Presenters and Disclosures

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Disclosures – full time employee IAC

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What is your role?

- Physician
- Nurse
- Nurse Practitioner
- Practice Administrator
- Technologist/Sonographer
- Administrative/Support Staff
- Other
What type(s) of imaging does your facility/practice currently provide?

- Nuclear cardiology
- CT
- MR
- Echocardiography
- Noninvasive vascular

Is your imaging facility currently accredited?

- Yes
- No

What is your comfort level with the accreditation process?

- High – extremely comfortable
- Medium – some lingering questions
- Low – unsure of where to begin
- Unsure
Do you plan to apply for accreditation/reaccreditation in 2011?

- Yes
- No

Have you participated in previous webinars on this subject?

- Yes, ACC's – May 2010
- Yes, ACC's – December 2010
- Yes, IAC
- Yes, ACR
- No

Intersocietal Accreditation Commission

Improving Health Care Through Accreditation

Red=advanced imaging
Factors Affecting the Growth of Accreditation

1. Reimbursement - Medicare
   - LCDs by state and now 15 MAC LCDs (1996 – present, affects vascular and echocardiography)
2. Reimbursement – Private Insurers
   - United Healthcare (Affects "advanced imaging" – MRI, CT, PET, nuclear medicine plus echocardiography)
   - Various other private insurers and RBMs
3. Reimbursement – Federal Mandate
   - MIPPA 2008
   - Affects "advanced imaging" (Nuclear, PET, MRI, CT)
   - Does NOT affect echocardiography, vascular

MIPPA 2008

Medicare Improvements for Patients and Providers Act of 2008
• For "advanced" imaging – accreditation will be required by January 1, 2012
  – CT
  – PET
  – Nuclear Medicine
  – MRI
• Does NOT affect echocardiography, vascular
Laboratory Accreditation

- Standards for and assessment of an entire organization
  - Physicians
  - Technologists/sonographers
  - Physical facility
  - Instrumentation
  - Quality control
  - Protocols
  - Quality assurance
  - Review of actual work that a lab does

www.intersocietal.org (IAC)
www.icactl.org (CT)
www.icamrl.org (MR)
www.icanl.org (Nuc/PET)
www.icavl.org (Vascular)
www.icael.org (Echo)
The Accreditation Process

• Download and review the standards
  – Assess your facility for compliance
• Access the online application (free)
• Review questions
  – Identify required attachments
• Review case study requirements
  – Begin looking for required pathology
• QA, QA, QA
• Complete accreditation agreement and pay fees
• Submit application online and ship cases to IAC

Time frame – 4 to 6 months

Following Accreditation

• CMS recently announced that physician practices accredited in advanced imaging will have to complete 8551 enrollment documents indicating that they are accredited to provide advanced imaging. More information will be available in July 2011.

• All advanced imaging procedures will need to include a new specialty code (95) to identify those services provided at accredited facilities.

Accreditation Fees

- ICAMRL/ICACTL - $2400 first unit includes one testing area; $400 per additional testing area; $1200 additional units
- ICANL - $3300 one area (cardiology, PET, GNM); $3800 comprehensive (includes all cameras)
- Purchase of specialized QC phantom is not required
- Multiple site discounts
- Fee calculator on website to calculate multimodality
- In 2011
  - Multimodality discounts
  - Free Online Application access

Application Decisions

- Grant
  - Valid for three years from date of decision
- Delay
  - Issues related to quality identified
  - Notification letter outlines deficiencies and additionally required information
  - Accreditation will be granted once issues are corrected
  - Lab will have one year to correct deficiencies
- Site visit
  - Unable to make decision based on written application
Why is Accreditation Delayed?

1. **Incomplete Application Submission**
   - Use checklist
   - Respond to notification from IAC staff regarding missing application items

2. **Insufficient CME**
   - 15 hours for all staff required per modality

3. **Quality Assurance**
   - Incomplete documentation (policy, data)
   - QA meeting minutes

4. **Technical Protocols**
   - Incomplete Protocols
   - Protocols do not include all requirements of the Standards
   - Protocols do not reflect procedure performed in the laboratory (outdated)
5. Case Studies
   - Cases do not document the minimum requirements of the Standards (incomplete cases)
   - Poor quality cases (technique)

6. Reports
   - Standardized format (missing demographic items)
   - Interpretation/content (accuracy, completeness)

Why is Accreditation Delayed?

