

Core Values:Collaboration, Independence, Networking, Quality

**IMAGING ROUNDTABLE AGENDA**

*Wednesday, April 13, 2022 from 10am-12pm*

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| **Agenda Topic** | **Time** | **Facilitator** | **Detail** | **Follow-up** |
| Welcome and Introductions | 10:00-10:10AM | WH | Name, Facility, Role. |  |
| Roster Confirmation | 10:10-10:15AM | Michelle |  |  |
| Wilderness Health Updates | 10:15-10:55AM | CassandraMichelle | * WH Strategic Plan

- Congressional Direct Spending for Workforce Development Application -Anna -> Essentia paid for whole tuition cost and they may have taken a lot of students already. There was a program 2010-2011? This program fell through after two years. St. Kates may have a program -Chippewa falls may have a program, there may be a program in st. cloud -Caitlyn -> Students comes to them from st. cloud who does observations and then they come to help in the fall. They request 1st and 2nd year students from LSC they also encourage students to become operators.  -Scott ->usually two year commitment is seen in community currently, has been successful - Anna ->Ely has discussed talk to high school students.-Facility needs? -Scott ->Struggle between providing care and teaching with patient demand, Maybe have a clinical teacher to come in for ultrasound to mitigate this struggle. Currently staff doesn’t lack skills to train but it is time consuming and resources aren’t necessarily available with patient demand. One instructor who would rotate between facilities could be helpful. -Anna ->Would likely need to have instructor in person as opposed to telehealth.  - Caitlyn -> for mammography there is a route to get further certification.  - Jessica -> range pays for certification testing etc. for current staff -Caroline -> they will pay for registry and travel once - Trina -> facility pays for training and hours that they are away- cost of test is a couple hundred- mammography and pay is a few thousand with extra cost for positioning* WH Resource Sharing Platform: please refer to guide for aid.
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| Peer Discussion | 10:55-11:55AM | Group | Mobile MRI (Terri & Scott) Have mobile MRI units that can go to multiple facilities in network.* Do you have it?

-Ely has CMDI very satisfied, still out in truck volume= 35month this winter in summer was about 55month, about 3 days a week-Two Harbors has CMS since tech update have been satisfied, 1 day a week, 35-40 patients per month, if they could get another day may be able to increase volume-Northshore, DMS? every other Saturday, would like to have them every Saturday, they are satisfied with their service, average of 15-20 patients a month. Really have trouble around Christmas and new years. They may be the end of the route for their truck. They do have the staff available for the Saturday visits-Anna -> the truck is stationary so it is just the tech that drives up. Which is very nice.- CMDI to update equipment this fall-CMH has CMDI in house, CMDI techs operate the equipment, Patients about 90-100, CMH only has to deal with patient satisfaction and is satisfied with this relationship. -Caroline -> CMDI does a similar system as CMH for mammograms-Beth -> uses DMS in process of switching to SMS, switching for lower rate and service issues. Truck comes one day a week, 20-35 patients a month-Trina -> uses CMDI has implemented PET CT and have worked with shared medical on PET CT. Shared medical has been very satisfactory-Scott -> SMS has been very satisfactory, with Virginia office offering mobile MRI with SMS has been very good. SMS brings to the table a newer system if desired. * Are you satisfied with your service
* Discuss/get volumes
* How many days/week do you have the mobile coming

Krista would like emails of volume, and pricing to possible do this mobile mri as a network.With contracts, if your contracts are almost up or have an out clause could be beneficial to go together as a network. Pricing with SMS as a network could be beneficial. Lung cancer screening - CT low dose scans (Caitlin) ACR NRDR registry, Getting discrepancy in documentation, is anyone else experiencing this/What to do to combat? Seeing discrepancies in how many years of smoking where it is showing less than 30yrs of smoking. Any extra Vetting prior to exam? -Scott -> they are working with EMR to fix discrepancies, in beginning switched paper order so physician would confirm that patient meets all qualifications for exam. Just announced registry is not necessary, St. Luke’s is still participating. CMS may have lowered amount of years to 20, Scott to send requirements to Caitlin. At point of scheduling St. Luke’s will do some layer of vetting at making the apt. - Caroline -> does vetting during scheduling to make sure they meet criteria. Physician asks this. -Trina -> Not a part of registry but, used to make physician fill out hard copy. Now has patient fill out qualifications in their meditech system prior to visit. Only asks once not multiple times it is physician responsibility to make sure this is done. - Beth in Cook -> has criteria built into order request. Patients must meet criteria before the order for the exam can be ordered and completed. -Sharon -> also built into system, Has experienced issues with VA as they do not quite understand the registry requirement. They have began sending it in every fax order to try to mitigate this.Is there value in keeping the registry even though it is not required? -Scott -> specialists use this to see how they are doing comparatively, Seeing if we can figure out how to get people in earlier for community impact.  -Trina -> looking to make program, incidental findings, to develop codes for Rads to put out letters automatically for follow up so that patients don’t get lost in the system (Beth, Krista, interested). Lung cancer screening tools and Lung Rads – Looking to find incidental findings as a facility that works with essentia and St. Luke’s looking to make sure that patients are going to external appointments and aren’t falling through the cracks.  -Scott -> has a nurse who can ping patients who are not coming for follow-ups and looking for abnormalities so that pulmonology can follow-upTopics from Beth: AAA Ultrasound screenings and Medicare coverage – is screening coverage possible for this exam? Does anyone have this as a standard screening exam already established?* Ultrasound (Aortic) screening is allowed once if you are at risk through Medicare (lifetime).

DEXA Screening ICD 10 codes and coverage:* Does anyone have criteria for this that meets Medicare standard screening criteria so it is included in fully covered screening program?
* St. Lukes tries to do pre-auth on this.
* Beth ->Techs are cross-trained not many who are trained properly by the company on this program

DEXA equipment and low volume usage:* How long to gamble keeping past end of life?
* Caroline -> just let her last one go, lasted 13yrs. Doesn’t have to worry about hackers due to method of printing. Once the last one died she bought a new one
* Krista -> opted to buy a new one instead of updating an old version. Has been happy with this decision.
* Trina -> replaced the dexa because theirs died, replaced with hologic and has liked it thus far.
* Scot -> may want to ask IT about how big the risk really is with window 7. Has a tendency to use the assest for as long as possible, if it is still meeting needs use it until it no longer does and then replace it as there will never be an emergency dexa exam.

Reporting Lung Cancer screenings directly from modality – software recommendations?* St. Luke’s has software in ct that forwards the exams to the college of radiology. A lot of work to get the names coded in. this software is coded into the private service drive at St. Lukes.
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| Wrap-up | 11:55-12:00PM |  | Next Host/facilitator for June* In person meetings are a lot of travel, maybe do a hybrid meeting, leave it up to each facility? Maybe in person once a year and the rest of the meetings virtual. Tentatively in person for June.

Future Agenda Topics |  |

Attendees: Caroline Hanford, Anna Koski, Scott Studden, Caitlin Erickson, Krista Falk, Trina Storck, Sharon Johnson, Cassandra Beardsley, Alexis Sininger, Terri McDannold, Beth Spencer, Jessica Valento, Katie Peck, Michelle Hargrave.

Feedback from Katie at BF:

Mobile MRI

* Do you have it? Yes, Mobile
* Are you satisfied with your service Our service has been satisfactory
* Discuss/get volumes MRI seems to be increasing lately, on Average we do 30/mo
* How many days/week do you have the mobile coming We only have 1 day per week right now.