

ACCREDITATION PROGRAMS



American College of Radiology

MAJOR ISSUES AND UPDATE 2000

American College of Radiology Accreditation Programs

ACR Accreditation Programs

- History of accreditation programs
- Radiology should set standards for radiology
- Peer review process

Commission on Standards & Accreditation

- E. Stephen Amis, Jr., M.D.
- Jeffrey Weinreb, M.D.

Accreditation Chairs

- Radiation Oncology
- MRI
 - MRA
 - Cardiac MR
- Radiography & Fluoro
- Breast Ultrasound
- Mammography
- Stereotactic Breast Bx
- Ultrasound
- Nuclear Medicine
- Chest Radiology
- CT
- Invasive Vasc & Intervent

Peter Hulick
Jerry Froelich
Martin Prince
David Bluemke
Stephen Baker
Peter Dempsey
Judy Destouet
D. David Dershaw
John McGahan
Ronald Van Heertum
Robert Steiner
Robert Zeman
Jonathan Levy

ACR Accreditation Programs (cont.)

- 1963 - Development of diagnostic accreditation

ACR Accreditation Programs (cont.)

- 1987 Mammography
- 1987 Radiation Oncology
- 1995 Ultrasound
- 1996 Stereotactic Breast Biopsy
- 1996 MRI

ACR Accreditation Programs (cont.)

- 1997 Vascular Component added to Ultrasound
- 1998 Ultrasound-guided Breast Biopsy
- 1999 Nuclear Medicine
- 2000 Breast Ultrasound added to US-guided biopsy

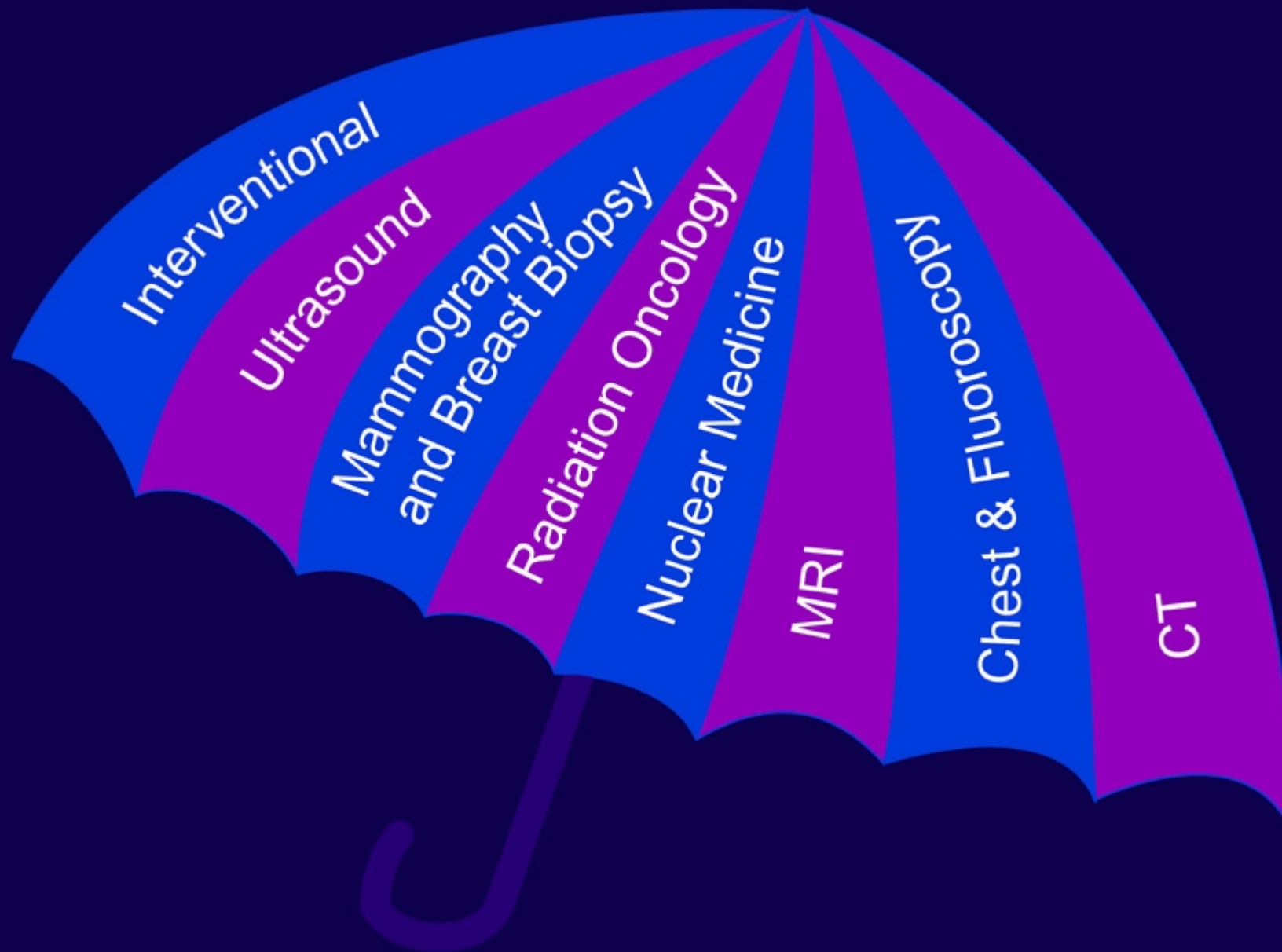
Other Accreditation Programs Under Development

