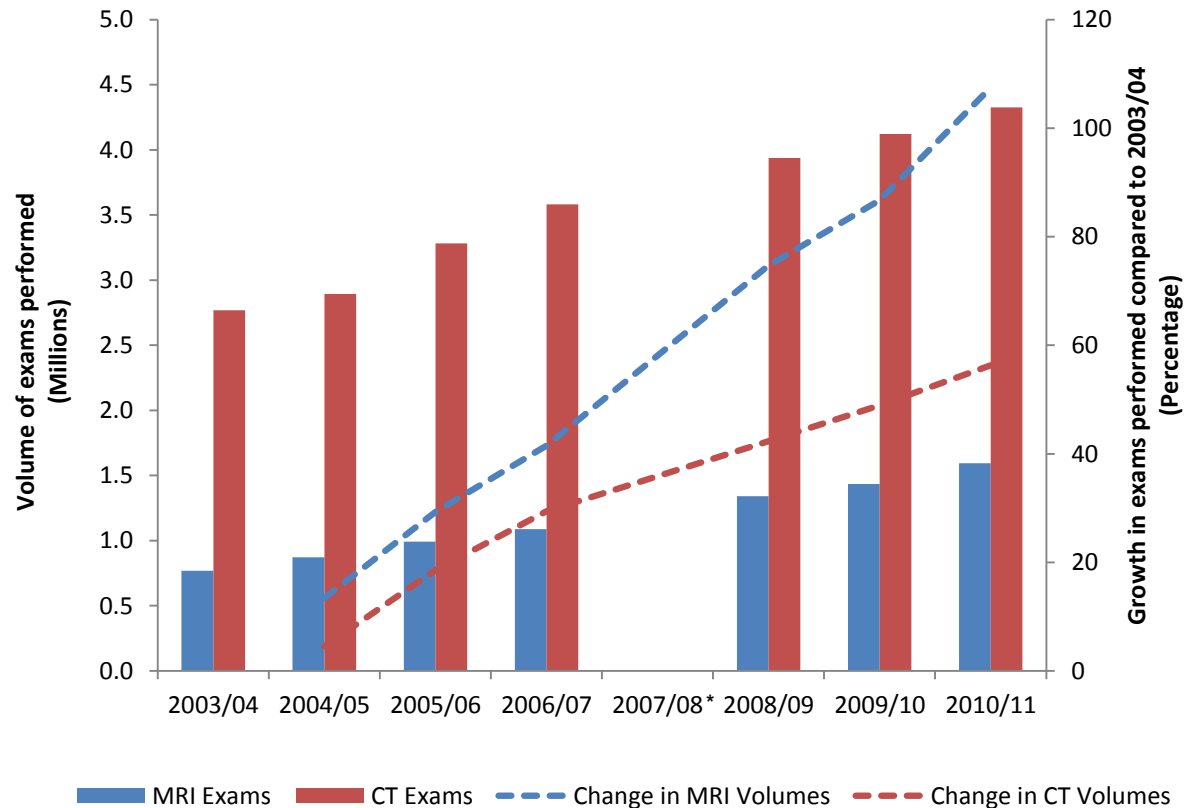




**Ontario's Diagnostic Imaging
Appropriateness Pilot Project**

Rising Demand for MRI/CT Exams

Growth in volumes of MRI and CT exams performed in Canada between 2003-2011³



Growth:

- In Canada volumes of MRI and CT exams performed are increasing annually by 11% and 5%, respectively.¹

Appropriateness:

- According to the Health Council of Canada approximately 30% of MRI and CT requests are inappropriate.²

1. Canadian Institute for Health Information, "Medical Imaging in Canada: 2011", http://www.cihi.ca/CIHI-ext-portal/pdf/internet/MIT_SUMMARY_2011_en

2. Health Council of Canada, "Decisions, Decisions: Family Doctors as Gatekeepers to Prescription Drugs and Diagnostic Imaging", September 2010

3. Canadian Institute for Health Information, "MIT 2011 Data Release: Static Figures and Tables", http://www.cihi.ca/CIHI-ext-portal/internet/EN/Quick_Stats/quick+stats/quick_stats_main?xTopic=Specialized%20Care&pageNumber=5&resultCount=10&filterTypeBy=undefined&filterTopicBy=13&autorefresh=1

