



www.RadSiteQuality.com

RadSite Quality Benchmarking:

*...Understanding our MIPPA
Accreditation Program (MAP)*

Phillip W Patton, PhD CHP DABR DABSNM

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?



RadSite Assessment Program (RAP)

- Assesses 12 modalities for both low-tech and high-tech modalities in all clinical settings
- Requires certification in many instances to facilitate quality improvement and claims reimbursement pursuant to payor requirements
- Assesses key process and structure measures including Facility Demographics, Personnel, Equipment and Policy
- Offers an educational approach or “cure process” to help identify deficiencies and raise standards before failure
- Collects over 100 data elements including detailed information about each imaging system
- Requires random on-site and desktop audits

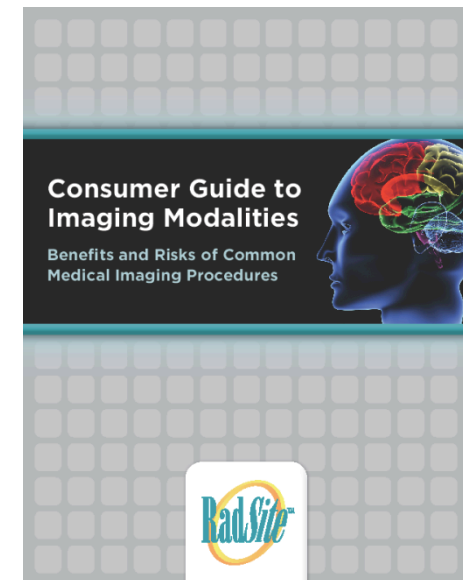
MIPPA Accreditation Program (MAP)

- Built upon the foundation of RAP
- Promotes standards drafted to meet federal Medicare requirements. CMS requires accreditation for CT, MRI, Nuclear Medicine and PET
- Requires more in-depth documentation submission (e.g., key policies, imaging case studies)
- Includes technical component evaluation (by physicists and radiology experts)
- Implements a pass/fail scoring system with shall standards
- Requires formal review by Accreditation Committee
- Higher frequency of random on-site audits (100%)

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





www.RadSiteQuality.com

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
Quality, Safety, Education

Home | About Us | Programs & Services | Quality Recognition | Education | News | Provider Registration | Secure Login | Contact Us

RadSite Certification - over 24,000 imaging providers strong
The RadSite Assessment Program (RAP) certifies imaging providers pursuant to national standards and benchmarks which promote quality, safety and business efficiency practices for both low tech and high tech diagnostic imaging.

NEWS
November 7, 2013
[RadSite Earns CMS Recognition for Advanced Diagnostic Imaging Modalities](#)
September 5, 2013
[RadSite to Host Complimentary Webinar on Final Omnibus Rule](#)
June 26, 2013
[RadSite to Offer Complimentary](#)

RadSite™: Promoting Quality-Based Imaging
RadSite is a leader in promoting quality-based imaging standards – along with safety and business efficiency practices in health care.
In 2013, RadSite became the fourth recognized accreditation organization pursuant to the Medicare Improvements for Patients and Providers Act (MIPAA) for 2008. The Center for Medicare and Medicaid Services (CMS) announced this important recognition in the *Federal Register* after a thorough review of RadSite's MIPAA Accreditation Program.
Since 2005, RadSite has been certifying imaging providers in all locations covering a full range of imaging systems. Pursuant to the RadSite Assessment Program (RAP), RadSite has reviewed over 24,000 imaging

