

# ACCREDITATION PROGRAMS



American College of Radiology

**MAJOR ISSUES AND UPDATE 2000**

# American College of Radiology Accreditation Programs

# ACR Accreditation Programs

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- History of accreditation programs
- Radiology should set standards for radiology
- Peer review process

# Commission on Standards & Accreditation

- E. Stephen Amis, Jr., M.D.
- Jeffrey Weinreb, M.D.

# Accreditation Chairs

- Radiation Oncology
- MRI
  - MRA
  - Cardiac MR
- Radiography & Fluoro
- Breast Ultrasound
- Mammography
- Stereotactic Breast Bx
- Ultrasound
- Nuclear Medicine
- Chest Radiology
- CT
- Invasive Vasc & Intervent

Peter Hulick  
Jerry Froelich  
Martin Prince  
David Bluemke  
Stephen Baker  
Peter Dempsey  
Judy Destouet  
D. David Dershaw  
John McGahan  
Ronald Van Heertum  
Robert Steiner  
Robert Zeman  
Jonathan Levy

# ACR Accreditation Programs (cont.)

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- 1963 - Development of diagnostic accreditation

## ACR Accreditation Programs (cont.)

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- 1987 Mammography
- 1987 Radiation Oncology
- 1995 Ultrasound
- 1996 Stereotactic Breast Biopsy
- 1996 MRI

## ACR Accreditation Programs (cont.)

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- 1997 Vascular Component added to Ultrasound
- 1998 Ultrasound-guided Breast Biopsy
- 1999 Nuclear Medicine
- 2000 Breast Ultrasound added to US-guided biopsy



# Other Accreditation Programs Under Development

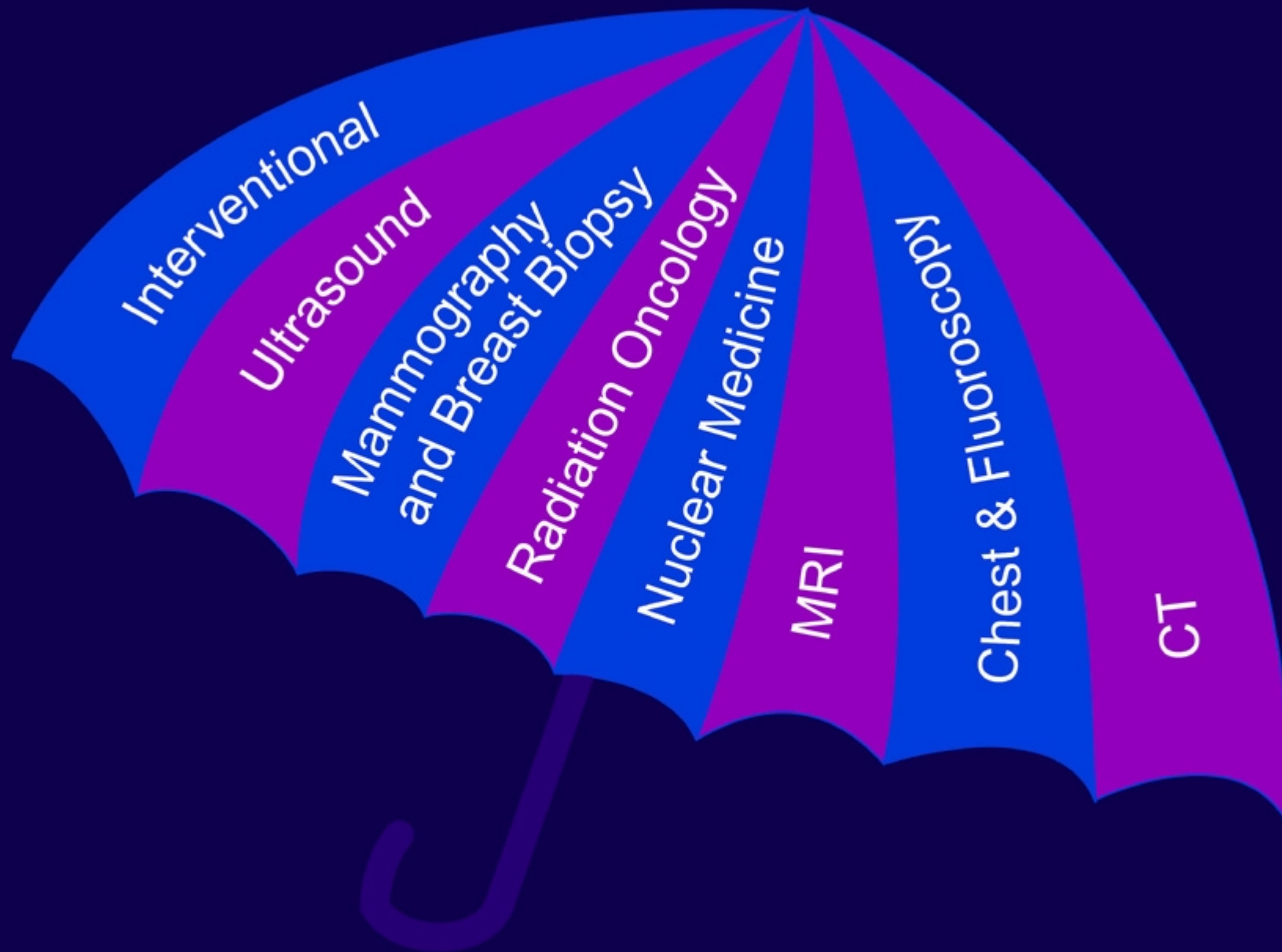
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- General Radiograph (including Chest) and Fluoroscopy
- Interventional
- CT

