

Health reform architects take a tip from Minnesota

Here's how doctors are avoiding unneeded, costly CT scans, MRIs

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A computer system that has cut down on unnecessary and costly medical imaging scans in Minnesota may become a key component of federal health reform.

The Bloomington-based Institute for Clinical Systems Improvement has been in frequent contact with federal lawmakers and health officials over Minnesota's so-called "decision support" system. The system gives doctors freedom to order scans such as computed axial tomography and magnetic resonance imaging but warns them when the tests appear unnecessary.

In 2007 alone, the system prevented an estimated \$27 million in high-tech imaging scans Minnesota patients didn't need.

Common examples included CT scans for new back pain that could get better with rest and CTs for certain urinary tract infections that could be identified with cheaper ultrasounds.

More important, the system educated doctors about their questionable ordering patterns and taught them to make changes on their own — rather than having the changes made for them by an insurance company, said Cally Vinz, ICSI's vice president of clinical products and strategic initiatives.

"You kind of think everybody makes these mistakes," she said. "That's generally not the case. It's more of a little handful" of doctors.

To their credit, Vinz said, many doctors changed their ordering patterns when they learned "they were practicing very differently than most of their colleagues." In a study of one clinic, the rate of inappropriate orders dropped from 10 percent to 1 percent after only two months with the system.

Nationally, high-tech imaging costs have skyrocketed. For instance, the federal Medicare program for seniors reportedly spent \$13.2 billion on imaging in 2007, up from \$8.4 billion in 2002.

Lawmakers already cut how much Medicare pays for high-tech imaging in 2005 but are considering further cuts to free up federal dollars to go toward expanding health benefits to the nation's uninsured. Lobbyists for doctors and the imaging industry have fought back, arguing that more cuts would force many providers out of business and reduce access to imaging services, whether people have insurance or not.

Last week, the Access to Medical Imaging Coalition sent 40 patients — including six Minnesotans — to Washington to lobby against cuts.

Roger Howe, 75, of Edina, traveled with his wife — despite having incurable bile-duct cancer and perhaps only a few months to live. Howe left behind his golf, time with his granddaughter and planning for his own funeral because a timely CT scan discovered his cancer and bought him more time. He fears Medicare cuts may make imaging services harder for others to find.

"Without CT scans and MRIs," he said, "I certainly would be dead by now."

Lawmakers face challenges from numerous interest groups such as hospitals and medical device-makers who are fighting just as hard as the imaging lobbyists against proposed cuts in federal health reform legislation. At least in this case, the Minnesota success story offers an olive branch to both sides.

Medicare already has secured \$10 million in federal stimulus funding to test a Minnesota-style program, and the health reform bill that cleared the U.S. Senate last week calls for a similar approach.

The lobbyists see the decision-support system as a way to reduce costs without wholesale cuts that will hurt the entire imaging industry — an industry that has fueled rising U.S. health costs but also has improved the diagnosis of cancer, cardiovascular disease and other conditions.

"An ultrasound for a pregnant woman is almost like last decades' stethoscopes," said Tim Trysla, the imaging coalition's director. "We're not going to have fewer scans in the future. What we need to focus on is to make sure those scans are all appropriate."

The Minnesota program started amid controversy in 2007, when the state's three largest health plans created "prior authorization" rules — requiring doctors to seek their permission before conducting any high-tech scans.

While these rules produced immediate cost savings, they alienated doctors and confused patients — who didn't understand why insurers denied scans their doctors recommended.

Fairview Health Services estimated that 305 staff hours were consumed each month by doctors and nurses calling health plans to gain permission for imaging scans, said Dr. Barry Bershow, medical director of quality and informatics for the health system.

"We sometimes found staff on hold for up to 45 minutes," he said. "It was very expensive, and it meant delays for the patients."

Fairview was one of six clinic groups that agreed to test the decision-support system. In exchange, the state's major insurers agreed to exempt them from prior authorization rules while still paying for questionable scans when their doctors ordered them.

Fairview opted to use the system on its Medicare patients as well as those with private insurance. The result was a 15 percent decrease in high-tech imaging scans for Fairview's Medicare patients at a time when the federal program reported a 15 percent increase nationwide, Bershow said.

"One doctor — a really good clinician — told me, 'Wow, I've been ordering wrong test for years,' " he said.

Vinz said saving money is only one benefit. Sometimes, the system encourages a more expensive test — an MRI instead of a CT — to improve the odds of a correct diagnosis.

CT scans also subject patients to radiation and slight risks of cancer. ICSI estimates 20 cancer cases were prevented in 2007 by eliminating unnecessary scans.

ICSI's next step is to reach a contract with a national vendor and to make the computer system available to all doctors in the state — probably early next year. That system will allow ICSI to monitor ordering patterns statewide. If enough doctors order tests against the system's advice, it may suggest the national standards need to be changed.

The system asks doctors to enter patients' symptoms and demographic data along with the proposed scans. It responds with simple color codes — red to warn a doctor when a scan goes against medical advice, green when the test is appropriate.

While some doctors grumble about inputting this information every time they order a scan, Vinz said they benefit. Patients often demand scans they don't need, so doctors can show them when the system advises against one.

"Patients can understand red, yellow and green," Vinz said.

Checking the system also gives doctors more of a defense against malpractice, she said, because they can show they consulted the best medical research before deciding to approve or deny scans.

Eventually, Vinz said, the system may be used to identify top doctors and reward them financially.