* An inventory was not conducted in 2008

Ontario's Appropriateness Initiatives

Phase One

Phase Two

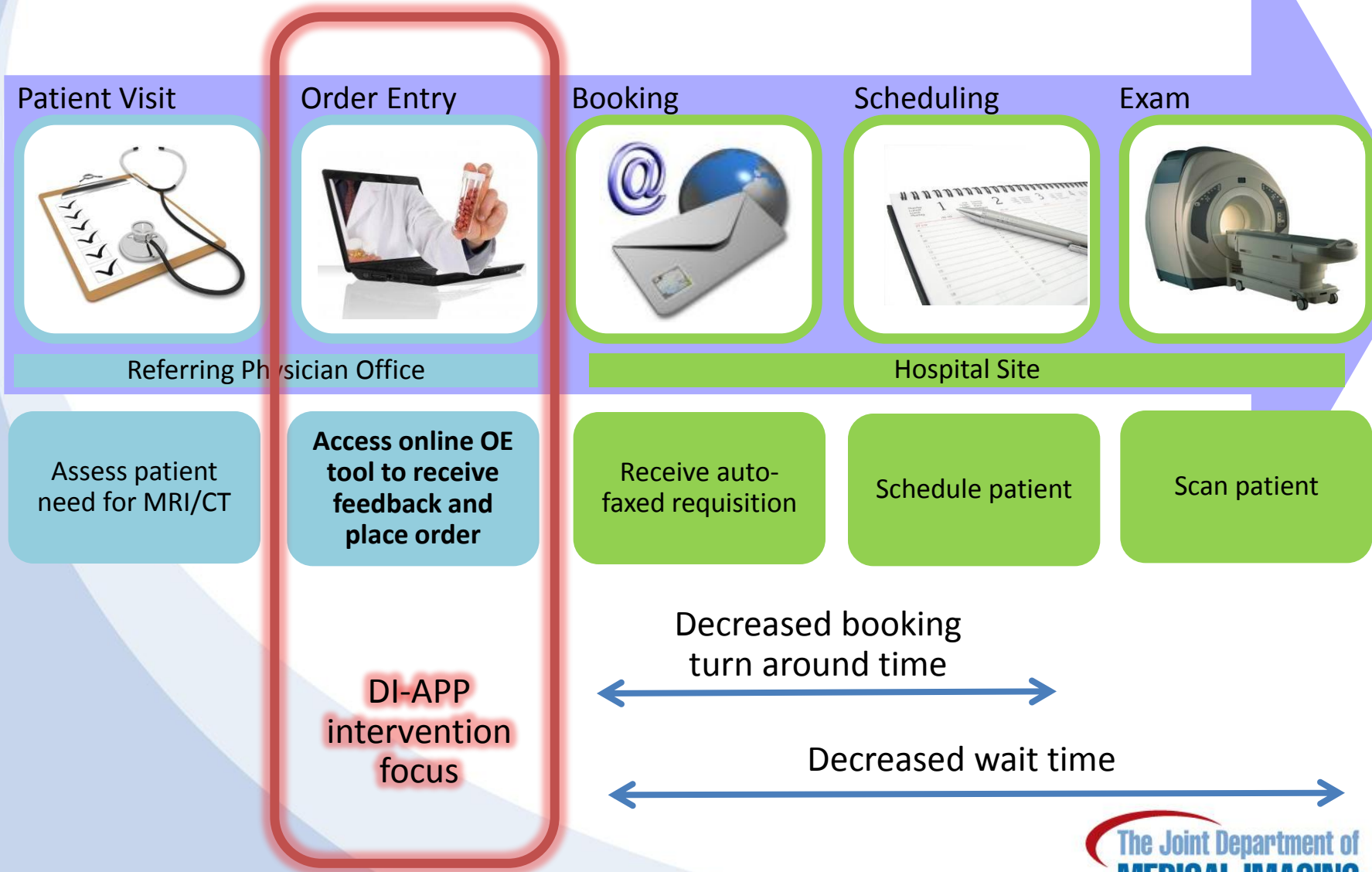
- 2004** The Ministry of Health and Long-Term Care established the MRI & CT Expert Panel to create a plan for improving Ontarians' access to MRI/CT services.
- 2006** The Panel recommended integrating an electronic order entry (OE) tool with decision-support into physicians' ordering workflow.
- 2009** The *Provincial MRI/CT Referral Guidelines* were published online, with over 800 indications.*
- Present** The Diagnostic Imaging Appropriateness Pilot Project is acting on the Panel's recommendation.

