

QualityPath™ CT and MRI Request for Proposal (RFP)

Introduction

1. Overview of The Alliance®

The Alliance moves health care forward by controlling costs, improving quality, and engaging individuals in their health. An employer-owned, not-for-profit cooperative, our more than 240 members provide coverage to about 85,000 people in Wisconsin, Illinois and Iowa. Our robust network lets members choose from more than 90 hospitals, 18,300 professional service providers and 4,100 medical clinic sites in Wisconsin, Illinois and Iowa.

The Alliance continually pursues higher value on behalf of its members, including strategies such as measuring quality, negotiating pay-for-performance contracts, nurturing patient engagement and collaborating with stakeholders at every level of the health care system. The Alliance provides education and resources to help our members design value-based benefit plans and implement employee wellness and prevention programs.

2. The program

QualityPath identifies high-quality care; uses new ways to pay for care; and rewards patients who choose that care with lower out-of-pocket costs. We worked with providers to develop these programs.

We started this initiative at the request of some of our members who are interested in developing incentives for their employees and family members to choose high-value providers.

This program will use evidence-based standards to assess the quality of care provided. Those that meet or exceed thresholds will be publicly recognized for quality. All aspects of this process will be completely transparent.

3. Scope of *QualityPath* CT and MRI

We are focusing on high-volume, common scans. We've broken these out by accreditation modules/areas below.

INCLUDED:

ACR Accreditation Modules – CT	ACR Accreditation Modules – MRI	IAC Accreditation Areas – MRI	IAC Accreditation Areas – CT
Pediatric Head/Neck	Head/Neck	Body	Neurological
Pediatric Chest	Spine	Musculoskeletal	Sinus and temporal bone
Pediatric Abdomen	MSK (musculoskeletal)	Neurological	Body
Adult Head/Neck	Body	MRA	Vascular
Adult Chest	MRA		
Adult Abdomen			

NOT Included:

ACR Accreditation Modules – CT	ACR Accreditation Modules – MRI	IAC Accreditation Areas – MRI	IAC Accreditation Areas – CT
Pediatric Cardiac	Breast	Cardiovascular	Coronary calcium scoring
Cardiac	Cardiac	Breast	Coronary
			Low dose CT lung cancer screening

4. Proposal Instructions

These instructions are intended to provide guidance to respondents and to facilitate fair and objective comparisons of competitive proposals. **Please follow these instructions carefully.**

a. Contact Point/Responses to Questions

Please direct all questions, clarifications and inquiries regarding this RFP to QualityPathRFP@the-alliance.org . We will provide a written response to all questions to all respondents to ensure that proposals are based on uniform information.

In addition, we are holding a webinar to walk through the RFP and answer questions on Thursday, March 29, 2018. The webinar will be recorded and will be available at: <http://www.the-alliance.org/Providers/QualityPath/qualitypath-providers-ct-mri>

b. Response Format

A single response may be submitted for a system, encompassing multiple facilities. The response must clearly indicate each facility/location and the modalities and modules/testing areas offered at each location. The final designation will be broken out by location/modality/module/testing area combination(s) (e.g. 123 Main St, Anywhere, WI – MRI Spine and CT Abdomen).

Submit two copies of response, one de-identified and one identified. The de-identified version will be used for evaluation purposes. Examples of information that should be removed or redacted in the de-identified version include, but are not limited to:

- Facility name and identifiers
- Radiology group names and identifiers
- Other staff names and identifiers
- Logos

Include a cover letter with the identified copy indicating which locations, modalities, and module/testing areas the organization is applying for and who the main contact person will be.

