



Leaders in Imaging Quality,
Safety and Education

NEWS



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CHAIR'S CORNER

RadSite Partners with Health Plans to Improve Radiation Quality and Safety

by *Cherrill Farnsworth*
RadSite Founder and Advisory Board Chair

When we were running a chain of medical imaging facilities in the late 1980s and throughout the next decade, our excellent equipment with the latest upgrades, highly trained and licensed technologists and sub-specialty radiologists were a source of pride.



I was astonished to discover that some facilities out there were using pre-owned equipment, did not require their technologists to be licensed, and even employed non-radiologists—yet they were

See Chair's Corner, page 5

RadSite Expands On-Site Audit Program

RadSite has ramped-up its auditing to ensure compliance with RadSite Standards. The purpose of the RadSite on-site audit program is to verify the information submitted by applicants as well as what truly takes place at each facility. The on-site review process was originally established to promote the integrity of the RadSite Assessment Program (RAP Level I) and has been expanded to the RadSite Accreditation Program (RAP Level II).

The enhanced on-site audit program is designed to assess how imaging personnel are implementing their quality practices and maintaining their imaging equipment.

The on-site audit includes a thorough review of all key components of the RadSite application, such as responsibilities and qualifications of staff, physician credentials, compliance with state and federal regulations, and enforcement of policies and procedures. In any given month, RadSite visits over a dozen imaging providers in various geographic locations.

The enhanced on-site audit program is designed to assess how imaging personnel are implementing their quality practices and maintaining their imaging equipment. The audits also are designed to be an educational process that promotes best practices. RadSite also carries out desktop audits to validate its review of imaging practices.

RadSite audits ensure the policies cited on the RadSite assessment are carried out in day-to-day clinical practice. Auditors review the equipment, overall aspects of the site, and documentation requested in a pre-audit email. "The on-site audit process insures that facilities are meeting a high

See On-Site Audit Program, page 5

| | |
|--|---|
| Chair's Corner: RadSite Partners with Health Plans to Improve Radiation Quality and Safety | 1 |
| RadSite Expands On-Site Audit Program | 1 |
| President's Message: Optimizing Committee Support | 2 |
| RadSite Names Industry Leaders to New Committees | 2 |
| Medical Director's Notes: The Potential Impact of Expanding Quality Initiatives in Medical Imaging | 3 |
| The Impact of Physics on Medical Imaging | 4 |
| Employee Spotlight: Merlin Griggs | 4 |

PRESIDENT'S MESSAGE

Optimizing Committee Support

by Garry Carneal, RadSite President

One of the more exciting and important accomplishments RadSite has achieved over the past year is the expansion of our governance system



overseeing the business operations and quality benchmarking programs. A primary goal is to promote integrity, transparency and accountability in everything we do.

Our expanding committee system now includes more than 50 volunteers who serve on one or more of RadSite's committees.

For example, most strategic and business planning issues are supervised by RadSite's Advisory Board. Standards development and quality metrics are promoted through our Standards Committee. RadSite's certification and accreditation programs

are supervised and supported by our Accreditation Committee. In addition, RadSite has just launched an internal Quality Assurance Committee to upgrade key activities within the organization.

A primary goal is to promote integrity, transparency and accountability in everything we do.

RadSite is fortunate to have such a wide array of experts to help run our committee system. Whether you are in the radiology field or not, we are always looking for more individuals to support RadSite's patient-safety mission.

RadSite is committed to building evidence-based processes and measurements that are integrated into all its quality programs. RadSite's committee structure provides an important third-party peer review system to ensure a best-in-class operation.

Give us a call or email us if you would like to learn more or get involved with RadSite. You can contact me directly at (855) 440-6001 or carnealg@radsitequality.com. ●

RadSite Expands Board and Committees

RadSite has named three new members to the RadSite Advisory Board. Members of the board are the visionaries behind the organization's quality benchmarking activities to assess a full-range of imaging providers in all clinical settings.