- General Radiograph (including Chest) and Fluoroscopy
- Interventional
- CT

New Modules Under Development for existing programs

- Orthopedic magnets (MRI)
- Cardiac (MRI)
- MRA (MRI)
- PET (Nuclear Medicine)

ACR ACCREDITATION UMBRELLA POLICY



Umbrella Accreditation Program

- To be developed once new programs completed
- Single application
- Streamline paperwork

Motivation for Accreditation

- Uphold high standards of practice
- Address variations in quality and practice
- Provide lists of accredited facilities for referral

Accreditation Principles

- 1) Evaluation must be voluntary
- 2) Confidential, peer review process
- 3) Educational not punitive
- 4) Written report with appeals process

- from Jacobs, JA. Certification and Accreditation Law Handbook

Accreditation Principles (cont. #2)

- 5) Program is valid and credible, reasonable
- 6) Provide a public benefit
- 7) Conflict of interest
- 8) Timely and cost effective - by mail

- from Jacobs, JA. Certification and Accreditation Law Handbook

Accreditation Principles (cont. #3)

- 9) Available to all who meet the criteria
- 10) Issues such as antitrust and restraint of trade are recognized and addressed

- from Jacobs, JA. Certification and Accreditation Law Handbook

Accreditation Principles (cont. #4)

- 11) Non-exclusive
- 12) Professional staff administer ACR programs

- from Jacobs, JA. Certification and Accreditation Law Handbook

ACR Approval Process

- Resolution for any new program must be sent to the Council
- Concept must be approved by Council

Committee Structure

- Chair is nominated by the Chair of Commission on S&A
- Expert in the field
- Approved by Chairman of the BOC

