How the ASNC *ImageGuide Registry* will guide healthcare policy

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The American Society of Nuclear Cardiology (ASNC) is the leader in education, advocacy, and quality for the field of nuclear cardiology. ASNC is the voice of more than 4,600 physicians, technologists, and scientists worldwide who are dedicated to the science and practice of nuclear cardiology. Since 1993, ASNC has been establishing the standard for excellence in cardiovascular imaging through the development of clinical guidelines, professional education, and research development. While our organization is centered on the practice of diagnostic imaging, it is important to note that a significant percentage of our membership is invested in the practice of general cardiology as well. ASNC leadership believes strongly that the next opportunity for ASNC to innovate and set the standard of excellence is with the development and implementation of a clinical registry, *ImageGuide*, to support the many activities and constituencies that comprise our diverse membership.

ASNC has been actively engaged in advocating for its members to promote quality, value, and equitable payment and delivery models, and is concerned about the current instability posed by the sustainable growth rate and the way in which it complicates physicians' ability to make desired improvements to their practices, such as the purchase of capital equipment. Data from the American Medical Association (Figure 1) illustrate a divergent trend in practice costs and Medicare payment—declining payment makes it difficult to support a practice and staff. ASNC is actively engaged in the promotion of a *workable* alternative reimbursement model rather than merely searching for a quick or easy solution.

Current attempts by Centers for Medicare & Medicaid Services (CMS) to reward quality, namely the Physician Quality Reporting System (PQRS), do not provide actionable information to many healthcare professionals, including nuclear cardiology providers. Moreover, PQRS does not contain measures pertinent to nuclear cardiology and other sub-specialties. The integration of clinical data registries into new payment models may lead to appropriate and clinically relevant quality improvement metrics, as well as strategies for their use in future quality improvement endeavors. ASNC consistently stresses physicians' and technologists' responsiveness to timely, targeted feedback. Therefore, the development of the ASNC *ImageGuide Registry* comes at a fortuitous moment.

CLINICAL DATA REGISTRIES

Appropriate use criteria (AUC) were developed by the American College of Cardiology in partnership with ASNC and several other organizations in order to reduce the number of inappropriately ordered tests. Decision-support tools such as guidance on the proper use of stress protocols and tracers are important initial steps in quality imaging. ASNC will continue to collaborate in the development of decision-support tools to assist referring physicians and nuclear cardiology professionals. To further ensure appropriateness and patient-centered imaging, ASNC is currently establishing the groundwork for the *ImageGuide Registry*. This is a natural progression of prior quality initiatives, such as clinical application guidelines, imaging procedure guidelines, physician certification, lab accreditation, and AUC.

We envision that the *ImageGuide Registry* will be instrumental in developing a robust set of clinical performance metrics of interest to private payers, the CMS, and policymakers. These metrics may add further weight to the reality that medical imaging is good medicine, and inform proper reimbursement and

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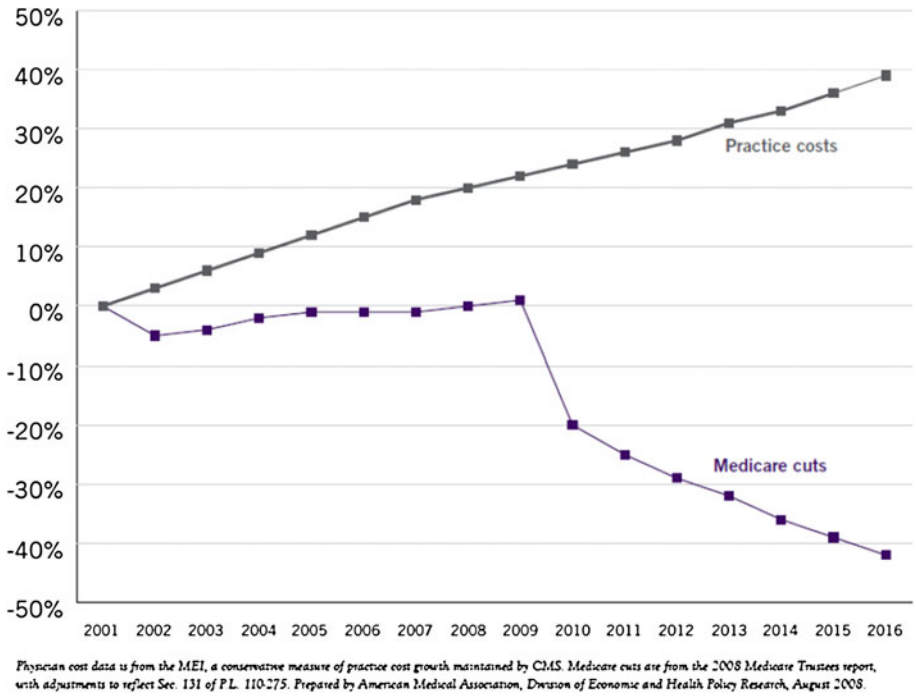

