images
• Dose measurement if applicable

ACR Staff Member

• Personnel records review
  – Radiologists, Medical Physicists, Technologists
  – Initial qualifications
  – Continuing education
  – Number of exams read, performed
• Policy and procedure manual review
The Survey
• Introduction
• The process
• Exit interview

Introduction
• Team arrives at facility
• Asks for contact person
• Makes introductions
• Explains what is going to happen
  – Here to help
  – Education
  – What records are needed

Survey Process
• Radiologist
  – Reading room to review cases
• Physicist
  – Office area to review QC records
  – May need to get into imaging suite for some testing
• Staff Member
  – Paper work review
• Takes from 2 to 4 hours to perform survey
Initial Qualifications

- Medical Physicist
  - Vary widely among the different programs
  - See accreditation program FAQ’s
  - http://www.acr.org/Quality-Safety/Accreditation/News/Revised-Program-Requirements

Continuing Experience

- Medical Physicist
  - CT, MRI, PET, NM
    - upon renewal 2 annual surveys in past 24 months
  - Mammography
    - 6 annual surveys and 2 facility reviews in past 24 months

How many annual surveys is the physicist required to perform to maintain their ACR credentials for CT, MR, NM, PET?

1. 2 in prior 12 months
2. 1 in prior 24 months
3. 2 in prior 24 months
4. 2 in prior 36 months
5. 3 in prior 36 months
Answer

- 3. 2 in prior 24 months

Reference: ACR CT, MRI, Nuclear Medicine and PET Accreditation Program Requirements for Medical Physicists/MR Scientists – 10/30/09 Revision, FAQs Available
http://www.acr.org/Quality-Safety/Accreditation/News/Revised-Program-Requirements

Continuing Education

- Medical Physicist
  - CT, MRI, NM, PET
    - Upon renewal, 15 CEU/CME (1/2 Cat 1) in prior 36 months (must include credits pertinent to the accredited modality)
  - Mammography
    - 15 CME/CEU’s in past 36 months

How many hours of continuing education credits (CEU/CME) are required for the physicist to maintain ACR certification for CT, MR, NM, PET?

1. 5 in prior 36 months
2. 10 in prior 36 months
3. 15 in prior 36 months
4. 20 in prior 36 months
5. 25 in prior 36 months
**Answer**

- **Answer:** 3. 15 in prior 36 months
- Upon renewal, 15 CEU/CME (1/2 Cat 1) in prior 36 months (must include credits pertinent to the accredited modality)
- Reference: ACR CT, MRI, Nuclear Medicine and PET Accreditation Program Requirements for Medical Physicists/MR Scientists – 10/30/09 Revision, FAQs Available
- [http://www.acr.org/Quality-Safety/Accreditation/News/Revised-Program-Requirements](http://www.acr.org/Quality-Safety/Accreditation/News/Revised-Program-Requirements)

**Exit Interview/Survey Results**

- List of findings if any
  - Missing documentation
  - Image quality problems
  - QC program highlights/deficiencies

**Consequences**

- Major failure
  - Loss of accreditation
- Minor deficiencies
  - Write a letter or fax documentation
What the Physicist Can Do

• Documentation
  – Initial qualifications!!!
  – Continuing education
  – Continuing experience
• Annual testing
  – Last two annuals
  – Cross the t’s and dot the i’s
• Be ready for a phone call if you are not there

Conclusions

• MIPPA = More accredited facilities
• ACR performs surveys for all modalities
• Consider it an educational experience