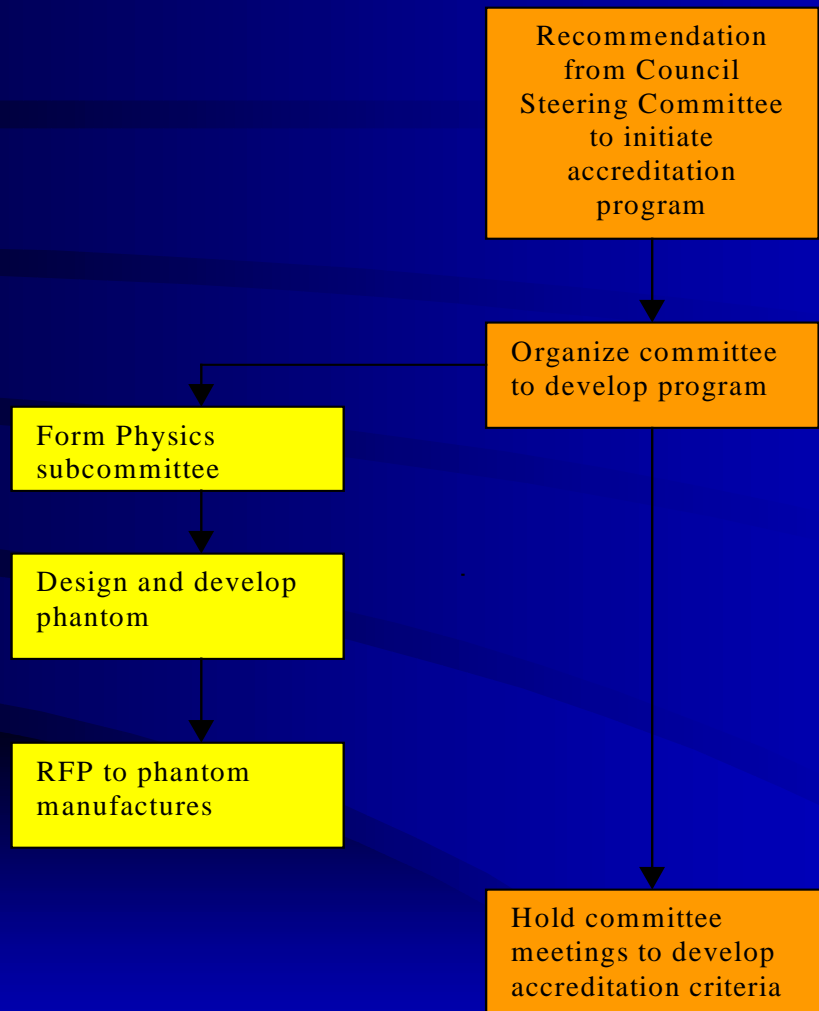
Committee Structure

- Committee chair selects radiologists & medical physicists who are experts in the field
- Broad geographic and practice settings represented
- Including representative from small and rural practice
- Liaisons from other medical specialties, if needed

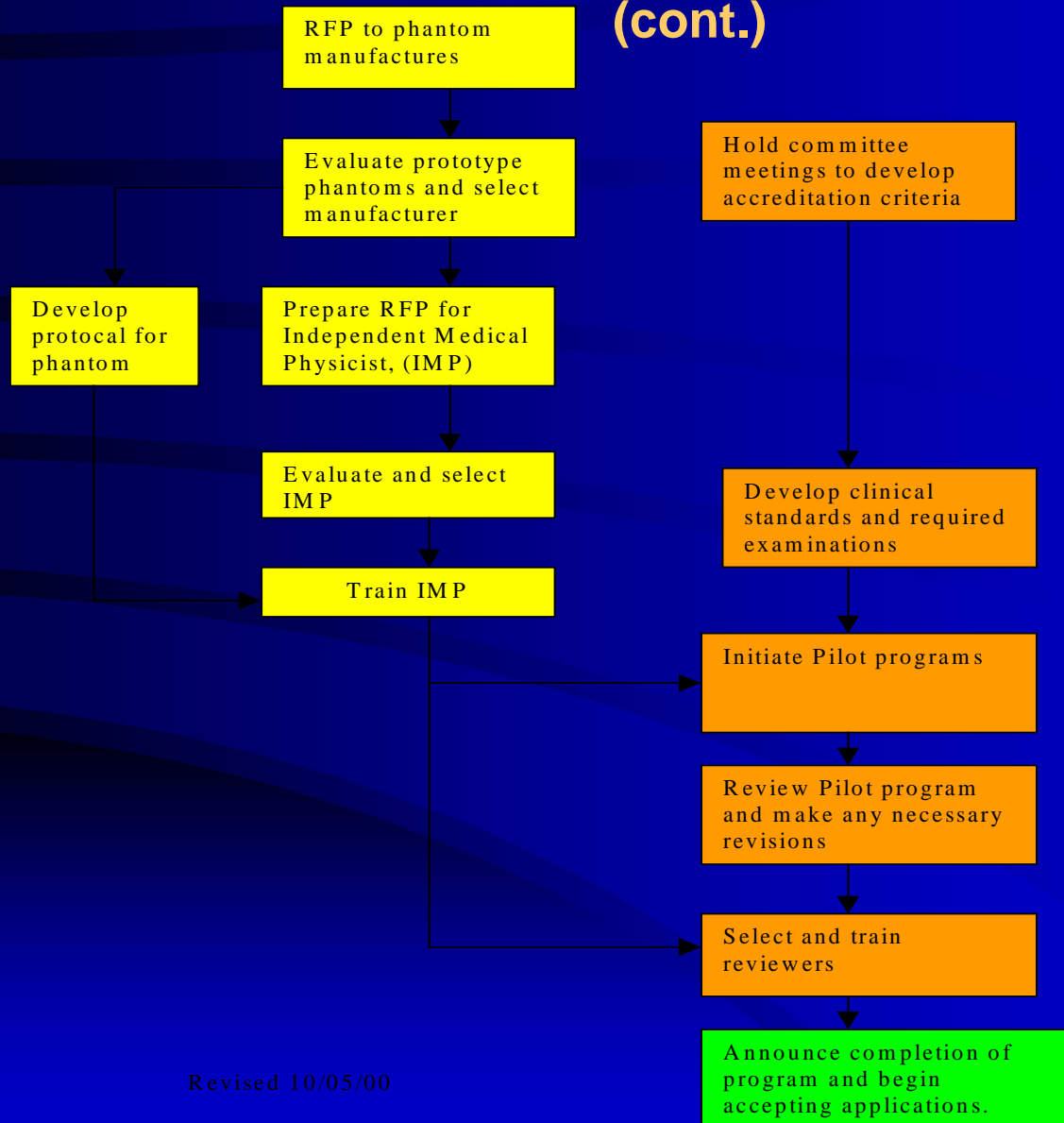
Development process

- Multiple day long meetings over 2-3 years
- Reston or Chicago
- Develop criteria for physicians, physicists and technologists based on the appropriate Standard and expert opinion

ACR Accreditation Program Development Process Flowchart



ACR Accreditation Program Development Process Flowchart (cont.)