# New Modules Under Development for existing programs

- Orthopedic magnets (MRI)
- Cardiac (MRI)
- MRA (MRI)
- PET (Nuclear Medicine)

# ACR ACCREDITATION UMBRELLA POLICY



# Umbrella Accreditation Program

- To be developed once new programs completed
- Single application
- Streamline paperwork

# Motivation for Accreditation

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- Uphold high standards of practice
- Address variations in quality and practice
- Provide lists of accredited facilities for referral

# Accreditation Principles

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- 1) Evaluation must be voluntary
- 2) Confidential, peer review process
- 3) Educational not punitive
- 4) Written report with appeals process

- from Jacobs, JA. Certification and Accreditation Law Handbook

# Accreditation Principles (cont. #2)

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- 5) Program is valid and credible, reasonable
- 6) Provide a public benefit
- 7) Conflict of interest
- 8) Timely and cost effective - by mail

- from Jacobs, JA. Certification and Accreditation Law Handbook

# Accreditation Principles (cont. #3)

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- 9) Available to all who meet the criteria
- 10) Issues such as antitrust and restraint of trade are recognized and addressed

- from Jacobs, JA. Certification and Accreditation Law Handbook



# Accreditation Principles (cont. #4)

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- 11) Non-exclusive
- 12) Professional staff administer ACR programs

- from Jacobs, JA. Certification and Accreditation Law Handbook

# ACR Approval Process

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- Resolution for any new program must be sent to the Council
- Concept must be approved by Council

# Committee Structure

- Chair is nominated by the Chair of Commission on S&A
- Expert in the field
- Approved by Chairman of the BOC

