American College of Radiology Accreditation Programs

Keys to Accreditation
ACR Accreditation Programs

♦ 1987 Mammography Accreditation Program
♦ 1987 Radiation Oncology Accreditation Program
♦ 1995 Ultrasound Accreditation Program
♦ 1996 Stereotactic Breast Biopsy Accreditation Program
♦ 1996 MRI Accreditation Program
♦ 1997 Vascular Component added to Ultrasound
♦ 1998 - Ultrasound-guided Breast Biopsy Accreditation
♦ 1999 - Nuclear Medicine
♦ 2000 - Breast US module added to US-guided biopsy program
Other Accreditation Programs
Under Development

♦ Chest, General Radiography and Fluoroscopy
♦ Interventional
♦ CT
Accreditation Principles

1) Evaluation must be voluntary
2) Confidential, peer review process
3) Educational not punitive
4) Written report with appeals process
Accreditation Principles (cont. #2)

5) Program is valid and credible, reasonable
6) Provide a public benefit
7) Conflict of interest
8) Timely and cost effective - by mail
Accreditation Principles (cont. #3)

9) Available to all who meet the criteria
10) Issues such as antitrust and restraint of trade are recognized and addressed
11) Non-exclusive
12) Professional staff administer ACR programs
US Accreditation Modules

♦ OB
♦ Gynecological
♦ General
♦ Vascular
♦ Facility should apply for all modalities performed
New Additions

VASCULAR
♦ Approved by ACR Council Steering Committee and implemented in early 1998
♦ ACR seeking recognition by HCFA and other third party payers

GYNECOLOGICAL
♦ Implemented late fall 2000
Third Party Payers

♦ OB
  – Aetna USHealthcare
  – CA Prenatal Diagnosis Centers
  – CIGNA of CT
  – Blue Cross of PA
  – Intermountain Healthcare, UT
  – New York Medical Imaging, PLLC
  – PHS
Medicare Carriers

- Vascular
  - AdminiStar
  - Cabaha Government Benefit Admin.
  - Cigna
  - HGS Administrators
  - Palmetto Government Benefit Admin.
  - National Heritage Ins. Co.
  - Nationwide Insurance

- Blue Cross/Blue Shield of AR
- Blue Cross.Blue Shield of KS
- Empire Blue Cross/Blue Shield
- Trailblazers
- Trans Occidental
- Veritas of Western PA
- Wisconsin Physician Service (WPS)
Interpreting Physician Criteria

- Practitioner with understanding and familiarity with:
  - Indications
  - Basic Principles
  - Limitations
  - Alternate and complimentary imaging procedures
  - Ability to correlate other imaging with ultrasound
Interpreting Physician Criteria (cont.)

- Thorough understanding of:
  - ultrasound technology and instrumentation and
  - ultrasound power output
  - equipment calibration and safety
Interpreting Physician Criteria (cont.)

♦ Demonstrate familiarity with:
  – Anatomy & Physiology
  – Pathophysicsiology

♦ Evidence of:
  – Training
  – Competence
Interpreting Physician Criteria (cont.)

- The interpreting Physician must also meet at least one of the physician qualification criteria outlined in the Basic Requirements.
Physician Criteria
Continuing Qualifications

♦ Maintain competence by:
  – Regular performance and interpretation
  – Minimum of 300 exams recommended
Physician CME

- Compliance with the ACR Standard on CME
  - 150 hours of CME every 3 years
- Should include ultrasound as appropriate for their practice
Sonographer Criteria for General OB or Gyn Accreditation

♦ Must be ARDMS certified or eligible at time of application
♦ For renewal, all sonographers must be certified
Sonographer Criteria for Vascular Accreditation

♦ Must have at least one sonographer who is RVT or RVS (previously RCVT) certified
Quality Control Program

♦ Required as of January 1998
♦ Directed by medical physicist or supervising MD
♦ Minimum frequency - semi-annually
♦ Testing and corrective action must be documented
♦ Documentation will be reviewed if site survey done
Quality Control Program (cont.)

- Initial testing - verify horizontal and vertical distance measurement
- Use any Ultrasound phantom
- Two probes for each scanner should be tested
Quality Control Program (cont.)

