RadSite Quality Benchmarking:

...Understanding our MIPPA Accreditation Program (MAP)

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Who is RadSite?

- Founded in 2005 as part of HealthHelp
- Became separate company in fall 2011
- Hybrid Organization
  - Privately-held
  - Governance structure similar to nonprofit accreditation organization
    • Advisory Board, Investor Board, Standards Committee, Accreditation Committee
- Offices in Annapolis, MD and Houston, TX
- Certifications Cover
  - 24,000 imaging providers certified
  - Over 60,000 imaging systems
- Offers a seamless approach to quality benchmarking
  - Credentialing, Certification, Accreditation and Outcomes
  - Provider offices, imaging centers, and hospitals
  - Full range of imaging modalities
    • A core belief in transparency across all imaging modalities
    • Based on a relationship and education centered model
- One of the largest databases in the U.S. for imaging systems (e.g., collect over 100 points of data for each imaging system)
RadSite Areas of Focus

- **MAP – MIPPA Accreditation Program**
  - Recently recognized by CMS as the most recent Accrediting Organization under MIPPA

- **RAP – RadSite Assessment Program**
  - Certified over 60,000 imaging systems at over 24,000 provider locations across the US

- **NIC – Network Imaging Certification Program**
  - Provides a quality seal for health plan and provider networks that require RAP Certification

- **Data**
  - RadSite’s national network has helped generate one of the largest imaging databases in the country
What are the Differences?

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<tr>
<th>RadSite Assessment Program (RAP)</th>
<th>MIPPA Accreditation Program (MAP)</th>
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<td>Assesses 12 modalities for both low-tech and high-tech modalities in all clinical settings</td>
<td>Built upon the foundation of RAP</td>
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<td>Requires certification in many instances to facilitate quality improvement and claims reimbursement pursuant to payor requirements</td>
<td>Promotes standards drafted to meet federal Medicare requirements. CMS requires accreditation for CT, MRI, Nuclear Medicine and PET</td>
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<td>Assesses key process and structure measures including Facility Demographics, Personnel, Equipment and Policy</td>
<td>Requires more in-depth documentation submission (e.g., key policies, imaging case studies)</td>
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<td>Offers an educational approach or “cure process” to help identify deficiencies and raise standards before failure</td>
<td>Includes technical component evaluation (by physicists and radiology experts)</td>
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<td>Collects over 100 data elements including detailed information about each imaging system</td>
<td>Implements a pass/fail scoring system with shall standards</td>
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<td>Requires random on-site and desktop audits</td>
<td>Requires formal review by Accreditation Committee</td>
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<td>Higher frequency of random on-site audits (100%)</td>
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An Educational Approach

- Promotes education through the complimentary distribution of books, issue briefs and webinars
- Publishes online directory of certified imaging providers to empower consumers to make informed decisions
- Utilizes volunteer committees comprised of consumers, experts and professionals
- Maintains one of the largest imaging equipment databases in the United States (over 60,000)
- Provides anti-fraud protections
- Integrates health plans, providers, consumers and others
Overview of RadSite Governance

RadSite Committees and Staff
Committee Leadership

Oversight by a volunteer committee system

- Advisory Committee
  - Committee Chair: Cherrill Farnsworth

- Standards Committee
  - Committee Chair: Dr. William Orrison, MD, MBA

- Accreditation Committee
  - Committee Chair: Dr. Eliot Siegel, MD

“RadSite has worked closely with a number of health plans since its inception to promote standards that improve imaging practices across the U.S. The RadSite Assessment and Accreditation Program initiatives help ensure that imaging services are quality-based for each health plan member...” -- Dr. Mark Hiatt, Vice-Chair, RadSite Standards Committee
RadSite Committees

Advisory Board
- RadSite Vision
- Financial Oversight and Business Development

Standards Committee
- RadSite Standards Development
- Review of Medical Best Practices

Quality Assurance
- RadSite Vision
- Financial Oversight and Business Development

Accreditation Committee
- Determine Outcome of Applications
- Enforce Standards
The Accreditation Process

Step-by-Step
MIPPA Accreditation Program

- About RadSite
- Application Instructions
- Definitions
- Section I: Imaging Provider Information
- Section II: Imaging Systems
- Section III: Professional Qualifications
- Section IV: Professional Oversight
- Section V: Policies and Procedures
- Section VI: Quality and Patient Safety
- Section VII: Technical Quality
- Appendix A: Acronyms
- Appendix B: Timeframe Summary
The Accreditation Team