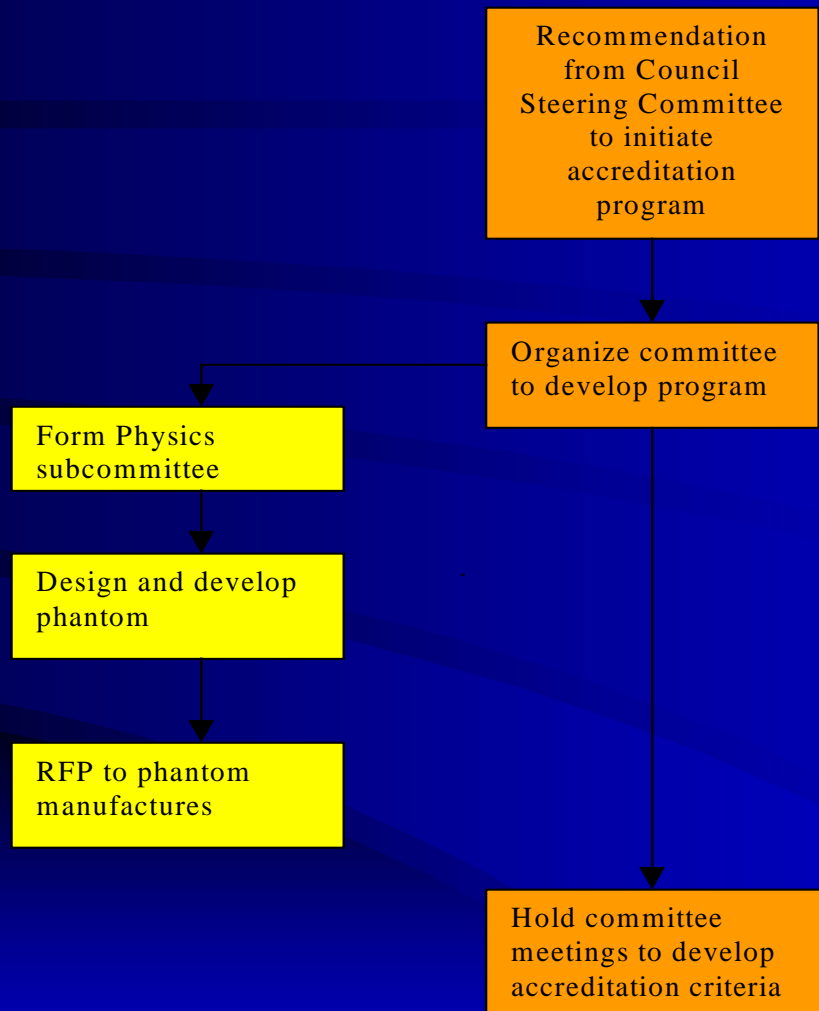
# Committee Structure

- Committee chair selects radiologists & medical physicists who are experts in the field
- Broad geographic and practice settings represented
- Including representative from small and rural practice
- Liaisons from other medical specialties, if needed

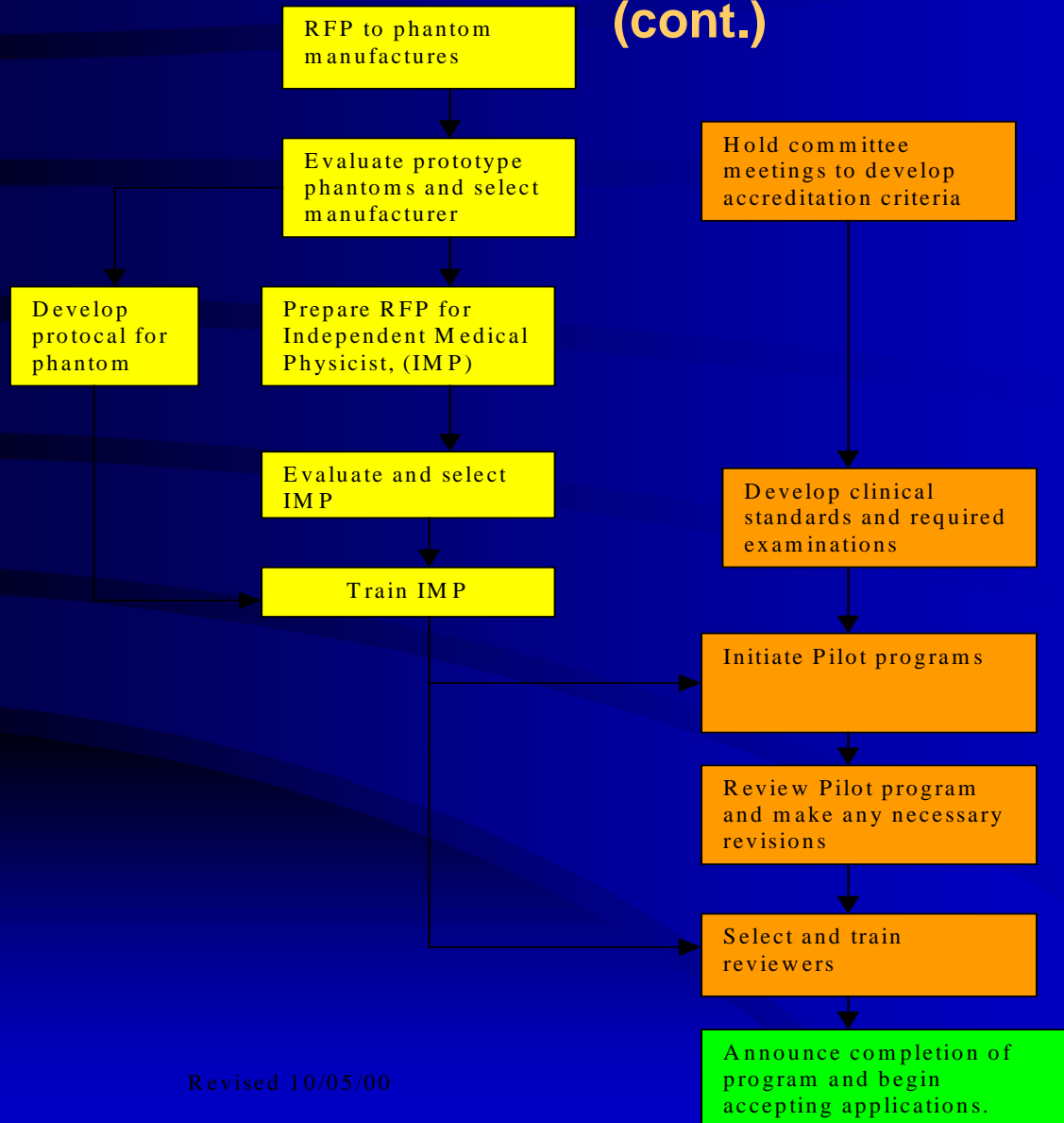
# Development process

- Multiple day long meetings over 2-3 years
- Reston or Chicago
- Develop criteria for physicians, physicists and technologists based on the appropriate Standard and expert opinion