RadSite Committees





www.RadSiteQuality.com

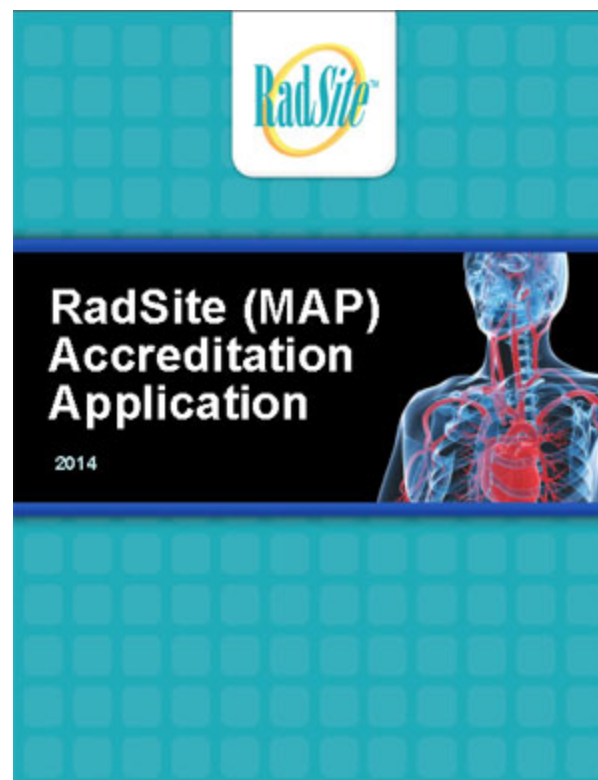
The Accreditation Process

Step-by-Step

MIPPA Accreditation Program



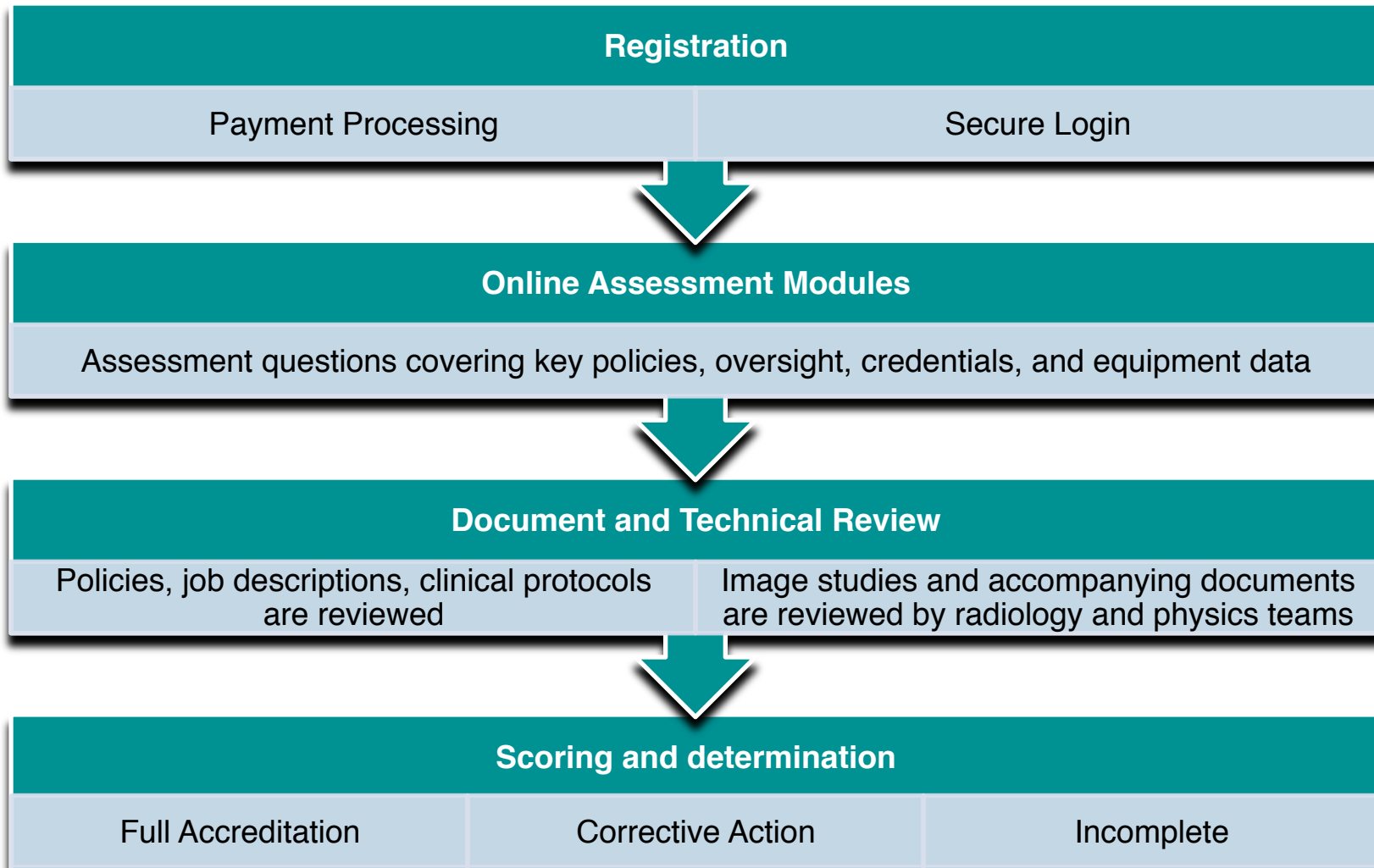
- About RadSite
- Application Instructions
- Definitions
- Section I: Imaging Provider Information
- Section II: Imaging Systems
- Section III: Professional Qualifications
- Section IV: Professional Oversight
- Section V: Policies and Procedures
- Section VI: Quality and Patient Safety
- Section VII: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



The Accreditation Team



Process Overview



Document Review – Personnel



- 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



www.RadSiteQuality.com

Accreditation Scoring Methodology

Summary of Steps for Scoring



- **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



Clinical Image Quality Review



- **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)

Clinical Image Quality Review



- **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

Technical Quality Review (MRI)



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

Accreditation Committee Review



- 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.





www.RadSiteQuality.com

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.



www.RadSiteQuality.com

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.





www.RadSiteQuality.com

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.

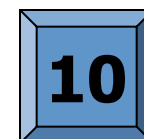


- 12 months
- Found under Clinical and Technical Review
 - Last Annual Medical Physics Report

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?



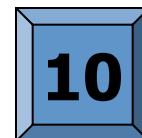
0% 1. 1

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:



- 0% 1. Require all imaging facilities follow the same imaging protocols
- 0% 2. Comply with state regulations
- 0% 3. Promote quality standards and safety in medical imaging
- 0% 4. Comply with FDA regulations
- 0% 5. Comply with NRC regulations

Answer is 3.



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

RadSite Contact Information



Annapolis Office

612 Third Street
Suite 2B
Annapolis, Maryland 21403
Phone: (855) 440-6001

Houston Office

654 North Sam Houston Parkway
East, Suite 301
Houston, Texas 77060
Phone: (800) 506-2560

Email: info@radsitequality.com

Dr. Phillip W. Patton: pattonp@radsitequality.com

Angela Yasulitis: yasulitisa@radsitequality.com

www.radsitequality.com