Each criterion has a number in front of it. Where possible, please reference the number in the supporting documentation to assist with cross-referencing criteria and documentation.

c. Proposal and Intent to Respond Submission

Please provide an electronic version of your proposal, signed by the authorized representative of your organization. Proposals and intent to respond letters should be sent to:

QualityPathRFP@the-alliance.org

Final responses are due Tuesday, April 24, 2018 no later than 5 p.m. Central time. Any responses submitted after 5 p.m. may not be considered.

d. Key Dates

- Webinar: March 29, 2018 - Register for the webinar:
<https://attendee.gotowebinar.com/register/4537438585689833217>
- Non-binding letter of intent to respond due: Tuesday April 10, 2018
- Proposals due: Tuesday, April 24, 2018
- Applicant interviews to share evaluation results: Week of July 9, 2018. Interviews may continue into the next week depending on response volume.
- Contract amendment signed and all criteria met by: **October 1, 2018**

5. Obligations

This RFP shall in no way obligate The Alliance to issue any agreement, license, contract, purchase order, or to pay any costs incurred by respondents, whether or not such costs are incurred as a result of actions requested by The Alliance. The Alliance shall have no obligation to respondents unless and until a definitive written agreement is executed by the respondent and properly authorized by The Alliance representatives.

6. Award

The Alliance reserves the right to reject any or all offers and to waive informalities and minor irregularities in proposals/quotations received, or to delay or cancel the proposed action entirely.

QualityPath CT and MRI Criteria Overview

For easy reference, this section contains a list of criteria and supporting documentation. A more detailed version of the criteria is available immediately following this section. Each item below is linked to the more detailed version.

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• Information on which organization performed the accreditation. The Alliance will verify by searching the accrediting organization’s directory of accredited organizations.	10
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Supporting Documentation:	11
• Documentation supporting the submission of data to DIR. Examples could include an email from ACR confirming success of data submission/completion of data submission process or reports from the registry showing the presence of organizational data.	11
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- A brief description of how Image Wisely is implemented and used to improve quality.
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5 Providers must actively participate in Image Gently.12

Supporting Documentation:12

- If ACR accredited, listed as participating in Image Gently on ACR accreditation search results (<http://www.acraccreditation.org/accredited-facility-search>). The Alliance will independently verify this. No documentation needs to be submitted.12
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- Provide information on your decision support tool. If you are using a vendor, vendor name is sufficient. If you are using a locally developed system, submit copies of your algorithms and the process you use to keep them up to date. 15
- Provide documentation supporting that the system is in place, such as a screen shot. 15
- Provide an example of how the data are used for quality improvement. This could include feedback reports to ordering physicians or internal process improvement. 15

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- Describe how your organization knows the process is being followed. 17
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Summary of Changes from Previous Version

Removed Simultaneous Use of Brain CT and Sinus CT (OP-14) (was criterion #13) because measure results were topped out. Also removed Appendix F that contained the data source and specification details for this measure.

Added link to resources for # 15 Ensuring Appropriately Actionable Reports.

Updated guideline links to reflect new Fleischner Society guideline and Choosing Wisely recommendation for # 16 Appropriate Recommendations Regarding Incidental Findings.

Added links to resources for # 16 Appropriate Recommendations Regarding Incidental Findings.

Updated and added dates throughout the document.

Renumbered remaining criteria.

Accreditation

Rationale: Accreditation evaluates the qualifications of personnel, the quality control program, safety policies, and image quality- all aspects of imaging that are important to purchasers and patients. Inclusion of accreditation removes the need for potentially duplicative criteria specific to this program.

Resources:

American College of Radiology (ACR) Accreditation:

<http://www.acraccreditation.org/home>

Intersocietal Accreditation Commission (IAC): <http://www.intersocietal.org/>

Initially, we are focusing on high-volume, common scans. We have broken these out by accreditation modules/areas below.

INCLUDED:

ACR Accreditation Modules – CT	ACR Accreditation Modules – MRI	IAC Accreditation Areas – MRI	IAC Accreditation Areas – CT
Pediatric Head/Neck	Head/Neck	Body	Neurological
Pediatric Chest	Spine	Musculoskeletal	Sinus and temporal bone
Pediatric Abdomen	MSK (musculoskeletal)	Neurological	Body
Adult Head/Neck	Body	MRA	Vascular

Adult Chest	MRA		
Adult Abdomen			

NOT Included:

ACR Accreditation Modules – CT	ACR Accreditation Modules – MRI	IAC Accreditation Areas – MRI	IAC Accreditation Areas – CT
Pediatric Cardiac	Breast	Cardiovascular	Coronary calcium scoring
Cardiac	Cardiac	Breast	Coronary
			Low dose CT lung cancer screening

1 Facility must be accredited for each modality (CT/MRI) and module/testing area (Spine, abdomen, etc.) combination for which it is applying. Facility must apply for all modules/testing areas it performs within a modality. (I.e. a facility may choose to apply for only CT and not MRI, but may not apply for only adult CT if it performs pediatric CT as well.)