*The Provincial MRI/CT Referral Guidelines can be located at:
https://www.mrictdecisionsupporttool.ca/OEBI/IndicationSearch/Help_Introduction

Pilot Description

The Diagnostic Imaging Appropriateness Pilot Project (DI-APP) implements **an electronic order entry tool** with evidence-based **decision support** for MRI/CT in community physicians' offices across Ontario.

Participant Workflow



Participating Communities



Community	Toronto	Hamilton	London	Thunder Bay
Hospital Type	Academic Centre	Academic Centre	Academic Centre	Academic Centre
Est. Annual MRI/CT Volume (patients)	72,000	26,500	18,000	22,500
Referring Physicians Population	<ul style="list-style-type: none"> • Non-hospital affiliated clinic • Non-hospital affiliated solo practice 	<ul style="list-style-type: none"> • Non-hospital affiliated solo practice 	<ul style="list-style-type: none"> • Hospital embedded clinics 	<ul style="list-style-type: none"> • Non-hospital affiliated clinics

Total Participants: 12 clinics with 45+ referring physicians

Goals and Objectives

Goals

1. Achieve **quality care** through evidence-based practice, patient-centred care and continuous quality improvement.

2. Understand the key barriers, facilitators and lessons learned to **inform provincial roll-out.**

Objectives

A. Facilitate improvements in physician **knowledge of evidence-based guidelines**

B. Reduce inappropriate referral rates and associated costs

C. Reduce wait times for MRI/CT

D. Contribute to the **evolution of evidence-based practice** for MRI/CT ordering

Timelines

Planning

Aug. 2011 – Feb. 2012

- Plan pilot structure and evaluation
- Participant engagement
- OE tool customization

Setup

Feb. 2012 – Jul. 2012

- Privacy and security assessment
- IT system build
- Physician training

Monitoring

Aug. 2012 – Nov. 2012

- Data collection
- Change management in clinics
- Performance measurement

Evaluation

Oct. 2012 – Dec. 2012

- Data analysis
- Final report and recommendations

Key Success Factors

Successful **physician engagement** driven by....

- Clinician's desire to improve patient care
- Motivation to contribute to system change
- Use of a value-added ordering process
- Support from clinical champions

Successful **system deployment** driven by...

- Strong vendor relationship
- Utilization of pilot-wide IT expertise
- Flexible system design
- Supportive system host

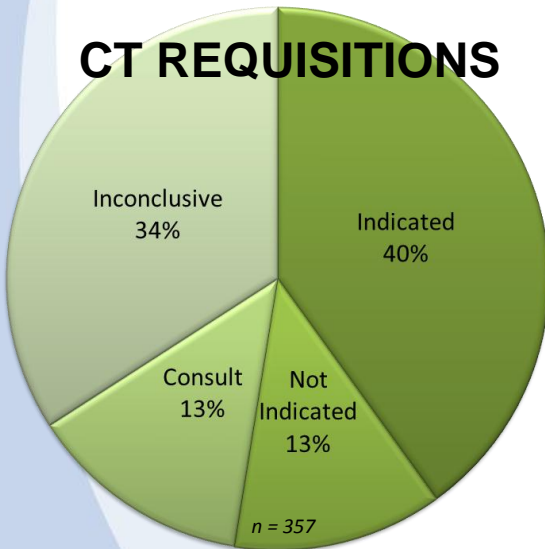
Successful **privacy and security implementation** driven by...

- Leveraging expert advice
- Executing robust participation agreements
- Strong hospital commitment
- Transparency

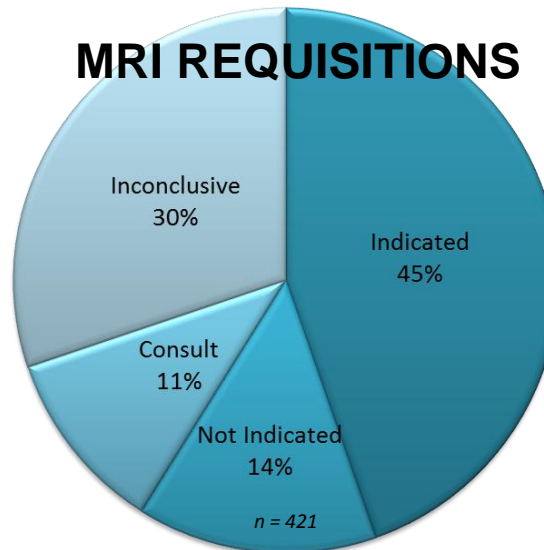
Baseline Results

Methodology: Clinical indications for approx. 800 paper requisitions were documented and put through the OE tool. The evidence-based feedback was then documented. All the hospital sites displayed similar trends.