 Applicant

 Customer Service

 Account Manager

 Desktop Reviewer

 Quality Data Reviewer

 Image Quality Reviewer

 Physics Quality Reviewer

 Accreditation Committee
Process Overview

Registration

Payment Processing  Secure Login

Online Assessment Modules

Assessment questions covering key policies, oversight, credentials, and equipment data

Document and Technical Review

Policies, job descriptions, clinical protocols are reviewed  Image studies and accompanying documents are reviewed by radiology and physics teams

Scoring and determination

Full Accreditation  Corrective Action  Incomplete
Personnel Qualifications for:
- Medical Director
- Interpreting Physician
- Medical Imaging Technologist
- Imaging Manager
- Radiation Safety Officer (RSO)

Personnel Responsibilities for:
- Medical Director
- Interpreting Physician
- Medical Imaging Technologist
- Imaging Manager
- Medical Physicist
- Radiation Safety Officer (RSO)
Document Review - Policies

- Imaging Systems Policy
  - Maintenance or QC
- Clinical Policies
- Quality Assurance Program
- Patient and Personnel Safety Program
  - General patient and personnel safety program policy
  - OSHA requirements
  - Healthy workforce or substance abuse policy
- Credentialing Policy
- Medical Imaging Policy
Accreditation Scoring Methodology
Submitted Materials. Each Imaging Provider/Supplier is assigned an application number to facilitate tracking, and all applications are “blinded” to ensure impartial peer review.

Application Assessment. The Accreditation Reviewers assess each application in its entirety, score the components, and produce an Accreditation Executive Summary.

Final Review and Approval. The Accreditation Executive Summary of each Imaging Provider’s application is forwarded to RadSite’s Accreditation Committee for final review and approval.
Clinical and Technical Review

- 3-4 Imaging Case Studies for each system
  - Includes image data sets, corresponding patient reports and protocol information
  - Three adult studies, and one pediatric if applicable
- Last Annual Medical Physics Report
- Phantom Images
CT Images - Minimum of three (3) clinical images, one (1) with contrast
- One (1) Pediatric image, additional, if the facility is applying for pediatric accreditation
- Neuroimaging exam (brain, soft tissue of neck)
- Musculoskeletal exam (spine (C,T,L), extremity)
- Body exam (chest, abdomen, angiography)
  - One (1) cardiac exam is required if facility performs them

MRI Images - Minimum of three (3) clinical images
- One (1) Pediatric image, additional, if the facility is applying for pediatric accreditation
- Neuroimaging exam (brain, neck tissue, spine)
- Musculoskeletal exam (joints, shoulder, knee, foot)
- Cardiovascular exam (heart, aorta, cardiac function)
- Body exam (neck, chest, abdomen, pelvis)
- Angiography exam (brain, carotid, vessels of abdomen)
- Spectroscopy (single voxel, multi voxel)
Nuclear Medicine Images. Provider must indicate each type of examination for which accreditation is desired (planar, cardiac, SPECT, PET)

- Minimum of three (3) exams required (no pediatrics)
- Planar exams – Whole body bone scan, Perfusion, Hepatobiliary
- SPECT – bone, liver/spleen
- Cardiology – MUGA, myocardial perfusion
- PET – Brain, myocardial perfusion, oncology
Technical Quality Review (CT)

CT Review

- CT number accuracy
- Slice thickness verification
- CT number uniformity
- High contrast spatial resolution
- Low contrast detectability
- Radiation dose appropriateness
- Presence of artifacts
- CT quality assurance program
- Physics report within the past 12 months
- Four phantom data sets will be reviewed
MRI Review

- Magnetic field homogeneity
- Geometric accuracy
- Slice thickness
- High contrast spatial resolution
- Low contrast detectability
- Slice position accuracy
- Image uniformity
- Signal ghosting
- Presence of artifacts
- MRI quality assurance program
- Physics report within the past 12 months
- Two phantom data sets will be reviewed
Technical Quality Review (Nuc Med)

Nuclear Medicine Review
- Intrinsic or extrinsic uniformity images for all camera heads
- Intrinsic or extrinsic spatial resolution images
- SPECT transverse images
  - Uniformity
  - Spatial resolution
  - Contrast resolution
- PET lesion detection images
- Presence of artifacts
- Nuclear Medicine quality assurance program
- Physics report within the past 12 months
The Committee meets monthly to review applications and vote on their outcome:
- Accreditation (by facility/modality)
- Corrective action period recommended
- Failed

