

American Imaging Management Radiology Quality Initiative

Program Description

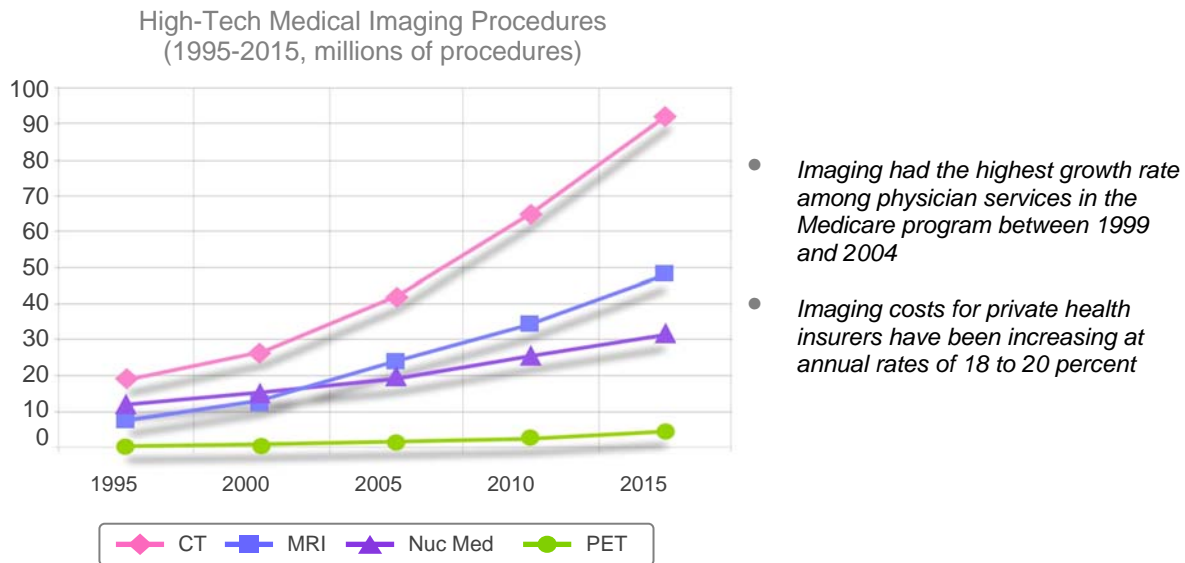
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American Imaging Management, Inc.

540 Lake Cook Road
Deerfield, IL 60015, Suite 300
Phone: 800-340-0010
Fax: 847-559-6900
www.americanimaging.net

Introduction

The evolution in advanced imaging procedures such as CT, MRI, Nuclear Medicine and PET is among the most important developments in modern medicine over the past 30 years. While these technologies have improved health care, the dramatic growth in the use of these services has raised concerns based on the high cost and high levels of radiation emitted during certain procedures. An overview of this growth is shown below:



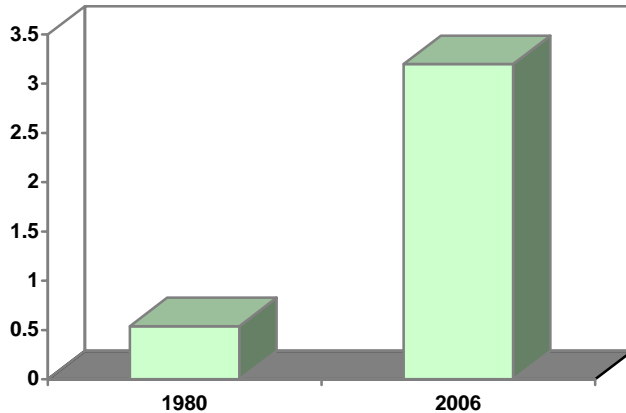
The inappropriate use of imaging is caused by several factors including:

- Lack of physician familiarity with appropriate imaging use
- Patient demands for imaging, even when it is not clinically necessary
- Inefficiencies leading to duplicate or wasted imaging
- Self-referrals that occurs when providers purchase and control referral to imaging equipment

Inappropriate advanced imaging also poses a safety concern for patients. Certain advanced imaging studies such as CT and PET emit significant amount of radiation per procedure.

Between 1980 and 2006, the effective per capita radiation dose received from diagnostic procedures in the United States increased by 650%. Patient safety concerns have become such an important issue that the *American College of Radiology* recently convened a Blue Ribbon panel to review the explosive growth in high-tech imaging and its effect on patient safety.

Effective Per Capita Dose of Radiation from Diagnostic Procedures (in mSv)



“... the current annual collective dose estimate from medical exposure in the United States has been calculated as roughly equivalent to the total worldwide collective dose generated by the nuclear catastrophe at Chernobyl. Therefore, one can assume... that this annual collective dose may likely result in an increase in the incidence of imaging-related cancer in the US population in the not-too-distant future.”

-- American College of Radiology

The tremendous clinical value delivered by the appropriate use of advanced imaging and the resultant impact on patient safety of inappropriate imaging, underscore the need for an intelligent imaging management solution that ensures that patients receive the right test at the right time and that physicians are supported through the timely provision of data and information.

The Radiology Quality Initiative Program

In order to respond to the growing imaging challenges facing national employers, Scott and White Health Plan is implementing the Radiology Quality Initiative (“RQI”) program through American Imaging Management (“AIM”)

This program utilizes consistent, nationally recognized clinical guidelines to evaluate orders for advanced imaging procedures that are delivered on an outpatient basis.

The RQI program improves appropriate utilization of outpatient advanced imaging by focusing on the ordering provider. Providers ordering advanced imaging services for a health plan member covered under an AIM program can initiate the Order Entry process either via the phone to AIM’s call center or via the Internet through AIM’s **ProviderPortal**.

When providers access either the call center or the **ProviderPortal** they are asked to provide clinical information based on the modality and body part to be scanned. The responses received from the providers from AIM’s scripted questions allow AIM to evaluate the rationale for the request against AIM’s Clinical Guidelines. Requests that provide sufficient information to ensure consistency with AIM’s Clinical Guidelines are given an RQI number.

Based on AIM’s current programs, approximately 70% to 80% of requests are given an RQI number. AIM works closely with Scott and White Health Plan to design and implement an effective provider education and communication program. In the event that an order fails to meet clinical guidelines during the intake process, providers are automatically routed to an AIM Nurse Reviewer for additional review. AIM’s RN Reviewers are trained to work with provider offices to gather additional information to further evaluate the request in the context of AIM’s Clinical Guidelines.

In approximately 10% to 15% of cases, neither the intake nor the RN review process is able to generate the relevant information to meet criteria for an RQI. These orders are then forwarded to an AIM Physician Reviewer for final review. AIM Physician Reviewers are Board certified physicians, most of whom have active patient practices. AIM's Physician Reviewers include a broad mix of specialties in order to allow requests to be reviewed by a physician in the same or a related specialty as the requested physician. If the AIM Physician Reviewer needs additional information the AIM Physician Reviewer will contact the ordering provider to discuss the clinical basis of the order on a peer-to-peer basis.

The physician discussions are collegial and designed to educate the ordering provider on the most appropriate exam for the medical condition they are trying to diagnose. The basis of these discussions may include the patient's history, condition and symptoms, overview of treatments attempted to date, and the rationale for the type of exam being ordered. These discussions give the ordering provider the opportunity to leverage AIM's expertise regarding imaging technology and clinical appropriateness. Given the rapid changes in imaging technology, these discussions can provide meaningful education and insight. Following discussion with the provider, the AIM MD Reviewer issues an RQI number to the provider.