

# HCA Advanced Imaging Management (AIM) Work Group HB2105 Summary Background

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**Workgroup Purpose:** A 2009 legislatively created work group charged with identifying evidence based tools applicable to advanced imaging purchasing by state agencies, and investigating feasibility of application to all payers.

## **Phase One – Identify Evidence guidelines and tools for state agency use**

May to July 2009 – the Workgroup was formed and identified high priority advanced imaging areas and evidence based guidelines and program requirements for state agency management of advanced imaging. More details, including the legislative report, are on the website: [http://www.hta.hca.wa.gov/documents/aim\\_report-2009-08.pdf](http://www.hta.hca.wa.gov/documents/aim_report-2009-08.pdf)

## **Phase Two – Explore feasibility of application to all payers**

Phase two is now getting underway, with the following legislative task:

“The work group shall: Explore the feasibility of using the guidelines or protocols for state purchased health care services that are purchased from or through health carriers and all payors in the state by January 1, 2011, for the reimbursement of advanced diagnostic imaging services. This work needs to be completed by July 2010.”

However, at the first phase two meeting on September 14, 2009 the workgroup agreed to broaden participation in order to (1) understand the issues and position of all parties and (2) explore the feasibility of a potentially broader state wide approach.

Pertinent discussion at first meeting:

- Goal is to gain consistency and drive down variation using high quality evidence
- Agency implementation has a focus on high priority areas and a guideline development process that will result in high quality evidence criteria, but potential downsides are: the resources for maintenance, potential duplication of effort commercially available; limited topics – may limit ability to apply to payers and software vendors.
- As applied to the broader community, there are two different approaches to consistency:
  - Payors use same criteria for high priority areas (seen as smaller step but may be more feasible)
  - Payors use same criteria and use same software/vendor solution (payors still have separate implementation and contracts with vendor)
- Broader approach would be a statewide single vendor solution with one interface for all payors and providers – ICSI model has been discussed.

Would like to include multiple organizations that are likely impacted to discuss interest, issues, and feasibility of a broad, single statewide approach, including potential models of what the statewide approach would be.