Modality: Both

Timing: Must fully meet at the time of application.

Fully Meets: Facility obtains accredited status through ACR or IAC and maintains that status.

Supporting Documentation:

- Information on which organization performed the accreditation. The Alliance will verify by searching the accrediting organization’s directory of accredited organizations.

Registry Participation

Rationale: Providers need timely, accurate and clinically relevant information to improve patient outcomes, determine appropriate care, engage patients in decision-making and be good stewards of scarce resources.

Resources: <https://nrdr.acr.org/Portal/Nrdr/Main/page.aspx>

2 Facility must participate in the Dose Index Registry.

Modality: CT

Timing: Must fully meet at time of application.

Fully Meets: Facility participates in the National Radiology Data Registry (NRDR™) Dose Index Registry (DIR) and uses the data for quality improvement.

Supporting Documentation:

- Documentation supporting the submission of data to DIR. Examples could include an email from ACR confirming success of data submission/completion of data submission process or reports from the registry showing the presence of organizational data.
- ACRad 14 (Count of CT exams performed at facility that were submitted to the dose index registry). This does not need to come from the General Radiology Improvement Database (GRID). A calculation using internal data is fine.
- A brief description of how registry data are used to improve quality.

Resources:

ACRad 14 information from National Quality Measures Clearinghouse:

<http://www.qualitymeasures.ahrq.gov/content.aspx?f=rss&id=49309&osrc=12>

Electronic Image Sharing

Rationale: Clinicians need timely access to relevant diagnostic information to improve patient outcomes, determine appropriate care and be good stewards of scarce resources.

3 Providers must share images electronically with non-related entities.

Modality: Both

Timing: Must fully meet at the time of application.

Fully Meets: Provider participates in electronic image sharing with non-economically related entities.

Supporting Documentation:

- Describe how images are shared with non-economically related entities.
- Specify numbers of entities/clinicians with whom diagnostic images are currently shared.

Participation in National Patient Safety Efforts

Rationale: Patient safety comes first. Radiation is known to cause harm. It is imperative that all available precaution be taken to minimize the risk of harm from diagnostic and interventional imaging.

4 Providers must actively participate in Image Wisely.

Modality: CT

Timing: Must fully meet at the time of application.

Fully Meets: Facility/system pledges to participate in Image Wisely and maintains participation (yearly recommitment required).

Supporting Documentation:

- Facility/system listed on the Image Wisely Honor Roll (<http://www.imagewisely.org/Pledge/Honor-Roll>). The Alliance will independently verify this. No documentation needs to be submitted.
- A brief description of how Image Wisely is implemented and used to improve quality.

Resources:

<http://www.imagewisely.org/>

5 Providers must actively participate in Image Gently.

Modality: CT

Timing: Must fully meet at the time of application.

Fully Meets: Facility/system pledges to participate in Image Gently.

Supporting Documentation:

- If ACR accredited, listed as participating in Image Gently on ACR accreditation search results (<http://www.acraccreditation.org/accredited-facility-search>). The Alliance will independently verify this. No documentation needs to be submitted.
- If accredited through IAC, submit a copy of your organization's Image Gently certificate.
- A brief description of how Image Gently is implemented and used to improve quality.

Resources:

<http://www.imagegently.org/>

Transparency

Rationale: Consumers have a right to know about differences in cost and quality between health care providers, and a responsibility to educate themselves about these differences as part of making health care decisions. Providers should share this information via public reporting when they have an option to do so. As part of the *QualityPath* program, we will not publicly disclose the individual measure results provided in response to this portion of the RFP outside of the *QualityPath* project team. We will be publishing what results and measures were considered as part of the program and which providers achieve the *QualityPath* quality designation.

6 MRI report turnaround time

Modality: MRI

Timing: Fully meets at the time of application

Fully meets: Facility/radiology group tracks mean MRI report turnaround time and shares this with QualityPath.