# ACR Accreditation Program Development Process Flowchart



# ACR Accreditation Program Development Process Flowchart (cont.)



# Clinical Images

- Select exams most frequently performed and/or technically challenging
- Develop scoring process
- Test scoring process on actual cases from committee sites that represent good and poor image quality



# Phantom & QC Requirements

- Developed by medical physicists
- Determine technical parameters that must be evaluated
- Evaluate existing phantoms
- Develop specifications for new phantom if necessary

## Phantom & QC Requirements (cont.)

- Perform testing of existing or prototype phantom
- Optimize specifications
- Issue RFP to all potential manufacturers

# Independent Medical Physicist

- Selected thru a RFP
- Evaluates all phantoms submitted from manufacturers
- Provides data to the Committee
- Once program active, does QC on every 10th phantom

# Pilot Test

- Facilities from Committee members
- Representation from all practice types
- Complete all paperwork & testing
- No accreditation granted

## Pilot Test (cont.)

- Paperwork evaluated by staff
- Data summarized
- Committee scores clinical and phantom images
- Validate that criteria is correct
- Make necessary modifications

# Radiologist and Physicist Reviewers

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- Experience in modality
- Participate in formal training program
- In active practice

## Radiologist and Physicist Reviewers(cont.)

- 2 reviewers per exam/phantom
- If disagreement, to arbitration by senior reviewer
- Committee Chair QC's reviewers stats quarterly

# Final Approval Process

- CSC reviews final documents and process
- BOC gives final approval



# Ongoing Review

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- Annual review of criteria
- Based on data
- Concordance with current Standards

# Appeal process

- In response to referral to BOC of Res. 39, 1999
  - Committee of Accreditation Chairs met
  - Developed regular review process for all programs
  - Developed appeal process

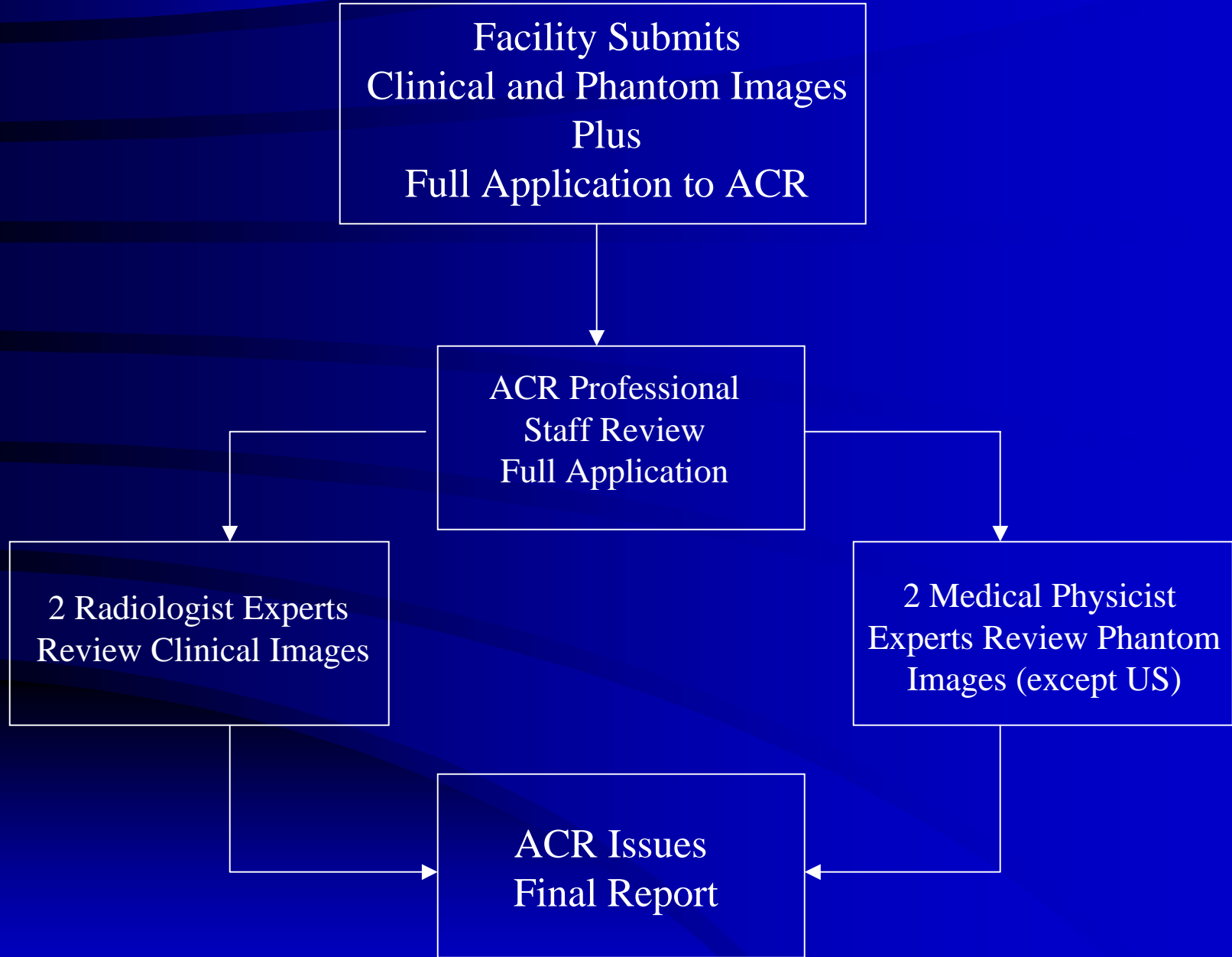
## Appeal process (cont.)