Clinical Images

- Select exams most frequently performed and/or technically challenging
- Develop scoring process
- Test scoring process on actual cases from committee sites that represent good and poor image quality

Phantom & QC Requirements

- Developed by medical physicists
- Determine technical parameters that must be evaluated
- Evaluate existing phantoms
- Develop specifications for new phantom if necessary

Phantom & QC Requirements (cont.)

- Perform testing of existing or prototype phantom
- Optimize specifications
- Issue RFP to all potential manufacturers

Independent Medical Physicist

- Selected thru a RFP
- Evaluates all phantoms submitted from manufacturers
- Provides data to the Committee
- Once program active, does QC on every 10th phantom

Pilot Test

- Facilities from Committee members
- Representation from all practice types
- Complete all paperwork & testing
- No accreditation granted

Pilot Test (cont.)

- Paperwork evaluated by staff
- Data summarized
- Committee scores clinical and phantom images
- Validate that criteria is correct
- Make necessary modifications

Radiologist and Physicist Reviewers

- Experience in modality
- Participate in formal training program
- In active practice

Radiologist and Physicist Reviewers(cont.)

- 2 reviewers per exam/phantom
- If disagreement, to arbitration by senior reviewer
- Committee Chair QC's reviewers stats quarterly

Final Approval Process

- CSC reviews final documents and process
- BOC gives final approval

Ongoing Review

- Annual review of criteria
- Based on data
- Concordance with current Standards

Appeal process

- In response to referral to BOC of Res. 39, 1999
 - Committee of Accreditation Chairs met
 - Developed regular review process for all programs
 - Developed appeal process

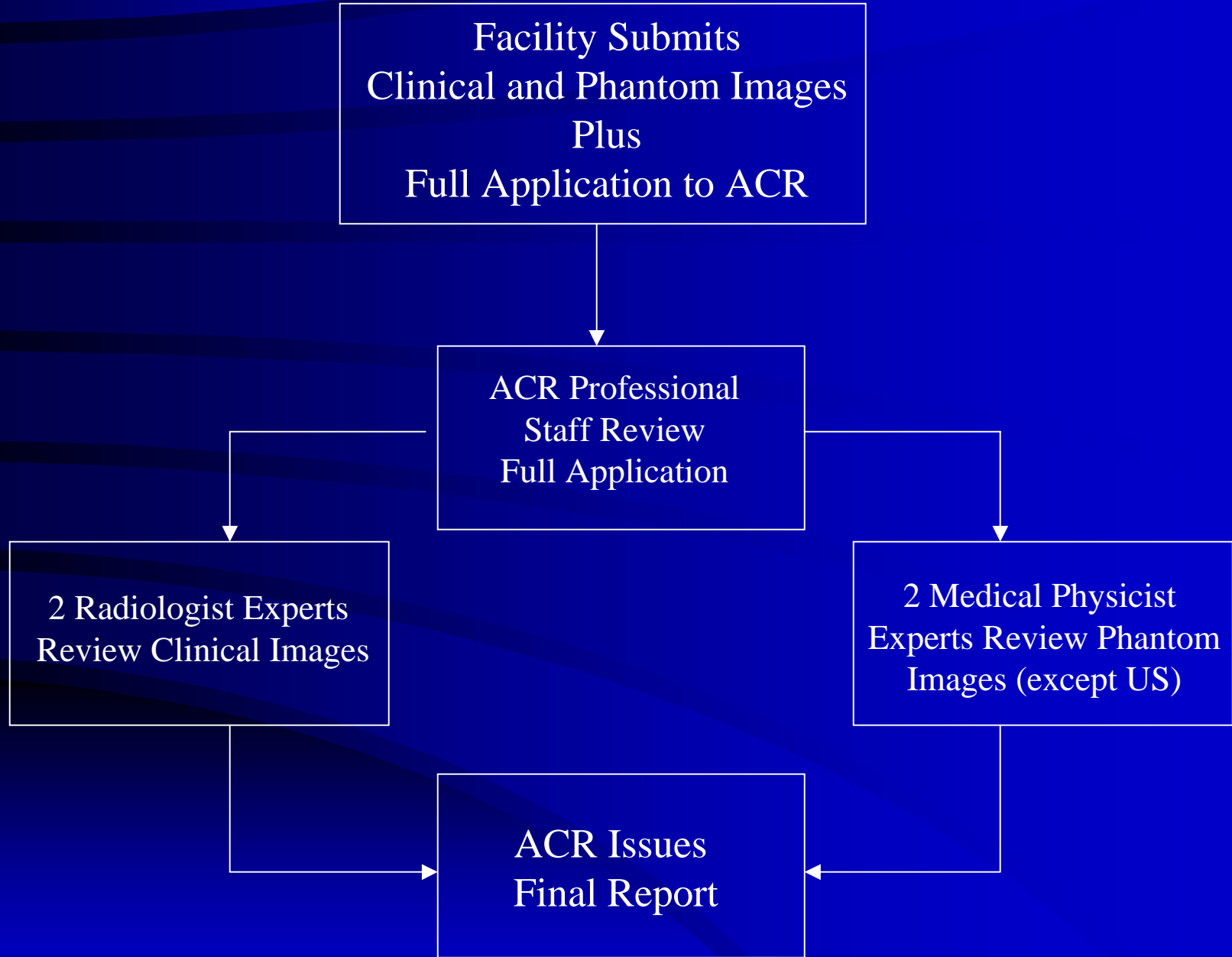
Appeal process (cont.)