Modality Based Accreditation. Accreditation decisions are issued for each of the applicant’s imaging facilities by imaging modality.
- In other words, an imaging facility may pass for MRI but not CT if one of the applicant’s CT imaging systems does not pass Standard 7.2.
Accreditation Decisions
Successful Applicants

Notified in writing after Accreditation Committee decision
Corrective Action Plan

- Providers in a Corrective Action Period have 60 days to provide documentation that any deficiencies found in the application have been corrected.
- After 60 days, an updated Executive Summary is re-reviewed by the Accreditation Committee, and a final pass/fail decision is issued.
- A failing score requires the removal of the unit from the premises or documentation that the imaging system is completely out of service following failure.
Appeals

- If an imaging facility does not agree with an adverse accreditation decision, they may appeal:
  - Level 1:
    - The Applicant can request a “re-consideration” in writing from the Accreditation Committee within 30 days of their receipt of the adverse decision notice
  - Level 2:
    - If unsatisfied with the Level 1 Appeal determination, the Applicant can request a second appeal within 45 days from RadSite’s Advisory Board

- RadSite will rule on Level 1 appeals within 30 days and Level 2 appeals within 45 days.
- The Level 2 decision of the Advisory Board is the final determination and is not subject to further appeal within RadSite.
Removal of Accreditation

Complaint Process & Immediate Jeopardy
Complaints Against Imaging Providers

- Director of Accreditation will determine appropriate level of response:
  - Notify appropriate federal and state agencies
  - Check with & notify all other CMS-approved MIPPA accreditation organizations
  - Schedule for-cause on-site audit
  - Send written notice to the complainant of these referrals
  - Depending on the nature of the complaint, investigate through any of the following methods:
    • Telephonically
    • In writing
    • Desktop or on-site audit
  - Present findings to Accreditation Committee to determine if revocation of accreditation or other action is warranted

- RadSite will act within 2 days for all issues regarding immediate jeopardy and patient safety, and up to 30 days for any other reason
Audits

All providers (100%) are subject to an on-site audit at some point during the 3-year accreditation period

- Random Audits
  - Either during application process
  - Or at some point during accreditation cycle

- For Cause Audits
  - Resulting from a complaint or other potential issue that is brought to RadSite’s attention

- Desktop Audits
Submission of accredited facilities by modality to CMS

- The accreditation outcomes for each facility are provided to CMS as a report according to CMS specifications.
- RadSite will notify CMS of all passing and failing facilities at least monthly, but more frequently if required.
Test Your Knowledge
The annual physics survey report must be within the past ___ months

0%  1.  1
0%  2.  3
0%  3.  6
0%  4.  9
0%  5.  12
Answer is 5.

- 12 months

- Found under Clinical and Technical Review
  - Last Annual Medical Physics Report
What percentage of providers accredited by RadSite will have an on-site audit once within a three year period?

0%  1. 10%
0%  2. 33%
0%  3. 50%
0%  4. 66%
0%  5. 100%
Answer is 5.

- 100%

- Found under Audits
  - All providers (100%) are subject to an on-site audit at some point during the 3-year accreditation period
How many imaging data sets are required for an imaging system that performs both adult and pediatric cases?

0% 1. 1
0% 2. 2
0% 3. 3
0% 4. 4
0% 5. 5
Answer is 4.

- 4

- Found under Clinical and Technical Review
  - Three adult studies, and one pediatric if applicable
If a facility has multiple units of a particular modality in the accreditation process and one unit fails to meet RadSite’s accreditation standards, even following a corrective action period, the facility...

0% 1. Can continue to utilize that machine for non-Medicare/Medicaid cases
0% 2. Must remove the unit from the premises or document that the imaging system is completely out of service following failure
0% 3. Can continue to use equipment as is
0% 4. Can remain on premises but not be utilized
0% 5. Can ignore the results and continue to use on all patients
Answer is 2.

- Must remove the unit from the premises or document that the imaging system is completely out of service following failure.

- Found under Corrective Action
  - A failing score requires the removal of the unit from the premises or document that the imaging system is completely out of service following failure.
The mission of RadSite is to:

1. Require all imaging facilities follow the same imaging protocols
2. Comply with state regulations
3. Promote quality standards and safety in medical imaging
4. Comply with FDA regulations
5. Comply with NRC regulations
Answer is 3.

- Promote quality standards and safety in medical imaging
- Found under Who is RadSite?
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