CT REQUISITIONS



MRI REQUISITIONS



Highlights:

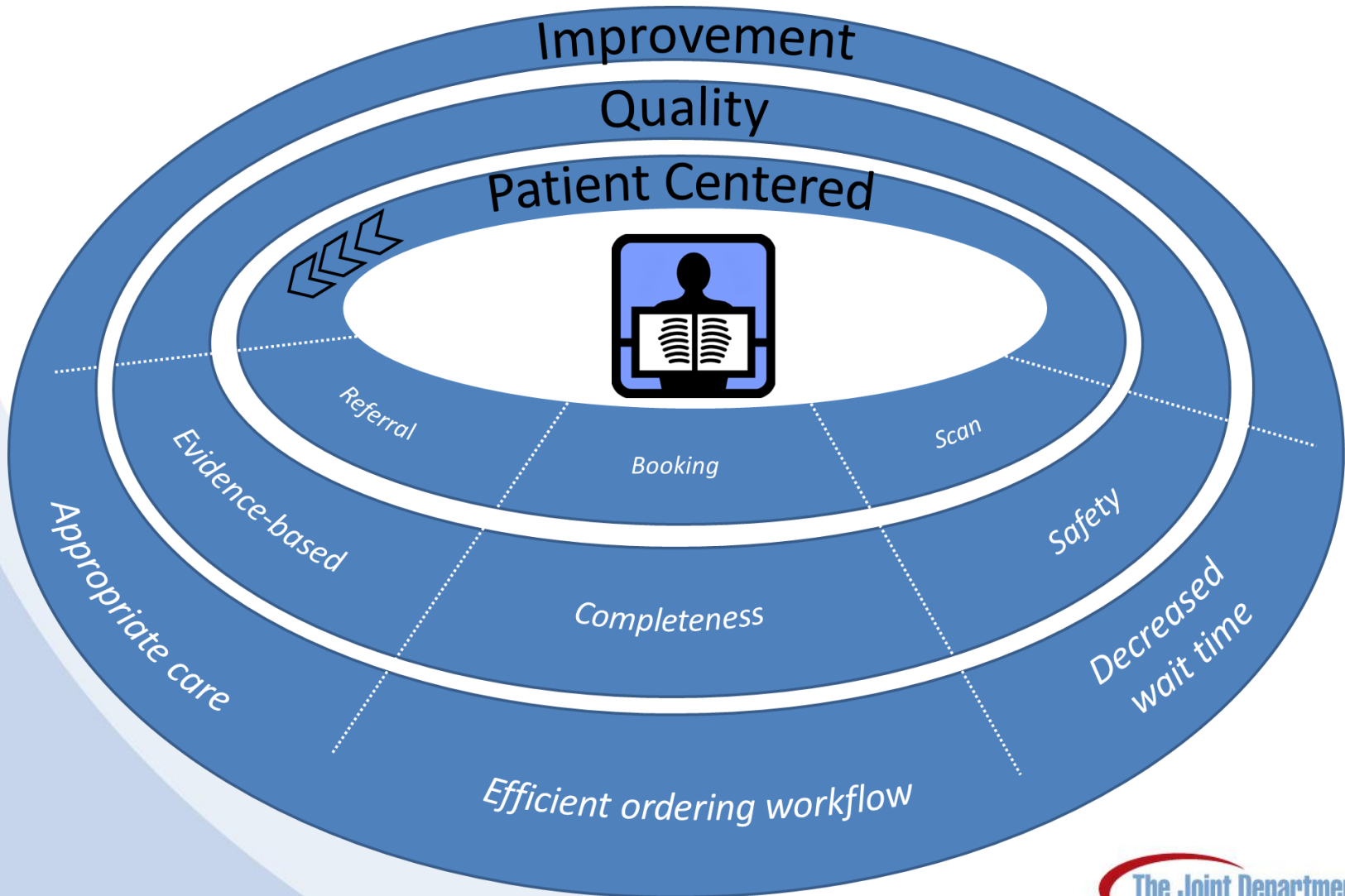
- Baseline results for MRI and CT requisitions were very similar
- High proportion of “Inconclusive” results suggests the original requisitions reviewed were incomplete and/or that gaps exist in the *Provincial MRI/CT Referral Guidelines*