- Written submission of issue by any eligible participant
- To the Chair of the Commission on S&A
- Considered by appropriate Committee and response to the Chair of S&A

Appeal process (cont.)

- Chair of S&A will respond to appellant
- Issues that may impact other programs to be considered by Committee of Accreditation Chairs

Testing Process



Clinical Images

- Submit complete exams with all images from same pt.
 - Exams must be from real pts. (not volunteers)
- Reviewer assumes images are an example of facility's best work
- Keep in mind reviewer does not have the benefit of real time
- Physician should select images for submission

Clinical Images

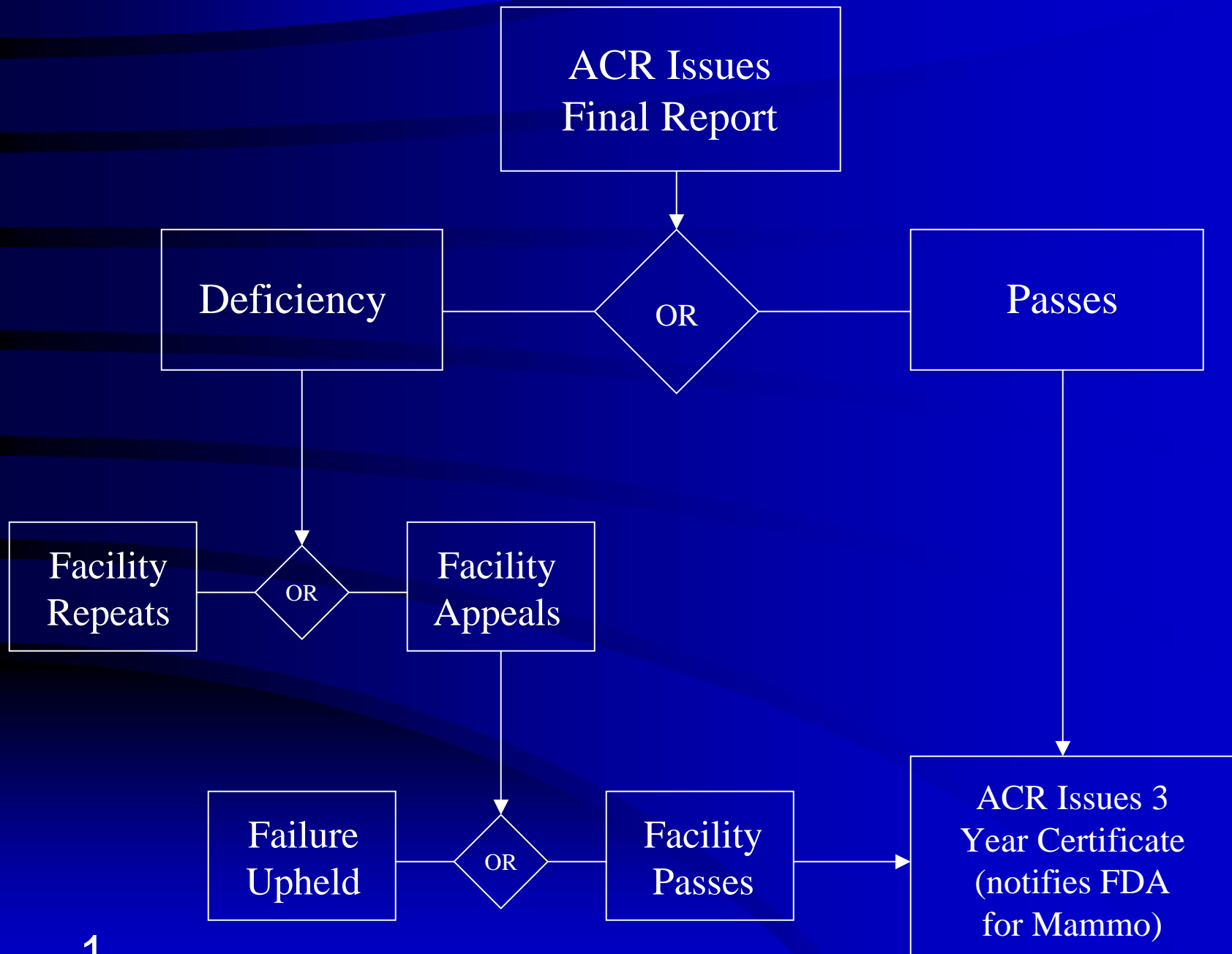
- Maintain copies of all images & patient names
- Send via Express mail, FEDEX, etc.
- Transparency; no electronic format at this time