New industry and professional members of RadSite's Advisory Board include:

- **Anthony DeFrance, MD**, clinical associate professor, Stanford University; director of cardiology, HealthHelp; medical director for the CVCTA Education Center; and director of cardiovascular imaging at Nevada Imaging Centers
- **David Levin, MD**, former chair of radiology at Thomas Jefferson University Hospital, and faculty appointments/leadership roles at the New York Hospital-Cornell Medical Center, Downstate Medical Center, Harvard Medical School, and Brigham and Women's Hospital

- **Jon Shanser, MD**, diagnostic radiologist at Reno Diagnostic Center; former chairman of the ACR Coding & Nomenclature Committee and its Regulatory Compliance Task Force; former president of the CRS; and current Executive Committee member.

"RadSite is fortunate to have the guidance from these experts and other distinguished representatives of the health care community, many of which are leaders in their respective sub-specialties," says Cherrill Farnsworth, board chairperson. "Over the past several months, RadSite has added a number of knowledgeable individuals as we develop new programs that further promote our quality-benchmarking activities and patient-safety mission."

In addition, **Angelic McDonald, BS, MS**, Methodist Willowbrook Hospital, has joined the RadSite Standards Committee. This important committee oversees development of the new evidence-based quality benchmarks, along with revisions to existing standards, based on emerging best practices along with regulatory requirements.

See RadSite Expands Board, page 6

MEDICAL DIRECTOR'S NOTES

Expanding Quality Initiatives in Medical Imaging

by William W. Orrison, Jr., MD, MBA
RadSite Chief Medical Officer

The concept of setting standards to enhance the quality of medical imaging is neither recent nor novel. It is also not without controversy. Whenever a new initiative is introduced it comes at a price, and concerns over medical costs in the United States have never been greater than in our current economic environment. Therefore, it is important to assess the potential benefits of additional quality programs as well as attempt to control the costs of any program being initiated.



A model quality program in medical imaging is the Mammography Quality Standards Act (MQSA). This act was passed and signed into law in November 1992 and took effect on October 1, 1994.¹ The Food and Drug Administration (FDA) was charged with implementation and enforcement of MQSA. Although the MQSA program has demonstrated an improvement in the quality of mammography, it has not come without significant cost, and mammography personnel spend hundreds of hours annually meeting compliance.² These are expensive hours and some may argue those hours would be better spent taking care of patients or on continuing medical education. Nonetheless, the Government Accountability Office (formerly the General Accounting Office) has published several reports confirming the positive effects of the MQSA program, but also identifying problems that have prompted changes to the inspection process.

The Medicare Improvements for Patients and Providers Act (MIPPA) was signed into law on July 15, 2008, and took effect on January 1, 2009. The provision relating specifically to Advanced Diagnostic Imaging requirements went into effect on January 1, 2012. The bill only applies to free-standing imaging centers and requires that all non-hospital suppliers of the technical component of specific advanced diagnostic imaging services

including CT, MR, and Nuclear Medicine/PET obtain accreditation by January 1, 2012, as a condition for reimbursement by Medicare. Critics of the MIPPA bill point to the omission of the same requirement for hospitals as one of their objections along with high costs and potentially biased accrediting bodies.

Regardless of the bill's weaknesses, the intent is to follow in the path of MQSA by attempting to expand similar standards to a broader area of the imaging spectrum. No doubt these types of programs will undergo additional expansions in the future until all imaging modalities are included. RadSite has been a national leader in this regard by providing affordable, efficient and unbiased review for the full spectrum of medical imaging modalities since 2005, and has reviewed more than 60,000 imaging systems.

RadSite tracks radiology and imaging trends throughout the United States, and offers educational programs, publishes issue briefs, and underwrites research on a complimentary basis to raise awareness of patient safety issues and to promote best imaging practices. RadSite's primary goal is to assist imaging providers in achieving the highest possible standards of patient care and safety in an affordable, unbiased, efficient, and effective manner. For additional information, please visit www.radsitequality.com. ●

References:

- ¹ Mammography Quality Standards Act, 42 USC 102-539 (1992)
- ² Hendrick RE, Paquelet JR. Is the Mammography Quality Standards Act worth the cost? *Radiology* 1995;197:53A-57A
- ³ US General Accounting Office. Mammography services: initial impact of new federal law has been positive. Washington, DC: US General Accounting Office, 1995. GAO publication HEHS-96-17
- ⁴ US General Accounting Office. FDA's mammography inspections: while some problems need attention, facility compliance is growing. Washington, DC: US General Accounting Office, 1995. GAO publication HEHS-97-25
- ⁵ US General Accounting Office. Mammography services: impact of federal legislation on quality, access and health outcomes. Washington, DC: US General Accounting Office, 1997. GAO publication HEHS-98-11