Figure 1. Physician's reimbursement losing ground to inflation, costs.

performance incentives. Advancements in medical imaging have changed the way cardiologists, oncologists, obstetricians and gynecologists, urologists, family practitioners, neurologists, orthopedic and other surgeons, and many other physicians deliver patient care on a daily basis. By integrating medical technology into care plans, patients are receiving more prompt, efficient, effective, and cost-effective care. In addition to traditional diagnostics employing medical imaging, we now use imaging to guide minimally invasive treatments and to track ongoing treatment protocols through judicious use of medical imaging. We are enabled as physicians to adjust patient-care plans mid-therapy to achieve the best possible outcomes. Several specialist groups intimately integrate medical imaging in the most delicate and intricate aspects of their care. The prudent use of medical imaging to guide a patient's treatment regimen is not only excellent medicine—it also manages short- and long-term costs by reducing wasteful and ineffective invasive testing and treatments.

ASNC is currently establishing the groundwork and defining initial quality metrics. The initial phase of Registry development (end of 2013-early 2014) will be focused on data collection of foundational performance metrics that relate to radiation safety and dose protocols, timely reporting of test results, and clinical indication. Registry results will be focused on building the resources related to the implementation of patient-centered imaging protocols, improved reporting, and appropriate use. Although we describe these metrics as foundational, they are of profound importance. A nuclear laboratory may adhere to AUC, yet the positive contributions to patient management and care are limited if test results are not communicated in a timely and efficient manner.

In subsequent phases (2015-2016), ASNC intends to develop the capability to follow the patient through the continuum of care. Partnerships with other registries in the field of cardiology will assist this initiative. By tracking adherence to AUC and resulting treatment decisions, the *ImageGuide Registry* may illustrate that nuclear cardiology positively affects downstream costs through more appropriate selection of patients who need invasive testing or revascularization and the management of congestive heart failure. In addition, the Registry may illustrate that nuclear cardiology improves patient outcomes by more appropriate risk stratification to more advanced therapies, should they be required. Thus, the Registry may fully illustrate how diagnostic imaging informs treatment decisions to better serve both the patient population and the Medicare program.

ASNC expects that the metrics developed by the *ImageGuide Registry* will enable Congress and CMS to gauge ongoing clinical improvement initiatives. With these data, Congress and CMS may effectively tie reimbursement to these initiatives. Credit should be

given for quality improvement initiatives that are already in place and are ongoing, not just for new initiatives each year. For example, a provider should receive ongoing recognition for achieving and maintaining subspecialty board certification, lab accreditation, performing laboratory quality assurance, and participation in the ASNC Registry. These are integral quality activities. Annual ''metric updates'' must not ignore these ongoing quality measures and simply look for new quality initiatives each year. Financial incentives should be provided to physicians who participate in registries, receive feedback, and address any quality deficiencies that are discovered.

REWARD CLINICAL IMPROVEMENT ACTIVITIES AND PAY FOR PERFORMANCE

ASNC embraces a payment methodology which rewards a specialty's advancements in care quality and clinical improvement activities. Nuclear cardiologists strive to provide high-quality care and have developed a wide array of decision-support tools to improve patient care. These include strategies to reduce radiation exposure, means of increasing image quality, promoting the accurate interpretation of test results through peer review, and an array of AUC for diagnostic imaging. The current fee-for-service structure does not provide adequate reimbursement for these activities. It is ASNC's position that a reimbursement system which incentivizes the use of clinical improvement activities may more effectively encourage these initiatives in nuclear cardiology.

Differences in specialties should be based on the specific quality and improvement targets. The overall approach should strive to reward and recognize improvements rather than the development of absolute, punitive thresholds. The overall approach and framework should be similar across specialties. The concept of ***continuous*** quality improvement should be the first and foremost—new payment models should improve the aggregate quality of care rather than seek to eliminate all outliers.

ASNC seeks to advocate for improved payment and delivery models utilizing the *ImageGuide Registry* to support the field of nuclear cardiology and promote quality. Cardiac imaging is an important element in the continuum of cardiovascular care. ASNC continues its history of demonstrated and ongoing quality with innovative tools such as *ImageGuide.*