

June 14, 2010

Mr. Lou Felice
Chair, Health Reform Solvency Impact Subgroup
c/o National Association of Insurance Commissioners
2301 McGee Street, Suite 800
Kansas City, MO 64108-2662

Dear Mr. Felice:

We appreciate the chance to comment further on NAIC's efforts to identify quality improvement activities in connection with a definition of medical loss ratio under the PPACA law. As we noted in our June 8 letter, radiology benefit managers carry out an important role in assuring quality for millions of Americans. In addition to reiterating the general points we made in that letter, we welcome the opportunity to elaborate how health plans use radiology management to improve quality outcomes for patients – particularly in connection with the revised instructions accompanying the June 7 Health Reform Blanks Proposal.

Consistent with the proposed definition of quality improvement from Section 2717 of PPACA, radiology management seeks to improve health outcomes for patients and to improve patient safety and reduce medical errors using widely disseminated standards that are based in evidence-based medicine and developed by medical specialty societies and independent physician experts.

Improve Health Outcomes – It is intuitively apparent that better health care is more likely when the patient starts with an accurate diagnosis, and obtaining the information to make the right diagnosis frequently requires that the proper test be ordered. Health plans effectively use radiology management every day to make sure that patients receive the right outpatient imaging test at the right time based on their specific diagnosis. MedSolutions accomplishes this important quality assurance task by comparing physician orders with evidence-based guidelines in real time and interacting directly with the physician office to determine what evidence-based literature suggests is best for that patient. This determination is based on an examination of the patient's medical data. In some instances, we recommend a more expensive imaging study immediately such as a PET scan rather than an incremental series of less expensive but less effective studies. Physicians who use the right test are more likely to receive the critical information they need and receive it more quickly, thus making more informed and effective decisions about treatment. And, as we explain below, patients with multiple providers or multiple

medical conditions may be subjected to unnecessary imaging that is potentially dangerous to their health.

Radiology management is thus part of a comprehensive effort by health plans to carry out patient-centered case management and care coordination through a careful examination of clinical data for specific patients and the rigorous adherence to evidence-based standards that seek to deliver the best and most effective treatment available.

Improve Patient Safety and Reduce Medical Errors – Inappropriate medical interventions pose a threat to patients in many ways, and the MedSolutions' work to assure imaging orders by referring physicians meets evidence-based guidelines addresses these threats. In the case of high-tech imaging, for example, unnecessary studies are correlated to unnecessary surgery. For example, a large scale study reported in the April 2010 volume of *Annals of Internal Medicine* documents that 21% of patients who received a single lung cancer screening chest CT, and 33% of patients who received two such scans were misdiagnosed with lung cancer, and 7% of had resulting invasive procedures.¹ A 2009 study published in *Health Affairs* identified correlations between the frequency of medically unneeded invasive back surgery and the supply of MRI machines in a community.² Due to overuse of the procedure, invasive coronary angiography studies only find obstructive coronary artery disease in 38% of patients³ — a decidedly low proportion considering the risk of adverse events and the radiation exposure associated with invasive coronary angiography. Stein and colleagues have concluded that between 31% and 50% of brain CT scans could be avoided if evidence-based guidelines for mild traumatic brain injury were followed⁴. Further, compelling evidence is mounting that the very tests themselves are causing significant harm to patients. Radiation exposure for Americans has double in the past 30 years⁵ because of a more than 6-fold increase in radiation from medical imaging⁶. Up to a third of medical imaging radiation exposure comes from cardiac imaging⁷, which the American College of Cardiology reports is inappropriate for nuclear cardiac studies (the highest of all sources of medical radiation) at least 14.4% of the time, and possibly 29% these cardiac tests⁸. In separate studies, it has been documented that a single nuclear cardiac study exposes the

¹ Ann Intern Med. 2010;152:505-512, Cumulative Incidence of False-Positive Test Results in Lung Cancer Screening, A Randomized Trial

² Health Affairs. 2009;28(6):w1133-40 Magnetic Resonance Imaging And Low Back Pain Care For Medicare Patients

³ Patel MR, Peterson ED, Dai D, et al. Low diagnostic yield of elective coronary angiography. N Engl J Med 2010;362:886-95.

