

QualityPath[™] CT and MRI Maintenance of Designation (MoD)

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 120 hospitals, 20,000 professional service providers and 5,500 medical clinic sites in Wisconsin, Illinois, Iowa and Minnesota.

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. Submission Instructions

These instructions are intended to provide guidance to respondents and to facilitate fair and objective evaluations of submissions. **Please follow these instructions carefully.**

- a. Contact Point/Responses to Questions
Please direct all questions, clarifications and inquiries regarding this MoD to QualityPathRFP@the-alliance.org .
- b. Response Format
A single response may be submitted for a system, encompassing multiple facilities.

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

c. Response Submission

Please provide an electronic version of your response, signed by the authorized representative of your organization. Submissions should be sent to:

QualityPathRFP@the-alliance.org

Final responses are due June 18, 2019 no later than 5 p.m. Central time. Any responses submitted after 5 p.m. may not be considered.

d. Key Dates

- Responses due: Tuesday, June 18, 2019
- Applicant interviews to share evaluation results: Week of July 15, 2019. Interviews will only occur if additional information or discussion is necessary.

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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- 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. 10
- A brief description of how Image Wisely is used to improve quality. 10

5 Providers must actively participate in Image Gently. 10

Supporting Documentation: 10

- 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. 11
- If accredited through IAC, submit a copy of your organization’s Image Gently certificate. 11
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Summary of Changes from Previous Version

Removed all references to the National Quality Measures Clearinghouse as that website has lost funding and no longer exists.

Updated and added dates throughout the document.

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

Fully Meets: Facility maintains accredited status through ACR or IAC

Supporting Documentation:

- Notify The Alliance if your organization changes accrediting organization. Otherwise, no documentation necessary.

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

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

Supporting Documentation:

- 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.

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

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

Supporting Documentation:

- Describe any changes or updates to the information supplied for initial designation (listed below):
 - 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

Fully Meets: Facility/system maintains participation in Image Wisely (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 used to improve quality.

Resources:

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

5 Providers must actively participate in Image Gently.

Modality: CT

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

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

Supporting Documentation: Mean MRI Report Turnaround Time for most recent 12 months

Resources:

- Measure information from National Radiology Data Registry Measure Specifications (ACRad17):
<https://www.acr.org/-/media/ACR/Files/Registries/QCDR/QCDR-Measure-Specification-Details-2018.pdf?la=en>

7 CT report turnaround time

Modality: CT

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

Supporting Documentation: Mean CT Report Turnaround Time for most recent 12 months

Resources:

- Measure information from National Radiology Data Registry Measure Specifications (ACRad18):
<https://www.acr.org/-/media/ACR/Files/Registries/QCDR/QCDR-Measure-Specification-Details-2018.pdf?la=en>

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

Modality: MRI

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

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)

10 MRI Knee without Preceding Plain Film

Modality: MRI

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)

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

Modality: CT

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

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:

- Describe any changes or updates to the information supplied for initial designation (listed below):
 - 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 an example of how the data are used for quality improvement. This could include feedback reports to ordering physicians or internal process improvement.

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 no national measure currently exists. 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:

- Describe any changes or updates to the information supplied for initial designation (listed below):
 - 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:

- Describe any changes or updates to the information supplied for initial designation (listed below):
 - 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

- Describe any changes or updates to the information supplied for initial designation (listed below):
 - 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 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.

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 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.

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%2FPage%2FQnetTier3&cid=1228695266120>
 - Denominator timeframe: lumbar spine studies that occurred 4/1/2017 – 3/31/2018
 - 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%2FPPage%2FQnetTier3&cid=1228695266120>
 - Denominator timeframe: thorax CT studies that occurred 4/1/2017 – 3/31/2018
 - Include commercial patients only (exclude Medicare, Medicaid, and self-pay/uninsured)
 - Exclude imaging performed in an emergency department or inpatient setting