- Written submission of issue by any eligible participant
- To the Chair of the Commission on S&A
- Considered by appropriate Committee and response to the Chair of S&A

## Appeal process (cont.)

- Chair of S&A will respond to appellant
- Issues that may impact other programs to be considered by Committee of Accreditation Chairs

# Testing Process



# Clinical Images

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- Submit complete exams with all images from same pt.
  - Exams must be from real pts. (not volunteers)
- Reviewer assumes images are an example of facility's best work
- Keep in mind reviewer does not have the benefit of real time
- Physician should select images for submission

# Clinical Images

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- Maintain copies of all images & patient names
- Send via Express mail, FEDEX, etc.
- Transparency; no electronic format at this time



# Full Application

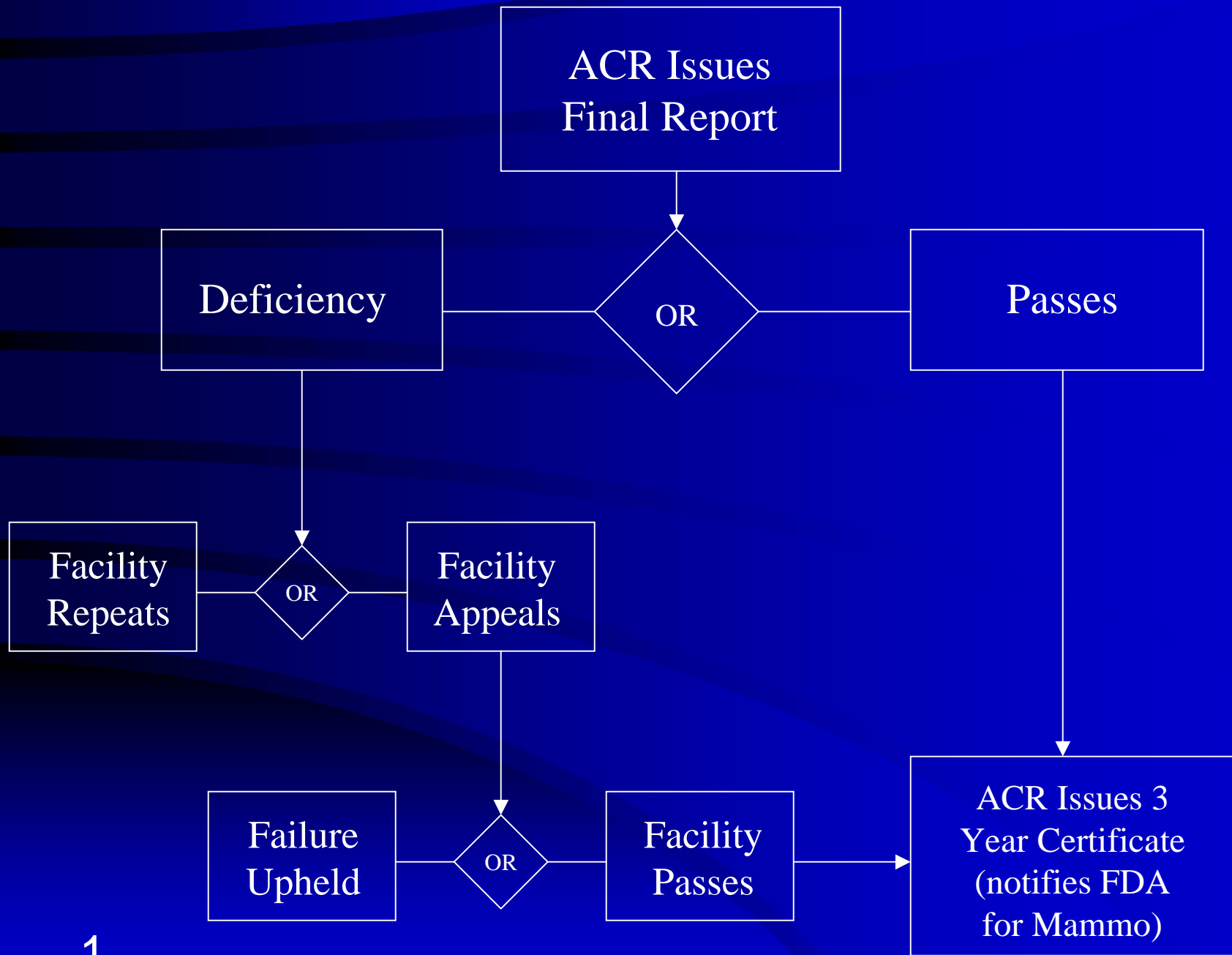
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- Collects practice data that will enable correlation between practice patterns and equipment specifications compared to outcome on accreditation
- Documents that personnel meet criteria
- Demonstrates compliance with requirements
- QC data

