



ACC Focus on Cardiac Imaging Appropriate Use



Cardiac imaging growth has been on the decline over the past 10 years, indicating increased adherence to appropriate use criteria (AUC) for imaging tests, according to a Leadership Page article in the *Journal of American College of Cardiology*.

"Physicians who have been provided with AUC data on their imaging use have recognised their shared responsibility for appropriate use of imaging services and have improved their practice patterns," writes Dr. Robert Shor, Secretary and Chair of the Board of Governors of the American College of Cardiology.

However, he notes that physicians continue to face some major challenges, including prior authorisation and claim denials by payers. Previous research has shown that U.S. physicians spend more than 868 million hours yearly on prior authorisation activities¹. "Finding ways to educate payers, lawmakers, and physicians themselves about the AUC process and how they can hold down costs, improve treatment efficacy, and ensure patient safety is key to this effort," Dr. Shor says.

To facilitate greater understanding and use of AUC, several years ago the ACC changed its original rating methodology of "appropriate," "uncertain," and "inappropriate" to "appropriate," "may be appropriate," and "rarely appropriate."

In addition, the College has continued to expand its "Imaging in FOCUS" (FOCUS) initiative to help providers better understand their imaging practices, identify areas for improvement, and incorporate AUC at the point of care. Data from providers involved in FOCUS have shown a significant decrease in the proportion of single-photon emission computed tomography myocardial perfusion imaging tests not meeting appropriate use, from 11 percent to 5 percent in a cohort of more than 1,000 studies². Another study of 472 patients with suspected coronary artery disease found that the use of a real-time, multimodality decision-support tool, like that used in FOCUS, led to a reduction in inappropriate testing from 22 percent in the first two-month period to 6 percent in the last two months³.

"As a result of these successes," Dr. Shor says, "the College is expanding FOCUS beyond health plans and the current case-review tool to offer an ongoing subscription service directly to hospitals and practices that integrates AUC decision support directly into electronic health records for all noninvasive cardiac imaging."

Other steps aimed at promoting use of AUC include:

- Pilot efforts in several states that use FOCUS either as part of an alternative payment model;
- Plan to create a reporting mechanism for denial and test substitutions to better advocate on behalf of patients and ACC members;
- Ongoing discussions with the Centers for Medicare and Medicaid Services, other medical societies, and others around the upcoming implementation of the AUC mandate.

"We are urging that our ACC AUC be used and included in the mandated Centers for Medicare & Medicaid Services rules and are quite hopeful that this will occur," says Dr. Shor.

References

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