The Impact of Physics on Medical Imaging

Part Two: Roentgen receives the first Nobel Prize in Physics

by Stewart Bushong, ScD, FAAPM, FACR
RadSite Chief Medical Physics Officer

This is the second in a series of articles on the impact that physics and physicists have had on the field of medical imaging. In the first article, I highlighted that 21 Nobel Prizes in Physics had been awarded to scientists who had made exceptional contributions to the field of medical imaging.



The first of these Nobel Prizes went to Wilhelm Conrad Roentgen for the discovery of x-rays. On November 8, 1895, Roentgen was working in his physics laboratory at Wurzburg University in Germany. He had darkened his laboratory and completely enclosed his Crookes tube with black photographic paper so he could better visualize the effects of the cathode rays in the tube. A plate coated with barium platinocyanide,

a fluorescent material, happened to be lying on a bench top several feet from the Crookes tube.

Roentgen observed no visible light from the Crookes tube because of the black paper enclosing it, but Roentgen noted that the barium platinocyanide glowed regardless of its distance from the Crookes tube.

During the 1880s and 1890s, many university physics laboratories were investigating the conduction of cathode rays, or electrons, through a large partially evacuated glass tube known as a Crookes tube. The inventor of the device, Sir William Crookes, was an Englishman from a rather humble background who was a self-taught genius. The tube that bears Crookes name was the forerunner of modern fluorescent lamps and x-ray tubes.

Roentgen feverishly investigated this “x-light” as he called it and reported his results to the German Scientific Society before the end of 1895. What is so amazing about Roentgen’s discovery is that: a) it was accidental; b) no fewer than a dozen other physicists had previously observed x-rays, and failed to recognize their significance; and c) his scientific vigor was so complete that within a month he had described x-rays with nearly all the properties we recognize today.

Stay tuned for the next article in this series, to be published in the Summer 2012 edition of *RadSite News*. The focus will be Henri Becquerel and the discovery of gamma rays. ●

EMPLOYEE SPOTLIGHT

Merlin Griggs

Merlin Griggs has a passion for technology that transcends into his role at RadSite as a program support specialist. This Houston native is approaching his one-year anniversary with the company and enjoys working with facilities all over the nation to ensure radiology professionals are utilizing the proper technologies to promote patient safety.



“I look forward to helping patients receive the proper care without causing any long-term health problems,” Griggs says. “It is important for medical imaging equipment to be inspected and safe for patients.”

This is his first foray into the health care industry—previously Griggs worked as a field engineer with Center Point Energy and he earned a Bachelor’s in Business Administration from Wiley College in Marshall, TX.

“I’m very up-to-date as far as electronics are concerned and they are definitely a passion of mine,” he says. “Along similar lines, I would like to go back to school for a Master’s in Computer Information Systems.”

In addition to checking out the latest pieces of technology to hit the market, Griggs also enjoys playing basketball and traveling. He just returned from Miami and hopes to visit Turks and Caicos in the near future.

“I can see the company growing quickly and it’s very exciting,” says Griggs in regard to the future of RadSite. “It’s nice to see so many more people completing the assessments and also to watch our team grow and have the ability to help more people.” ●

CHAIR'S CORNER

from page 1

reimbursed by payers the same amount as facilities and departments like ours, which utilized best-in-class equipment and highly qualified staff.

Unfortunately, no business incentives exist in the medical imaging industry that encourages facilities to buy the best equipment and employ the finest people. The amount they are reimbursed and their revenue remains the same while the overhead is higher.

Having been in the business community for years, I was completely stumped as to why and how this came to be. I came to the conclusion that, above all, there was no reliable information to help payers and patients. For example, an easily understandable facility rating that could facilitate differential payments and ensure quality.

Since RadSite's inception, other payers have joined our mission of promoting quality-based imaging and requiring facilities to meet our standards.