Supporting Documentation: Mean MRI Report Turnaround Time

Resources:

- Measure information from National Quality Measures Clearinghouse:
<http://www.qualitymeasures.ahrq.gov/content.aspx?f=rss&id=49312&osrc=12>

7 CT report turnaround time

Modality: CT

Timing: Fully meets at the time of application

Fully meets: Facility/radiology group tracks mean CT report turnaround time and shares this with QualityPath.

Supporting Documentation: Mean CT Report Turnaround Time

Resources:

- Measure information from National Quality Measures Clearinghouse:
<http://www.qualitymeasures.ahrq.gov/content.aspx?f=rss&id=49313&osrc=12>

8 MRI Lumbar Spine for Low Back Pain (OP-8)

Modality: MRI

Timing: Fully meets at the time of application.

Fully meets: Performance at or better than the benchmark

Benchmark: Depends on data source (see [Appendix A](#) for details)

Supporting Documentation: Depends on data source (see [Appendix A](#) for details)

Resources:

- Measure methodology:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>
- Hospital Compare: <http://www.medicare.gov/hospitalcompare/search.html>

9 MRI Shoulder without Preceding Plain Film

Modality: MRI

Timing: Fully meets at the time of application.

Fully meets: Performance at or better than the benchmark

Benchmark: Will be calculated by The Alliance using the commercial population in the Wisconsin Health Information Organization DataMart.

Supporting Documentation: Depends on data source (see [Appendix B](#) for details)

Resources:

- Measure information from the National Quality Measures Clearinghouse: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49279>

10 MRI Knee without Preceding Plain Film

Modality: MRI

Timing: Fully meets at the time of application.

Fully meets: Performance at or better than the benchmark

Benchmark: Will be calculated by The Alliance using the commercial population in the Wisconsin Health Information Organization DataMart.

Supporting Documentation: Depends on data source (see [Appendix C](#) for details)

Resources:

- Measure information from the National Quality Measures Clearinghouse: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49280>

11 Abdomen Computed Tomography – Use of Contrast Material (OP-10)

Modality: CT

Timing: Fully meets at the time of application.

Fully meets: Performance at or better than the benchmark

Benchmark: Depends on data source (see [Appendix D](#) for details)

Supporting Documentation: Depends on data source (see [Appendix D](#) for details)

Resources:

- Measure methodology: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>
- Hospital Compare: <http://www.medicare.gov/hospitalcompare/search.html>

12 Thorax Computed Tomography – Use of Contrast Material (OP-11)

Modality: CT

Timing: Fully meets at the time of application.

Fully meets: Performance at or better than the benchmark

Benchmark: Depends on data source (see [Appendix E](#) for details)

Supporting Documentation: Depends on data source (see [Appendix E](#) for details)

Resources:

- Measure methodology: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>
- Hospital Compare: <http://www.medicare.gov/hospitalcompare/search.html>

Standardized Clinical Processes

We recognize that different workflows will work for different organizations and it is not our intent to be prescriptive. Wherever these processes fit in the provider workflow, they need to be well defined, repeatable, and reliable.

13 Decision Support for Ordering CT and MRI

Rationale: Decision support provides immediate help determining the best diagnostic imaging test based on a patient's indication and available evidence and best practice. It helps physicians order the right test the first time, saving the cost of unnecessary or low utility tests. We are looking for confirmation of a process that provides up-to-date, evidence-based information to providers, either at the point of order or at the point of imaging. The process needs to include gathering data to evaluate how the process is working. The scope of the process should include all patients who receive CTs or MRIs at the facility applying for the quality designation.

Timing: Fully meets at time of application

Fully meets: Fully implemented for the full patient population.

Supporting Documentation:

- Provide a description of the diagnostic imaging decision support process. Include how the process fits into the order workflow, how your organization is able to determine that the process is consistently followed and how your organization evaluates and improves the process if necessary.
- Provide information on your decision support tool. If you are using a vendor, vendor name is sufficient. If you are using a locally developed system, submit copies of your algorithms and the process you use to keep them up to date.
- Provide documentation supporting that the system is in place, such as a screen shot.
- Provide an example of how the data are used for quality improvement. This could include feedback reports to ordering physicians or internal process improvement.

