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Protecting Access to Medicare Act of 2014

A national approach to implementing Section 218(b)

“Promoting Evidence-Based Care”

Nutshell

- **Phased Approach** to implementing AUCs
 - CMS specifies up to 10 AUC groups in November 2015, more each year
 - Each AUC group associates (one or more) evidence-based guidelines with the same advanced diagnostic imaging service (ADIS) and specific clinical condition (SCC)
 - CMS lists establish the ‘floor’ (minimum) requirement for Promoting Evidence-Based Care beginning with imaging
- **Process:** CMS solicits proposed AUCs from national societies and provider-led entities
 - Review and comment periods
- **AUCs** must be formulated to fit with CMS claims process, many EHRs, even analog processes
 - AUC expressed as guideline applied to CPT and ICD-10
 - Must fit many diverse environments in US health system

Phased Approach

- Targeted AUCs superior to Broad Coverage AUCs
- Literature shows targeted, clinical performance improvement initiatives based on high quality evidence produce measurable and sustained improvements in quality together with reductions in waste.
- Results of the Medicare Imaging Demonstration demonstrate that overly broad coverage based on extensive professional society guidelines results in a large number of low quality alerts leading to ‘alert fatigue,’ diminishing the impact of higher quality alerts, defeating the effort to improve quality or reduce costs.
- Approach consistent with Meaningful Use (HITECH Act) and Choosing Wisely (ACP)

Feasible Process

- March 15, 2015: CMS Solicitation for proposed AUCs by qualified respondents (national societies and provider-led entities)
- June 15, 2015: Due date for proposed AUCs
- July 15, 2015: CMS publishes list of proposed AUCs for comment by physicians, practitioners and other stakeholders
- September 15, 2015: CMS convenes meetings with experts and advisors
- November 15, 2015: CMS publishes CMS Core AUC groups

AUC requirements

- Proposed AUCs must associate an evidence-based guideline with an advanced diagnostic imaging service (ADIS) and specific clinical condition (SCC)
- CMS will organize proposals into CMS Core AUC groups (different guidelines but same ADIS and SCC)
- Proposed AUC must include:
 - Source and objectively scored strength of evidence for guideline
 - Brief, actionable, unambiguous recommendation
 - Potential for improving clinical quality and utilization

Qualified Respondents

- CMS should clarify PAMA language
 - National professional medical specialty societies
 - Provider-led entities
- CMS should describe:
 - Membership requirements
 - Process requirements (auditable) for AUC promulgation
- Qualification as a national society or provider-led entity needed to publish modified AUCs (see 'Operational AUC List')

Growing Body of AUCs

- All US providers could choose AUCs from either CMS Core AUC list or Operational AUC list
- CMS Core AUC groups
 - Published by CMS, updated annually under PAMA
 - Each group may have multiple guidelines associated with the same ADIS and SCC
- Operational AUC list
 - Qualified national societies and provider-led groups must make their AUCs publicly available
- Format (CPT and ICD-10 structure) allows for local and national learning systems

Mapping PAMA Language

Applicable Imaging Service means “an advanced diagnostic imaging services [**“ADIS”**]...for which the Secretary determines that—

- (i) One or more applicable AUC apply
- (ii) There are one or more approved CDS mechanisms, AND
- (iii) At least one mechanism available free of charge.

Appropriate Use Criteria [“AUC”**]** means criteria (developed by professional society or provider-led entities) to assist a “furnishing professional in making the most appropriate treatment decision for a **specific clinical condition [**“SCC”**]** for an individual.”

In Practice: An Illustration

Assume that this is the only specified AUC:

- ADIS = MRI of lumbar spine
- SCC = For lower back pain
- AUC = Some evidence-based guideline mapped to this combination of ADIS and SCC
- Mechanism: any approved CDS mechanism (assume this is available)

Then consider three scenarios

Scenario 1

- **Scenario 1:** Patient presents to primary care physician (PCP) complaining of lower back pain. PCP orders MRI of lumbar spine and states 'lower back pain' as reason for the order.
 - CDS Mechanism results in application of the AUC
 - Claim submitted to CMS shows an applicable diagnostic imaging service (CPT for MRI LS Spine) +/- SCC (depending on what ICD-10 is applied), which CDS Mechanism was used, which AUC was used (and this will imply the SCC), whether this diagnostic imaging service adheres to AUC, would not adhere to AUC, or whether the AUC became not applicable (based on additional information obtained during application of the AUC logic)
- **Result of Scenario 1:** Complies with PAMA

Scenario 2

- **Scenario 2:** Patient presents to PCP complaining of injury to lower back. PCP orders MRI of lumbar spine and states 'injury lower back' as reason for the order.
 - CDS Mechanism will NOT result in application of the AUC (assuming for this example that there is no AUC for the combination of MRI lumbar spine (CPT) and 'injury lower back' (ICD-10))
 - Claim submitted to CMS shows imaging service (CPT for MRI LS Spine) +/- SCC (depending on what ICD-10 is applied), and no AUC applicable. The lack of the AUC will imply that the SCC was not one for which an AUC exists.
- **Result of Scenario 2:** Complies with PAMA

Scenario 3

- **Scenario 3:** Patient presents to PCP complaining of lower back pain. PCP orders MRI of lumbar spine and states 'lower back pain' as reason for the order.
 - CDS Mechanism results in application of the AUC
 - Radiology interpretation shows a vertebral body fracture as a diagnosis (changes diagnosis—ICD-10)
 - Claim submitted to CMS shows imaging service (CPT for MRI LS Spine) +/- SCC (changed ICD-10 due to diagnosis)), which CDS Mechanism was used, which AUC was used (implying the presenting SCC). In this scenario, while the AUC was applicable to the reason for the order (and therefore was applied to the order), it was not applicable to the diagnosis. Both data elements will be available to CMS and the local provider for learning systems purposes.
- **Result of Scenario 3:** Complies with PAMA