Full Application

- Collects practice data that will enable correlation between practice patterns and equipment specifications compared to outcome on accreditation
- Documents that personnel meet criteria
- Demonstrates compliance with requirements
- QC data

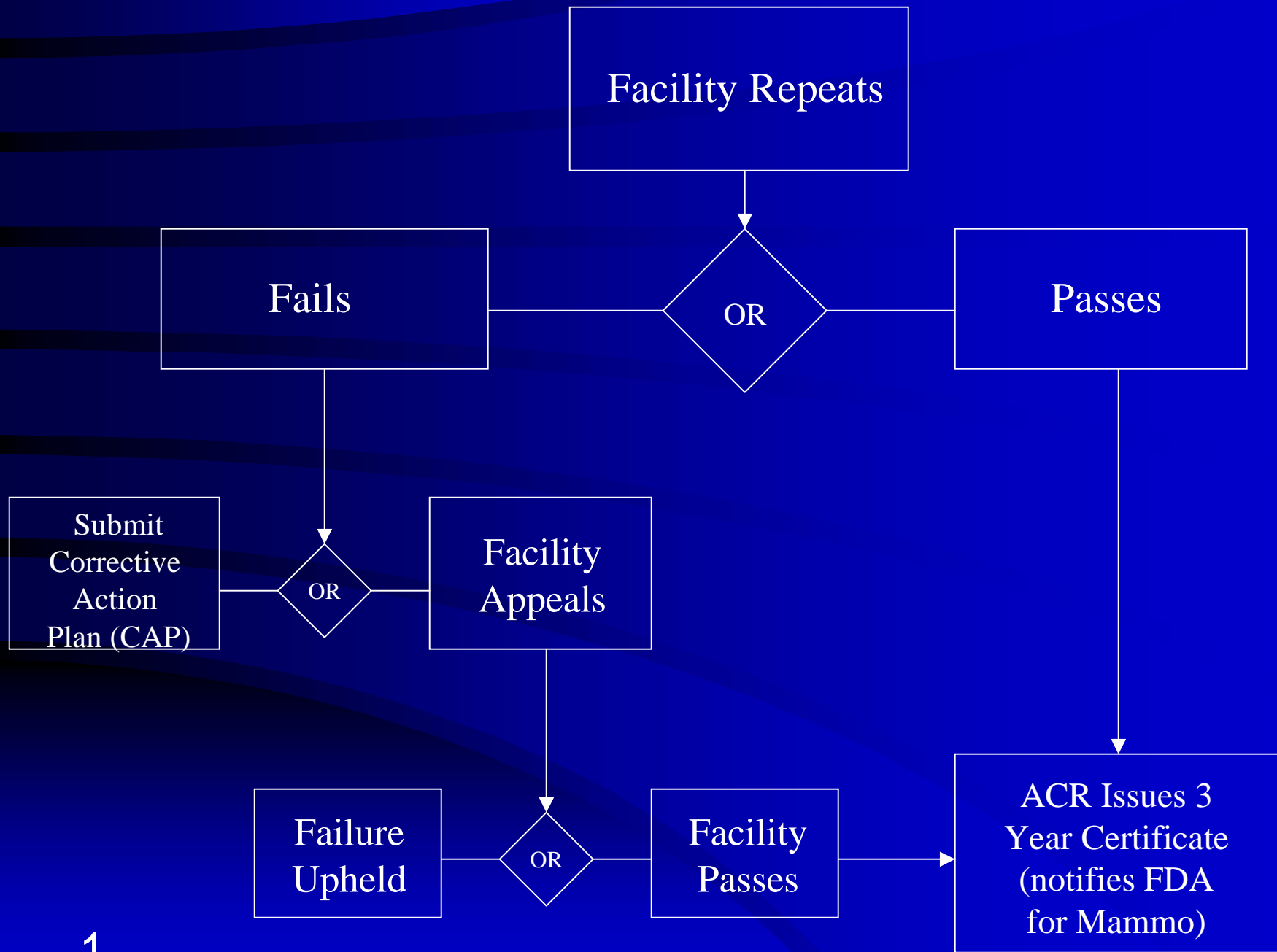
