

CareSelect™ Imaging

Leverage Your EHR to Reduce Unnecessary Diagnostic Imaging

Innovations in diagnostic testing have revolutionized clinicians' ability to diagnose illness and monitor response to treatment. However, research shows that an estimated 20% to 50% of high-tech radiologic imaging ordered by providers may not be of actual value to the patient.¹

Change Healthcare can help you establish an enterprise-wide standard of care for the ordering of advanced imaging. Our cloud-based CareSelect™ Imaging solution delivers advanced imaging guidelines into your existing EHR ordering workflows.

Clinical criteria are authored by leading medical specialty societies and delivered at the point of order. Robust analytics benchmark ordering-provider performance against the criteria, helping your practice curb care variation and reduce waste.

Create a Pathway to Compliance

Effective January 1, 2020, the Protecting Access to Medicare Act (PAMA) requires providers to consult appropriate use criteria (AUC), authored by qualified provider-led entities (qPLE), through a qualified clinical decision support mechanism (CDSM) for all advanced imaging ordered under Medicare Part B.

CareSelect Imaging, which is fully qualified by CMS as a CDSM, delivers comprehensive AUC libraries to ensure that relevant guidance is available for all advanced imaging orders.

Drive Quality Improvements

As the country transitions to value-based payment models, EHRs must be able to manage the data associated with delivering high-value care.

CareSelect Imaging enables a data-centric approach to drive enterprise quality improvement. The solution helps you identify unnecessary diagnostic imaging across a comprehensive set of evidence-based standards.

Applying a strong, data-driven governance approach reduces the inappropriate use of imaging services and eliminates unnecessary tests.

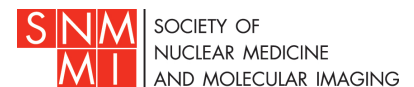
Rely on Society-Authoring Criteria

We partner with CMS-qualified, provider-led entities including the American College of Radiology, the American College of Cardiology, and the National Comprehensive Cancer Network.

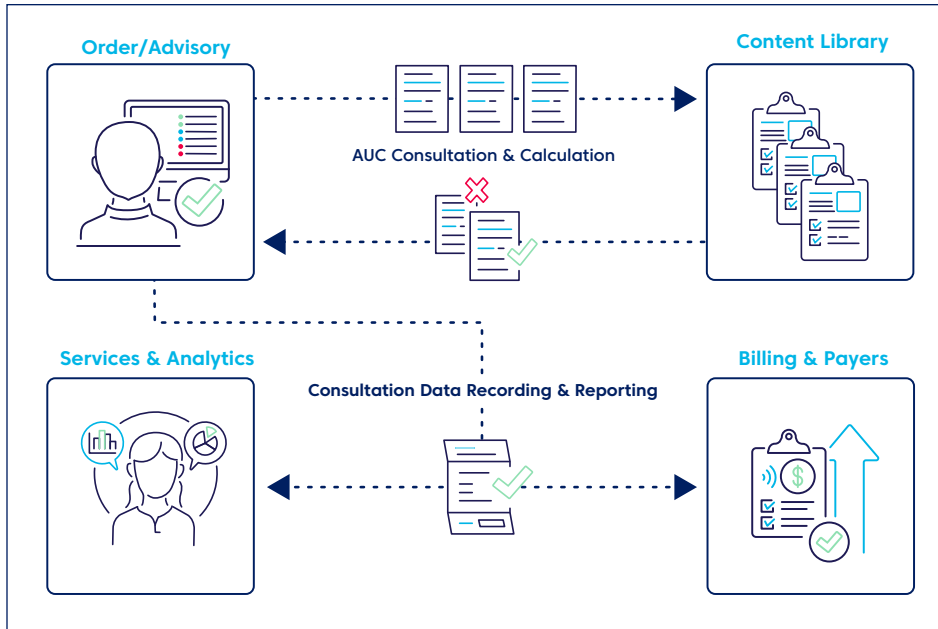
The Impact of High-Value Imaging

The results of implementing CareSelect Imaging have been published in case studies and journals:

- In a trial, Aurora Health used CareSelect Imaging to reduce targeted imaging orders by a statistically significant 6%.²
- The University of Virginia reduced the relative frequency of low-utility studies from 11% to 5.4% and also increased the relative frequency of indicated studies from 64.5% to 82%.³
- Using a CareSelect Imaging sub-routine, Einstein Healthcare improved adherence to Pediatric Emergency Care Applied Research Network (PECARN) guidelines to more than 79%.⁴



CareSelect Imaging



- **Transmit AUC consultation information downstream.** Consultation data is attached to the order and sent downstream for compliance and billing. This data is also used for ongoing analysis of provider ordering performance.

Maximize Impact with Imaging Analytics

Our analytics platform benchmarks imaging appropriateness and provider ordering patterns linked to legislative requirements, value-based payment models, and institutional-wide quality improvement initiatives.

Our team of experts provides services and analytics solutions to help you maximize the impact of advisory delivery with minimal effect to provider workflows.

CareSelect Imaging is available in leading EHR systems including Epic, Cerner, Soarian, Allscripts, Paragon, MEDITECH, MEDHOST, and Athena. Contact us to learn about other EHR integrations.

Validate Orders Within Your Workflow

CareSelect Imaging delivers up-to-date, evidence-based clinical standards to your ordering providers by integrating into the native EHR ordering workflows. CareSelect Imaging can be localized to address the needs of your practice environment

The solution:

- **Consults criteria automatically at the point of order.** When providers place an advanced imaging order, CareSelect Imaging extracts the necessary clinical data to validate the appropriateness of the order against the latest clinical standards.
- **Limits workflow interruption based on clinical need.** If a provider's order is determined to be appropriate, no feedback is given. The order processes with no additional provider interaction.
- **Delivers actionable feedback in the ordering workflow.** Providers receive an appropriateness score of 1-9 based on their order. For applicable orders, providers are presented with alternative exam choices.

1. Patricia E. Litkowski, et al. "Curbing the Urge to Image." The American Journal of Medicine, Volume 129, Issue 10, Pages 1131-1135. October 2016. [https://www.amjmed.com/article/S0002-9343\(16\)30680-5/fulltext](https://www.amjmed.com/article/S0002-9343(16)30680-5/fulltext)

2. Joseph Doyle, "Clinical Decision Support for High-Cost Imaging: A Randomized Clinical Trial." PLOS ONE, March 15, 2019. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0213373>

3. Timothy C. Huber, et al. "Impact of a Commercially Available Clinical Decision Support Program on Provider Ordering Habits." Journal of the American College of Radiology, Volume 15, Issue 7, Pages 951-957. July 2018. [https://www.jacr.org/article/S1546-1440\(18\)30387-9/abstract](https://www.jacr.org/article/S1546-1440(18)30387-9/abstract)

4. Linda G. Sowers, "Case Study: Ahead of the Curve." The American College of Radiology, March 2018. https://www.acr.org/-/media/ACR/Files/Case-Studies/IT/AheadoftheCurve/Imaging3_AheadoftheCurve_March2018