Resources:

The following list of potential vendors is for reference only. We are neither requiring nor recommending a particular vendor.

- ACR Select - <http://www.acrselect.org/>
- Medicalis - <https://medicalis.com/solutions/medicalis-clinical-decision-support>

14 Ensuring Appropriately Actionable Radiologist Reports

Rationale: The radiologist report is an important output of the imaging process. Variation exists in the quality of these reports and national measures are still in development. Standard processes incorporating evidence-based guidelines help radiologists create consistent, appropriate, actionable reports.

What we are looking for with this criterion is a process and review around the quality of the report itself with a particular focus on concise, clear communication of actionable information to the referring provider. This review would not necessarily need to be conducted by a radiologist. In fact, it may be helpful to have a non-radiologist staff member (such as a transcriptionist or quality staff member) conduct a review of a set number of reports from each radiologist. The review should be looking for consistency across radiologists and that reports clearly convey information to non-radiology providers.

The review may be conducted by either the radiology group or the facility.

Timing: Fully meets at time of application

Fully meets: Process fully implemented for all radiologists interpreting CTs or MRIs at the facility.

Supporting Documentation:

- Provide a description of the process used to ensure report quality, including how your organization knows the process is being followed.
- Provide a copy of report guidelines. The guidelines must address clarity, brevity, actionability, and readability.

Resources:

- The American College of Radiology is testing a measure related to phrasing for follow up imaging recommendations. It is Measure 1 in the Diagnostic Imaging 2017 Quality Measures available at: <https://www.acr.org/Practice-Management-Quality-Informatics/Performance-Measures>
- Case study on structured reporting: <https://www.acr.org/Practice-Management-Quality-Informatics/Imaging-3/Case-Studies/Information-Technology/Structured-for-Care>

15 Appropriate Recommendations Regarding Incidental Findings

Rationale: Incidental findings have increased as the use of CT and MRI play a more central role in medical care. Standardized management of incidental findings helps avoid unnecessary testing and treatment that can result in potentially injurious and expensive cascades of tests and procedures.

We are looking for evidence-based follow-up (or no follow-up) recommendations across the spectrum of results from critical to un concerning. Incorporation of evidence-based follow-up recommendations provides the ordering provider with the full benefit of radiologist's knowledge and research in these areas. The recommendations (clearly communicated) help limit unnecessary and potentially harmful follow-up testing with limited benefit and set a clear path forward for the ordering provider and the patient.

The review may be conducted by either the radiology group or the facility.

Timing: Fully meets at time of application

Fully meets: Process fully implemented for all radiologists interpreting CTs or MRIs at the facility.

Supporting Documentation:

- Provide a description of the process used to ensure appropriate follow-up recommendations for:
 - Incidental thyroid nodules
 - Incidental findings on abdominal, pelvic, and chest CT and MRI
- Describe how your organization knows the process is being followed.
- Provide a copy of protocol/guidelines.

Resources:

- Guideline examples – we are not requiring use of a specific guideline. These are examples only.
 - [ACR Whitepaper on Managing Incidental Findings on Abdominal CT](#)
 - [Fleischner Society Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans \(2017 version\)](#)
 - [ACR Choosing Wisely Recommendation on Follow-up Ultrasound for Incidental Thyroid Nodules](#)
- Measures in CMS Payment Programs
 - [2018 MIPS Measures Relevant to Radiology \(XLS\)](#)
 - #364 - Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines
 - #405 - Appropriate Follow-up Imaging for Incidental Abdominal Lesions
 - #406 - Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients
- Measures in Development for CMS Payment Programs

- [2018 Draft Diagnostic Imaging Measures \(PDF\)](#)
 - Measure 2 – Follow-up Recommendations for Incidental Findings of Renal Masses

Disclose Potential Conflicts of Interest

Rationale: Full disclosure of potential conflicts of interest helps ensure treatment decisions are not influenced by commercial interests.

16 Disclose Potential Conflicts of Interest – Self-referral

Timing: Fully meets at the time of application

Fully Meets:

- Facility has a policy in place that includes full disclosure of self-referral interests to patients.