Accreditation Denial

- Deficiency report
 - clinical
 - phantom
 - dose



Repeat after Deficiency

- Submit only those images that did not pass.



Appeal Process

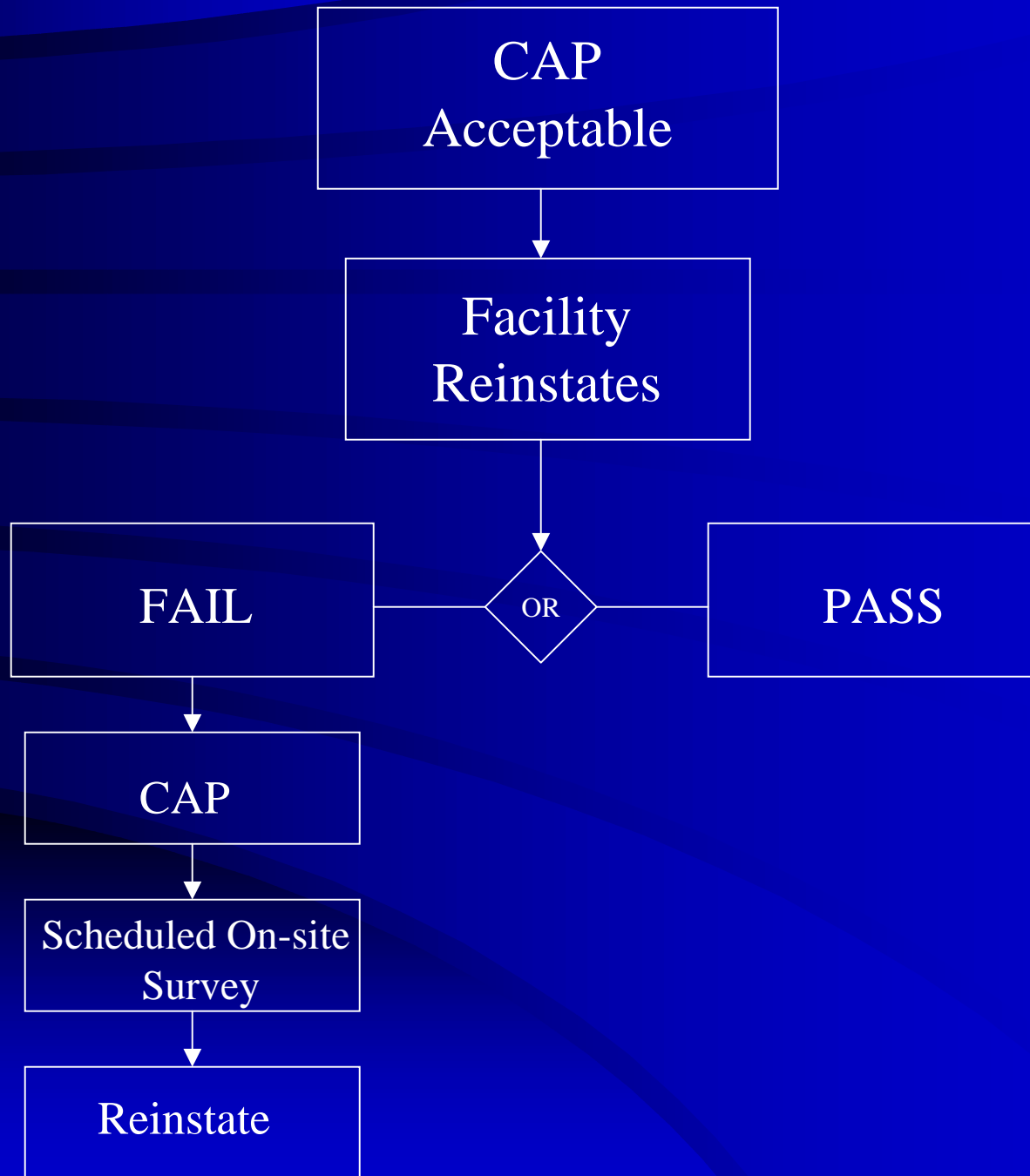
- Send letter of appeal within 30 days
- Re-submit films originally evaluated
- No new films are acceptable