# Accreditation Denial

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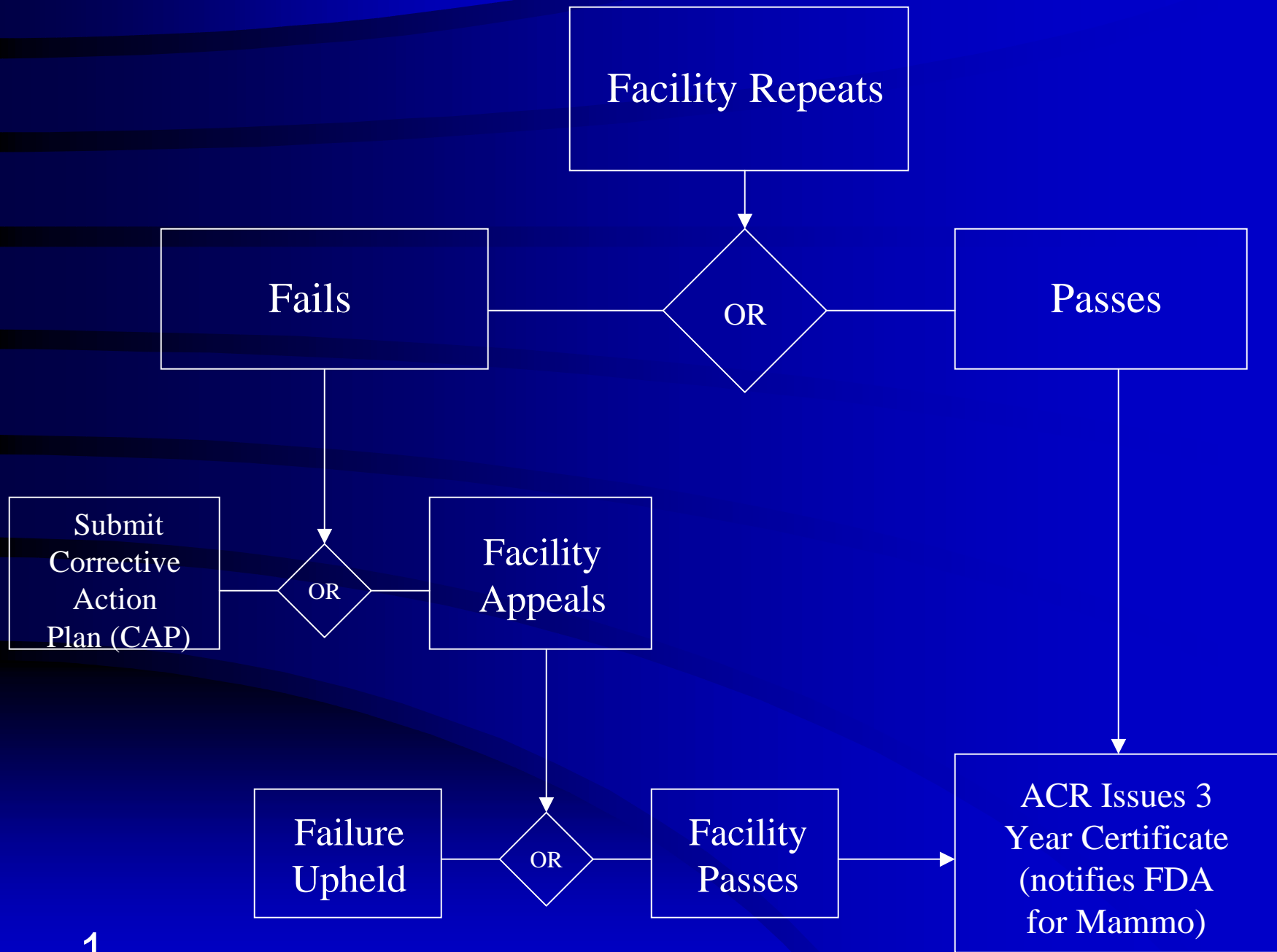
- Deficiency report
  - clinical
  - phantom
  - dose