Supporting Documentation

- Description of ownership structure of imaging facility
- If any referring physicians have an ownership interest in or financial relationship with the facility:
 - Disclosure of conflict policy
 - An example of how disclosure of conflict information is provided to patients

Appendix A – Data Source and Benchmark Details for # 8 MRI Lumbar Spine for Low Back Pain (OP-8)

Step One: Does your organization have results available on Hospital Compare (<https://www.medicare.gov/hospitalcompare/search.html>)?

- YES
 - STOP at this step. The Alliance will download the CMS data file and use your results from that file. You will be compared against the national benchmark for this measure as calculated by The Alliance. You do not need to submit any supporting documentation.
- NO
 - Proceed to Step Two.

Step Two: Is your organization in Wisconsin?

- YES
 - STOP at this step. The Alliance will calculate your results using their in-house copy of the Wisconsin Health Information Organization (WHIO) DataMart. You will be compared against the system-level benchmark calculated by The Alliance using commercial data. You do not need to submit any supporting documentation. PLEASE NOTE: The Alliance is performing all of the calculations. Please do not contact WHIO with questions.
- NO
 - Proceed to Step Three.

Step Three: Should your organization be able to calculate this measure using your own data?

- YES, we're a health system with information available to us about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to calculate this measure and share the results with The Alliance. You will be compared against the system-level benchmark from the Wisconsin Health Information Organization (WHIO) DataMart, as calculated by The Alliance. PLEASE NOTE: The Alliance is performing all of the benchmark calculations. Please do not contact WHIO with questions.

- Measure specification:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>
- Denominator timeframe: lumbar spine studies that occurred 4/1/2016 – 3/31/2017
- Denominator exclusion codes timeframe: to match the WHIO DataMart timeframe, the lookback period for denominator exclusion codes should not extend further back than 4/1/2015
- Exclude patients without at least two years of consecutive commercial eligibility (4/1/2015 – 3/31/2017)
- Exclude imaging performed in an emergency department or inpatient setting
- NO, we're a free-standing imaging center and/or not affiliated with a health system and do not have access to information about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to provide documentation describing your process to limit inappropriate lumbar spine MRIs for low back pain, as defined by this measure. Share a description of your process and how you verify it is being followed with The Alliance.
 - Measure specification:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>

Appendix B – Data Source and Specification for # 9 MRI Shoulder without Preceding Plain Film

Step One: Is your organization in Wisconsin?

- YES
 - STOP at this step. The Alliance will calculate your results using their in-house copy of the Wisconsin Health Information Organization (WHIO) DataMart. You will be compared against the system-level benchmark calculated by The Alliance using commercial data. You do not need to submit any supporting documentation. PLEASE NOTE: The Alliance is performing all of the calculations. Please do not contact WHIO with questions.
- NO
 - Proceed to Step Two.

Step Two: Is your organization able to calculate this measure using your own data?

- YES, we're a health system with information available to us about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to calculate this measure and share the results with The Alliance. You will be compared against the system-level benchmark from the Wisconsin Health Information Organization (WHIO) DataMart, as calculated by The Alliance. PLEASE NOTE: The Alliance is performing all of the benchmark calculations. Please do not contact WHIO with questions.
 - Measure description: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49279>
 - Measure specification: <http://www.the-alliance.org/wp-content/uploads/2018/03/MRI-Shoulder-without-Preceding-Plain-Film-RFP-Specification.pdf>
- NO, we're a free-standing imaging center and/or not affiliated with a health system and do not have access to information about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to provide documentation describing your process to limit inappropriate shoulder MRIs, as defined by this measure. Share a description of your process and how you verify it is being followed with The Alliance.
 - Measure description: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49279>

Appendix C – Data Source and Specification for # 10 MRI Knee without Preceding Plain Film

Step One: Is your organization in Wisconsin?

- YES
 - STOP at this step. The Alliance will calculate your results using their in-house copy of the Wisconsin Health Information Organization (WHIO) DataMart. You will be compared against the system-level benchmark calculated by The Alliance using commercial data. You do not need to submit any supporting documentation. PLEASE NOTE: The Alliance is performing all of the calculations. Please do not contact WHIO with questions.
- NO
 - Proceed to Step Two.