At that time, very few members of the radiology community were overly concerned with best practices, safe equipment and patient safety. RadSite's chief medical officer, Dr. William Orrison, and I were two of the few campaigning in Washington D.C. for radiation safety. Needless to say, we didn't get a lot of traction on the issue.

In 1999, I sold the group of imaging facilities and decided to build HealthHelp, a company that would help payers understand what they are buying in terms of medical imaging equipment, and assist doctors in ordering the right exam the first time to reduce radiation exposure for patients.

It made so much sense to ensure medical imaging facilities were safe, capable, and had appropriately trained physicians to read the exams, before worrying about which imaging procedure was to be ordered. Dr. Orrison and I had a vision for a health care industry where all payers, ordering physicians, and patients would know the quality and safety score of the facility at which they were getting the exam,

and facilities would be paid a differential on quality to incentivize them to have the safest, most accurate equipment and personnel.

Of all the health plan providers across America, Humana was one that took a clear leadership role in quality and safety in radiology, before it was in the press and became the "right thing to do." Humana Health Plans signed a contract with HealthHelp to handle their radiology management. In 2005, once the contract was in place, we went live with RadSite.

It was a priority for RadSite's leadership team and Advisory Committee to recognize facilities that not only met best-in-class standards, but that they felt comfortable sending members of their own families to for medical imaging procedures.

Humana held true to its slogan of *Guidance When You Need It Most*. In fact, James Long, Humana's director of national contracting, sits on RadSite's Advisory Board. This speaks volumes about Humana's continued commitment to safety.

Since RadSite's inception, other payers have joined our mission of promoting quality-based imaging and requiring facilities to meet our standards. The federal government is currently considering accrediting RadSite for their Medicare members. It has been exciting to watch RadSite develop into what it is today, and I am looking forward to seeing our vision come to fruition through the efforts of our highly qualified team of industry professionals. I know Americans will be safer because of what RadSite is doing every day. ●

ON-SITE AUDIT PROGRAM

from page 1

quality of patient care and allows the facilities to receive expert guidance in such areas as radiation safety, quality clinical practice, and imaging protocols," says Phillip W. Patton, PhD, CHP, DABR, RadSite's on-site audit coordinator and staff physicist.

All RadSite certified and accredited organizations must agree to be audited on-site, whether they are selected randomly or if an audit becomes necessary due to a complaint or low score.

For more information about RadSite's audit program, visit www.radsitequality.com and click on the "Get Started" tab. ●

RADSITE EXPANDS BOARD

from page 2

Carolyn Core, RT-(R) (M), MGA, CPHIMS, president of Anne Arundel Diagnostics Imaging, has been named to the Accreditation Committee, which oversees RadSite's certification activities for imaging facilities and systems, including the online assessment process and audit program.

Committee appointments are for one year and can be renewed for additional terms. RadSite established the committees as part of an expansion of its critical mission of assessing, tracking and reporting imaging trends.



In addition, RadSite has named **James Long**, director of national contracting for Louisville, KY-based Humana, vice chair of its Board of Advisors. He has served on the Advisory Board since 2010.

"As one of the country's leading authorities on imaging quality and standards, the strength of our volunteers is vital as we gain industry-wide support," says Garry Carneal, RadSite president & CEO. "With over 60,000 imaging systems reviewed at close to 23,000 imaging facilities across the United States, RadSite is clearly going to have an impact on the future quality of imaging."

RadSite's governance structure is run by a wide array of stakeholders in health care. Its programs include a quality assessment of health plan networks, the RadSite Assessment Program (RAP Level I), the creation and promotion of educational materials for both the industry and consumers, promotion and distribution of the *Medical Imaging Consulting, 4th Edition*, data warehousing and analysis of imaging quality standards across the United States, and the development of RadSite's new RadSite Accreditation Program, currently under review for Centers for Medicare and Medicaid Services (CMS) recognition.

To learn more about RadSite or any of its volunteer activities, please contact Junellen Neese at (281) 582-1806 or neesej@radsitequality.com. ●



Senior Management

The RadSite Team is made up of many credentialed experts in the field, including:

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RadSite Advisory Board Chair

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President & CEO

Stewart Bushong, ScD, FAAPM, FACR

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