# Repeat after Deficiency

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- Submit only those images that did not pass.



# Appeal Process

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- Send letter of appeal within 30 days
- Re-submit films originally evaluated
- No new films are acceptable

# Failure

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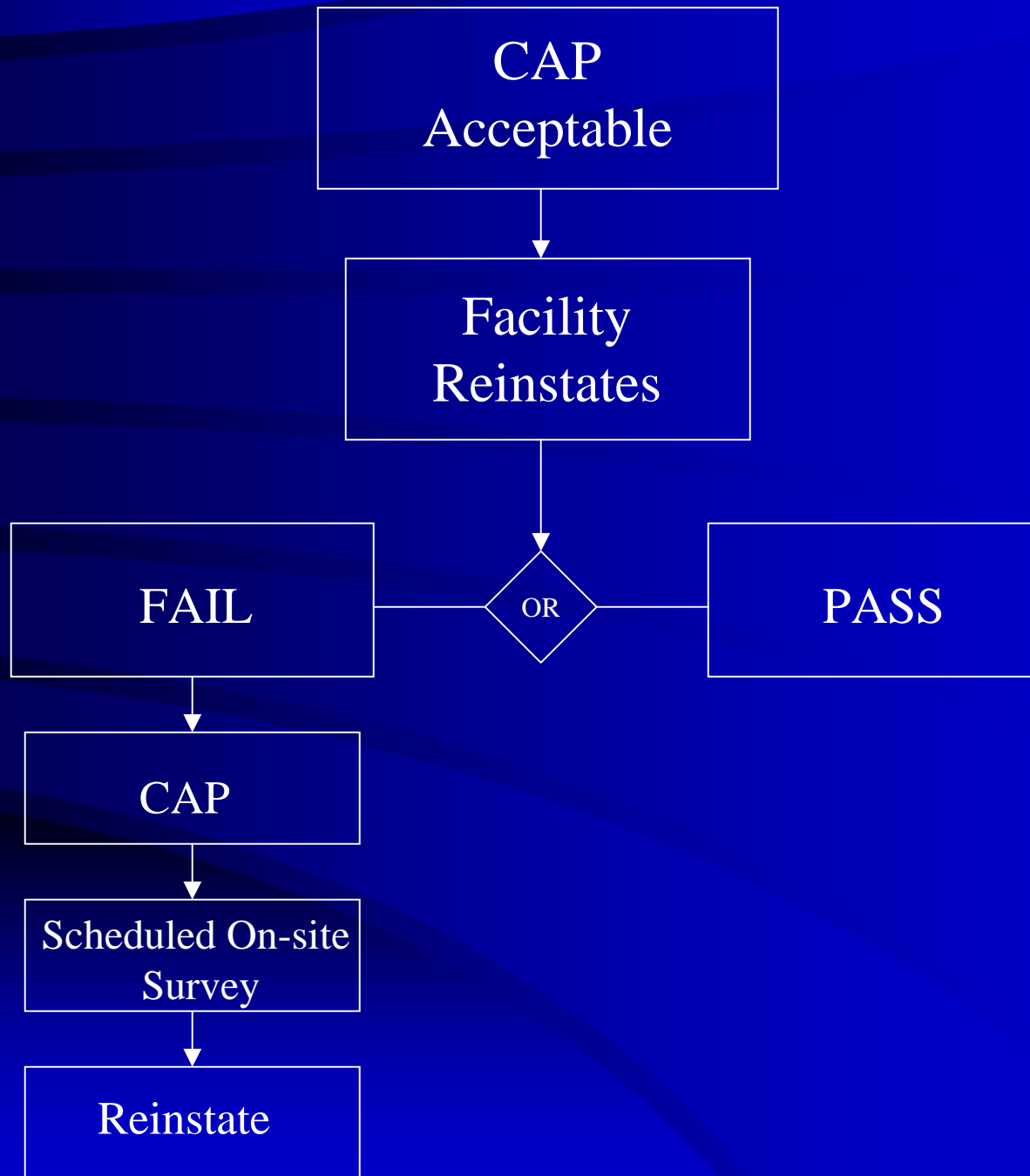
- Fail after repeat
- Cease until after corrective action
  - Required for mammography
  - No reimbursement for mammography
  - Recommended for other modalities
- Apply for Reinstatement