Step Two: Is your organization able to calculate this measure using your own data?

- YES, we're a health system with information available to us about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to calculate this measure and share the results with The Alliance. You will be compared against the system-level benchmark from the Wisconsin Health Information Organization (WHIO) DataMart, as calculated by The Alliance. PLEASE NOTE: The Alliance is performing all of the benchmark calculations. Please do not contact WHIO with questions.
 - Measure description: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49280>
 - Measure specification: <http://www.the-alliance.org/wp-content/uploads/2018/03/MRI-Knee-without-Preceding-Plain-Film-RFP-Specification.pdf>
- NO, we're a free-standing imaging center and/or not affiliated with a health system and do not have access to information about the treatment(s) our patients receive prior to imaging
 - STOP at this step. You will need to provide documentation describing your process to limit inappropriate knee MRIs, as defined by this measure. Share a description of your process and how you verify it is being followed with The Alliance.
 - Measure description: <https://www.qualitymeasures.ahrq.gov/content.aspx?id=49280>

Appendix D – Data Source and Benchmark Details for # 11 Abdomen Computed Tomography – Use of Contrast Material (OP-10)

Step One: Does your organization have results available on Hospital Compare (<https://www.medicare.gov/hospitalcompare/search.html>)?

- YES
 - STOP at this step. The Alliance will download the CMS data file and use your results from that file. You will be compared against the national benchmark for this measure as calculated by The Alliance. You do not need to submit any supporting documentation.
- NO
 - Proceed to Step Two.

Step Two: Is your organization in Wisconsin?

- YES
 - STOP at this step. The Alliance will calculate your results using their in-house copy of the Wisconsin Health Information Organization (WHIO) DataMart. You will be compared against the system-level benchmark calculated by The Alliance using commercial data. You do not need to submit any supporting documentation. PLEASE NOTE: The Alliance is performing all of the calculations. Please do not contact WHIO with questions.
- NO
 - You will need to calculate this measure and share the results with The Alliance. You will be compared against the system-level benchmark from the Wisconsin Health Information Organization (WHIO) DataMart, as calculated by The Alliance. PLEASE NOTE: The Alliance is performing all of the benchmark calculations. Please do not contact WHIO with questions.
 - Measure specification:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPPage%2FQnetTier3&cid=1228695266120>
 - Denominator timeframe: lumbar spine studies that occurred 4/1/2016 – 3/31/2017
 - Include commercial patients only (exclude Medicare, Medicaid, and self-pay/uninsured)
 - Exclude imaging performed in an emergency department or inpatient setting

Appendix E – Data Source and Benchmark Details for # 12 Thorax Computed Tomography – Use of Contrast Material (OP-11)

Step One: Does your organization have results available on Hospital Compare (<https://www.medicare.gov/hospitalcompare/search.html>)?

- YES
 - STOP at this step. The Alliance will download the CMS data file and use your results from that file. You will be compared against the national benchmark for this measure as calculated by The Alliance. You do not need to submit any supporting documentation.
- NO
 - Proceed to Step Two.

Step Two: Is your organization in Wisconsin?

- YES
 - STOP at this step. The Alliance will calculate your results using their in-house copy of the Wisconsin Health Information Organization (WHIO) DataMart. You will be compared against the system-level benchmark calculated by The Alliance using commercial data. You do not need to submit any supporting documentation. PLEASE NOTE: The Alliance is performing all of the calculations. Please do not contact WHIO with questions.
- NO
 - You will need to calculate this measure and share the results with The Alliance. You will be compared against the system-level benchmark from the Wisconsin Health Information Organization (WHIO) DataMart, as calculated by The Alliance. PLEASE NOTE: The Alliance is performing all of the benchmark calculations. Please do not contact WHIO with questions.
 - Measure specification:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228695266120>
 - Denominator timeframe: thorax CT studies that occurred 4/1/2016 – 3/31/2017
 - Include commercial patients only (exclude Medicare, Medicaid, and self-pay/uninsured)
 - Exclude imaging performed in an emergency department or inpatient setting