Study Comparison	Inappropriate	Inconclusive**
DI-APP	13%	32%
Health Council of Canada	30%	n/a
Manitoba Demonstration Project in Physician Demand-Side Control for Diagnostic Imaging	11%*	80%
Appropriateness of Lumbar Spine MRI in the Toronto Central LHIN	3% (ACR) 3% (Feasby)	64% (ACR) 81% (Feasby)

*Orders were potentially inappropriate

** Inconclusive results occur when the original requisitions reviewed were incomplete and/or there was no corresponding match in the guidelines

Improving the Patient Journey



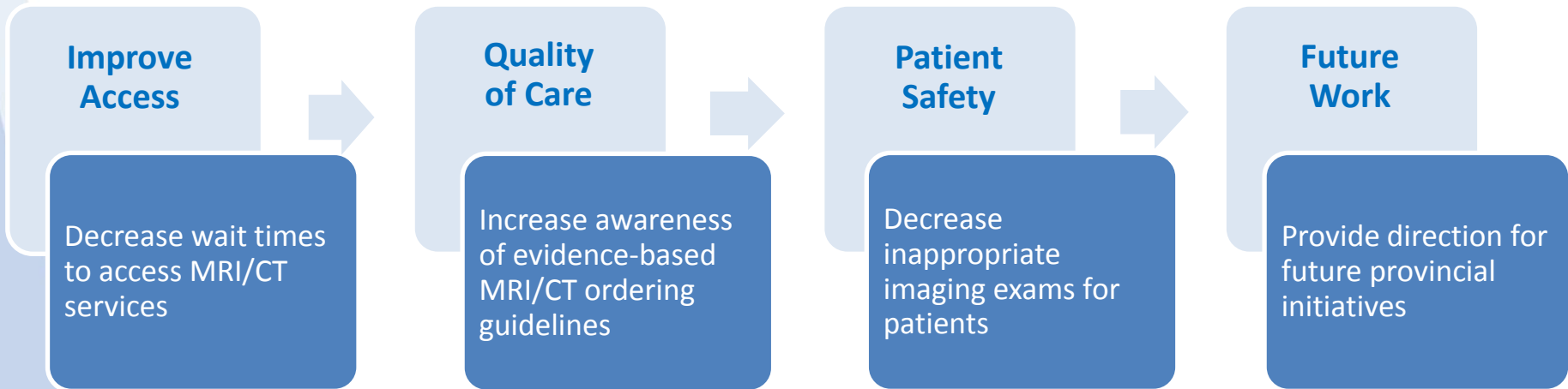
Performance Measures

DI-APP will use outcome and process metrics to gauge impact and success

Outcome Metrics		Process Metrics	
Metric	Intent To measure the...	Metric	Intent To...
Knowledge of Guidelines	...proportion of orders that initially match guideline recommendations	Physician Drop-Off	...alert when a physician has not placed an order through the OE tool for a month
Compliance	...proportion of initial orders that are changed to follow guidelines	Referral Behaviour	...assess physicians' use of the OE tool compared to standard ordering practice
Requisition Completeness	...proportion of orders received through the OE tool that are complete	Pilot Volumes	...track incoming volumes from OE tool
Booking Turnaround Time	...average time taken to book an order received through the OE tool	Requisition Receipt	...monitor any failures in the faxing system between the OE tool and hospital
Unmatched Requests	...proportion of all requests that do not match the guideline terminology	Escalation Volume	...track frequency and type of issues participants experience

Expected Outcomes

The data collection period began on September 12, 2012 and results will be compiled and made available in December 2012. The following are expected outcomes for DI-APP:



Contact Information

- For more information please contact Lester Ly, Project Manager for the Joint Department of Medical Imaging at lester.ly@uhn.ca
- Thank you for your interest in Ontario's Diagnostic Imaging Appropriateness Pilot Project.