# Facility Reinstatement

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- Prior accreditation history
- Corrective Action Plan (CAP)





# Failure after Reinstatement

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- Failure on third attempt
  - Cease mammography
- Submit CAP with timeline
- ACR site survey at cost to facility

# Scheduled On-Site Survey

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- Completion of Corrective Action Plan
- More intensive education
- M.D. surveyor evaluates/consults re: clinical image quality
- Physicist surveyor evaluates/consults re: equipment & QC

# Equipment Change

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- Also applies to used or moved unit from a sister site
- Physicist's survey/equipment evaluation
- > 1 year left on accreditation
  - Full testing (clinical-phantom-dose-processor)
  - If approved, same expiration dates as other units
- < 1 year left on accreditation
  - Early renewal of entire facility (all units)
  - If approved, expiration date for all units is old +3 years

# Renewal

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- ACR sends notice 8 months in advance
- Facility should apply 6 months before expiration
- All units at the same time

# Validation Film Checks

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- ACR designates date for:
  - 1 Set of clinical images
  - Phantom image w/dosimeter (if appropriate)
  - QC data

# Goals of On Site Survey

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- Education
- Validation

# On-site Survey

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- Radiologist Responsibilities
  - Team Leader
  - Evaluate clinical image quality
  - Consult with radiologist regarding clinical interpretation
  - Evaluate follow-up logs



# On-site Survey

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- Physicist Responsibilities
  - Equipment verification
  - Review of annual physicist report
  - Review & score phantom images
  - Image phantom and dosimeter
  - Review & evaluate all QC logs

# On-site survey

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- ACR Staff Verification
  - Application data
  - Federal, state & local licensure/certification

# Scheduled On-Site Survey

- After second fail
- Completion of Corrective Action Plan
- Demonstrate positioning
- More intensive education

# Annual Updates (MAP only)

- Personnel changes
- Equipment changes
- Quality Control logs
- Physicist report

# Renewal

- ACR sends notice 8 months in advance
- Facility should apply 6 months before expiration
- All units at the same time

# COST

- Total charges for existing accreditation programs average approx \$550 per FTE radiologist per year
- Charges are generally lower than other organizations' accreditation programs
- Total charges for existing plus planned programs is approx \$1200 per FTE radiologist per year.

# COST

- Accreditation fees for hospital-located facilities are usually being paid for by the hospital
- If a diagnostic practice makes use of all existing ACR accreditation programs, the fees on average total 0.1% of the revenues (professional + technical) \*

\*Does not include cost of purchasing phantom or doing quality assurance, or cost of administrative and related work to submit an application.

# ACR ACCREDITATION Programs Statistics(as of 5/31/01)

| Program           | Facilities Applied | Units Applied | Facilities Accredited | Units Accredited |
|-------------------|--------------------|---------------|-----------------------|------------------|
| Mammography       | 9322               | 12,890        | 8911                  | 11,924           |
| Ultrasound        | 2320               | N/A           | 2164                  | N/A              |
| MRI               | 2690               | 3207          | 1818                  | 2056             |
| Stereo Breast Bx  | 544                | 551           | 488                   | 513              |
| Breast Bx/US only | 428                | N/A           | 314                   | N/A              |
| Nuclear Medicine  | 54                 | 132           | 18                    | 30               |



# Radiation Oncology

|                             |     |
|-----------------------------|-----|
| Total Facilities Accredited | 163 |
|-----------------------------|-----|

|                  |    |
|------------------|----|
| Survey scheduled | 20 |
|------------------|----|

# Medicare Carriers - Vascular Ultrasound

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- LMRP requires accreditation by ACR or ICAVL
- or RVT Certification

# Medicare Carriers - Vascular Ultrasound

AK

HI

NV

TX

AZ

MD

OH

WA

CO

NJ

OR

WV

DE

NC

PA

WY

DC

ND

SD

# THIRD PARTY PAYERS

## Private

- Aetna US Healthcare MRI, Mammo,  
OB US
- Blue Cross of NJ min standards for any  
provider of imaging
- Blue Cross of PA OB US
- Cigna of CT OB US
- Highmark Blue Cross of PA MRI
- NY Medical Imaging, PLLC MRI, US (outpt)

# States that require Accreditation

CA

MA

NJ

NY

OH

OB US (prenatal dx ctrs.)

Stereo

RO

RO

OH