Real Life Lab Accreditation

- Started with one office with one echo and one nuc camera
- Vascular- Since 1994 (6 accreditations)
- Nuclear- Since 1998 (4 accreditations)
- Echo- Since 1999 (4 accreditations)

Lessons Learned – Tips for Success

- Create a culture of quality
- Start early (6-12 months)
- Be familiar with the accreditation guidelines
- Design protocols that meet IAC Standards
- Buy-in from staff and physicians before starting
Lessons Learned – Tips for Success

Physicians
- Help understand rationale
- Physician champion
- Review protocols
- Start early-provide feedback
- Understand compliance is mandatory
- Consider tying accreditation to credentialing
- CME’s

Lessons Learned – Tips for Success

- One champion, involve staff in acquiring the data
- 15-20% time for 5 months, 40% in the final month
- Have protocols in place before acquiring studies
- Keep a running collection of perfect studies.
- Clinical correlation

Common Pitfalls

- Not giving yourself enough time
- Not marking abnormal studies
- Not sending in your best cases
- Not having physician/staff modality specific CME’s
- Not addressing previous deficiencies
Reporting

- Reporting guidelines are complex and detailed
- Compliance with ICANL reporting requirements:
  - Dictation 18%
  - Templated reporting 100%

How to Meet the Reporting Requirements

- Get Administrative support to buy an electronic reporting template
- Get physician support to use an electronic reporting template
- Buy and implement an electronic reporting template

Random Audits / Site Visits

- Started in 2010
- Randomly selected into either audit or SV
- No cost to laboratory
- May happen at any time during the course of the laboratory's accreditation
- Failure to submit audit documentation or agree to site visit may result in suspension or loss of accreditation
- Site visits unannounced
FAQ - Who does MIPPA affect?

Question: Does MIPPA require hospitals and/or hospital outpatient departments to be accredited?
Answer: NO
MIPPA only applies to those suppliers of the technical (not professional) component that bill under the outpatient physician fee schedule.

FAQ - Who does MIPPA affect?

Question: Does MIPPA require accreditation for fluoroscopy, echocardiography and/or vascular testing?
Answer: NO
MIPPA only applies to those suppliers of the technical component of "advanced imaging" — nuclear, PET, MRI and CT. While a lab or facility may do more than advanced imaging, only the above specified "advanced" imaging procedures are required to be accredited.

FAQ – Accreditation Organizations

Question: Which accreditation organizations has CMS recognized?
Answer:
• IAC (multispecialty)
• ACR (radiology)
• The Joint Commission (uses Ambulatory Care program, no evidence of image evaluation or specific image expertise)
FAQ – Co-Directors

Question: Can you have co-directors with Radiology and Cardiology for the CT accreditation?

Answer: Yes

Co medical and technical directors are acceptable for all IAC accreditation programs

FAQ – New labs

Question: Does my lab have to be in business for a year to be eligible to apply? Do I have to meet the minimum volume of procedures listed in the Standards before I can apply?

Answer: NO and NO

You are eligible to apply for accreditation as soon as you have performed enough studies to submit the required case study pathology. The volumes listed in the Standards are only a recommendation, not a requirement.

FAQ – New labs after 2012

Question: I want to open a new imaging center in 2012. Is there a provisional accreditation?

Answer: NO

The MIPPA law, when passed in 2008, made no provisions for new facilities and as part of the CMS deeming process the AO’s were no longer allowed to grant any type of provisional accreditation.
FAQ – Adding testing areas

Question: Our nuclear cardiology facility has ICANL accreditation for SPECT and will be adding PET in March 2011. Will we be able to add PET to our accreditation by Jan 2012?

Answer: YES

But hurry up. All advanced imaging must be accredited by 1.1.2012. You can add a testing section or test modality (PET) at any time during your current accreditation cycle.

FAQ – QA requirements

Question: What are the QA requirements and timeframes?

Answer: When applying for initial accreditation you must have a QA policy in place that outlines what will be done, who will be involved and how frequently it will be conducted. It is acceptable to have little or no real data the first time you apply. However for reaccreditation, you will be expected to have clear documentation of the QA process including outcomes and QA meeting minutes.

FAQ – QA requirements

Questions: Is AUC required for lab accreditation?
Answer: YES

- ICANL has included measurement of AUC as a standard.
  - appropriate use must be measured at least once during the accreditation period.
  - Labs are required to measure appropriate use in consecutive patients equal to 5% of their annual volume of cardiac radionuclide imaging studies.

Each of the IAC accrediting bodies has similar requirements.
FAQ – Mobile sites

Question: We use a mobile Nuclear service that is ICANL accredited. Will we get paid under our tax ID number?

Answer: NO

The IAC is developing an application process that will allow mobile services to apply for each of their sites under the multi site application. Please check the IAC websites in 30 days for options.

FAQ - EBCT

Question: Is there an accreditation process for Electron Beam CT?

Answer: YES

The ICACTL offers accreditation for coronary calcium scoring, vascular CTA and body CT using an electron beam CT system.

How to Contact CMS

IAC Support

- Web based online accreditation
  - One application portal for all divisions
- Applications accepted at any time
- Clinical and administrative staff to answer all questions via email or toll free number
- On demand webcasts for all divisions
- Regular free live webinars with relevant topics
- Website updates of payment policies when made available to IAC
- Timely email notifications of pertinent changes and updates
How to Contact IAC

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