Failure

- Fail after repeat
- Cease until after corrective action
 - Required for mammography
 - No reimbursement for mammography
 - Recommended for other modalities
- Apply for Reinstatement

Facility Reinstatement

- Prior accreditation history
- Corrective Action Plan (CAP)



Failure after Reinstatement

- Failure on third attempt
 - Cease mammography
- Submit CAP with timeline
- ACR site survey at cost to facility

Scheduled On-Site Survey

- Completion of Corrective Action Plan
- More intensive education
- M.D. surveyor evaluates/consults re: clinical image quality
- Physicist surveyor evaluates/consults re: equipment & QC

Equipment Change

- Also applies to used or moved unit from a sister site
- Physicist's survey/equipment evaluation
- > 1 year left on accreditation
 - Full testing (clinical-phantom-dose-processor)
 - If approved, same expiration dates as other units
- < 1 year left on accreditation
 - Early renewal of entire facility (all units)
 - If approved, expiration date for all units is old +3 years

Renewal

- ACR sends notice 8 months in advance
- Facility should apply 6 months before expiration
- All units at the same time

Validation Film Checks

- ACR designates date for:
 - 1 Set of clinical images
 - Phantom image w/dosimeter (if appropriate)
 - QC data

Goals of On Site Survey

- Education
- Validation

On-site Survey

- Radiologist Responsibilities
 - Team Leader
 - Evaluate clinical image quality
 - Consult with radiologist regarding clinical interpretation
 - Evaluate follow-up logs

On-site Survey

- Physicist Responsibilities
 - Equipment verification
 - Review of annual physicist report
 - Review & score phantom images
 - Image phantom and dosimeter
 - Review & evaluate all QC logs

On-site survey

- ACR Staff Verification
 - Application data
 - Federal, state & local licensure/certification

Scheduled On-Site Survey

- After second fail
- Completion of Corrective Action Plan
- Demonstrate positioning
- More intensive education

Annual Updates (MAP only)

- Personnel changes
- Equipment changes
- Quality Control logs
- Physicist report

Renewal

- ACR sends notice 8 months in advance
- Facility should apply 6 months before expiration
- All units at the same time

COST

- Total charges for existing accreditation programs average approx \$550 per FTE radiologist per year
- Charges are generally lower than other organizations' accreditation programs
- Total charges for existing plus planned programs is approx \$1200 per FTE radiologist per year.

COST

- Accreditation fees for hospital-located facilities are usually being paid for by the hospital
- If a diagnostic practice makes use of all existing ACR accreditation programs, the fees on average total 0.1% of the revenues (professional + technical) *

*Does not include cost of purchasing phantom or doing quality assurance, or cost of administrative and related work to submit an application.

ACR ACCREDITATION Programs Statistics(as of 5/31/01)

Program	Facilities Applied	Units Applied	Facilities Accredited	Units Accredited
Mammography	9322	12,890	8911	11,924
Ultrasound	2320	N/A	2164	N/A
MRI	2690	3207	1818	2056
Stereo Breast Bx	544	551	488	513
Breast Bx/US only	428	N/A	314	N/A
Nuclear Medicine	54	132	18	30

Radiation Oncology

Total Facilities Accredited	163
-----------------------------	-----

Survey scheduled	20
------------------	----

Medicare Carriers - Vascular Ultrasound

- LMRP requires accreditation by ACR or ICAVL
- or RVT Certification

Medicare Carriers - Vascular Ultrasound

AK

HI

NV

TX

AZ

MD

OH

WA

CO

NJ

OR

WV

DE

NC

PA

WY

DC

ND

SD

THIRD PARTY PAYERS

Private

- Aetna US Healthcare MRI, Mammo,
OB US
- Blue Cross of NJ min standards for any
provider of imaging
- Blue Cross of PA OB US
- Cigna of CT OB US
- Highmark Blue Cross of PA MRI
- NY Medical Imaging, PLLC MRI, US (outpt)

States that require Accreditation

CA

MA

NJ

NY

OH

OB US (prenatal dx ctrs.)

Stereo

RO

RO

OH