⁴ Stein SC, Fabbri A, Servadei F, Glick HA. A critical comparison of clinical decision instruments for computed tomographic scanning in mild closed traumatic brain injury in adolescents and adults. Ann Emerg Med 2009;53:180-8.

⁵ Brenner DJ, Hall EJ. Computed tomography — an increasing source of radiation exposure. N Engl J Med 2007;357:2277-84.

⁶ Mettler FA Jr, Bhargavan M, Faulkner K, et al. Radiologic and nuclear medicine studies in the United States and worldwide: frequency, radiation dose, and comparison with other radiation sources — 1950-2007. Radiology 2009;253:520-31.

⁷ Fazel R, Krumholz HM, Wang Y, et al. Exposure to low-dose ionizing radiation from medical imaging procedures. N Engl J Med 2009;361:849-57.

⁸ J. Am. Coll. Cardiol.; Dec 10, 2009, Vol. 55, No. 2, 2010- 55- pp 156-162

patient to the equivalent of 500 to 1,000 chest X-rays, which is sufficient to induce cancer in as many as 0.1% of patients⁹. MedSolutions is able to determine by reviewing clinical data that a particular patient has had multiple CT scans in a short period of time or has individual risk factors – such as a titanium implant -- that would make an MRI dangerous. In some cases, this information is not even available to the ordering physician due to multiple providers or incomplete medical records.

The looming patient safety threat from radiation exposure has drawn the attention of the federal government. The Food and Drug Administration is engaged in an initiative to reduce radiation exposure from medical imaging. The National Cancer Institute projects approximately 29,000 cancers will be induced from CT radiation exposure in 2007 alone¹⁰. Further, it is widely reported that between one-fifth and one-third of all such studies are not necessary, representing a significantly avoidable public health hazard. Thus, it is axiomatic that avoiding unnecessary testing reduces exposure to harmful radiation and risk of cancer – and radiology management is an important partner in this effort.

Our industry is founded on the use of evidence-based guidelines. MedSolutions' guidelines, for example, are rooted in clinical appropriateness criteria developed by medical specialty societies, and are updated continuously in consultation with experts and literature reviews. Guidelines are extensively researched and referenced within the text of each guideline to published literature in peer-reviewed journals, and reflect generally consensus input from the payer community, practicing clinicians, academic institutions and community-based physicians. Our guidelines are publicly available and we employ board-certified physicians to interact with physicians in peer-to-peer encounters to ensure that imaging studies are in keeping with evidence-based medicine. We do this through the use of health information technology so that decisions are transmitted quickly and as seamlessly as possible.

The success of radiology management in improving quality has led to its wide adoption by commercial insurers. MedSolutions has over 25 million covered lives and performs reviews on approximately 4 million tests annually. Industry wide, more than 100 million Americans are covered by health plans that use radiology management, such that it has become standard.

In closing, we would like to suggest that you rephrase the final sentence in the general quality improvement definition section of the instructions. An increasingly widely held view among policymakers is that good health is inherently less expensive than poor health. As such, the line between activities that are primarily for quality improvement versus those that are primarily for cost management is becoming blurred. Stating that quality improvement standards “should not be designed solely to control or contain costs,” we believe, captures the intent of the instruction without undermining the link between better quality and lower costs that has become an important concern across a

⁹ *Cardiovascular Ultrasound*, 3:13. Published: 25 May 2005. *Economic and biological costs of cardiac imaging*

¹⁰ *Arch Intern Med.* 2009;169(22):2071-2077.

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range of healthcare settings and, indeed, was a prominent topic of Congressional debate during drafting and passage of PPACA.

MedSolutions would like to thank you for the opportunity to offer comments on NAIC's work and to explain radiology management's role within quality improvement. We stand ready to answer any questions you may have about radiology management or to provide more information.

Sincerely,

A handwritten signature in cursive script that reads "Curtis J. Thorne". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Curtis J. Thorne
President & CEO