- System sensitivity and/or penetration capability
- Image uniformity
- Photography and other hard copy recording
- Low contrast object detectability (optional)
- Assurance of electrical and mechanical safety
Quality Control Manual

♦ Development began Fall 1999
♦ Analysis of data submitted on full application
Full Application

♦ Collects practice data that will enable correlation between practice patterns and outcome on accreditation
♦ Documents that personnel meet criteria
♦ Demonstrates compliance with ACR US standards
♦ QC data
OB Ultrasound Clinical Images

- 1 - First Trimester
- 2 - Second Trimester
- 1 - Third Trimester
1. Endovaginal Female Pelvis
2. Female Pelvis Endovaginal OR Transabdominal
General Ultrasound Clinical Images

- Upper Abdominal - Complete (Required)
  Showing all of the following anatomy
  - Liver
  - Gall Bladder and Biliary Duct
  - Pancreas
  - Spleen
  - Kidneys
General Ultrasound Clinical Images (cont.)

♦ Plus choice of three from the following:

- Female Pelvis
- Retroperitoneal
- Renal/Urinary Tract
- Small Parts
  - Scrotum/Thyroid
- Transrectal Prostate
- Pediatric Neurosonology
Vascular Ultrasound Clinical Images

One normal and one abnormal exam from each of the categories performed at the facility

♦ Peripheral exams
♦ Cerebrovascular - carotid exam
♦ Abdominal vasculature exam
♦ Deep abdominal: Aorta or Inferior Vena Cava exam
Clinical Image Key Points

♦ Submit complete exams with all images from same pt.
  – Exams must be from real pts. (not volunteers)
♦ Transparency; no electronic format
♦ Reviewer assumes images are an example of your best work
♦ Keep in mind reviewer does not have the benefit of real time
Image Labeling and Written Report

- Patient name and identification number
- Examination date
- Name of facility/institution
- Clinical indication for examination
Written Report

♦ Comply with ACR Standard for Communication, 1995
OB, Gyn & General Key Points

♦ Exams interpreted as normal are required
♦ 1st trimester exam should include fetal pole and allow documentation of heart rate
♦ Include physician report
  – used to confirm data of exam
  – songrapher worksheet not acceptable
Vascular Key Points

♦ One normal and one abnormal
♦ Diagnostic & physiologic criteria
  – Carotid should include velocity table
♦ Report of noninvasive pressure testing for arterial and carotid
♦ Abnormal exams should include a vascular abnormality
Testing Materials - Due Date

- On bar-coded labels
- 60 days from date of application
  - extension must be requested in writing
- Images must be acquired no more than 120 days before due date
Testing Materials Key Points

♦ Maintain copies of all images & patient names
♦ Send via Express mail, FEDX, etc.
Repeat after Deficiency

♦ Submit only those exams that did not pass.
Validation Cycles

♦ Random Film Check
♦ Random On-site Survey
Random Film Checks

♦ ACR designates date for:
  – 1 Set of sonograms from each category of accreditation,
    • eg., OB, Gyn, General, Vascular
Goals of On-site Survey

♦ 1) Education
♦ 2) Validation
On-site Survey

♦ Radiologist Responsibilities
  – Team Leader
  – Evaluate clinical image quality
  – Consult with radiologist regarding clinical interpretation
On-site Survey

- **Physicist Responsibilities**
  - Equipment verification
  - Review of semi-annual QC report and corrective action
  - Review & evaluate all QC logs
On-site survey

♦ ACR Staff Verification
  – Application data
  – Personnel qualifications
  – Federal, state & local licensure/certification
Charges
First Ultrasound Site
(Primary ultrasound site)

- OB US, only $1000
- Gynecological US, only $1000
- General US, only $1000
- Vascular, only $1000
- Combination of any two $1100
- Combination of any three $1200
- All $1300
Charges
Additional US Practice Sites
(different addresses/locations)

- OB US, only $900 each
- Gynecological US, only $900 each
- General US, only $900 each
- Vascular, only $900 each
- Combination of any two $1000 each
- Combination of any three $1000 each
- All $1200 each
Statistics as of March 2001

- Number of applications: 2265
- Number of Accredited Facilities: 2095
- Deficiency Rates: 19%
  (on first attempt)
Breast Ultrasound Accreditation

- Added to Ultrasound-Guided Breast Biopsy Summer 2000
- Under direction of Peter J. Dempsey, M.D., Chair, Committee on Breast Ultrasound Accreditation
Breast Ultrasound Accreditation (BUAP)

- Two types
  - Breast Ultrasound
  - Ultrasound guided breast biopsy
    - Mass only
    - FNAC only (not cyst aspiration)
Breast Ultrasound Accreditation and MQSA

♦ MQSA only applies to mammography (x-ray imaging of the breast)
♦ Does not apply to ultrasound
BUAP Physician Requirements

Breast US

♦ Initial Qualifications
  – Same as Ultrasound Accreditation

Breast Biopsy

♦ Initial Qualifications
  – 12 USGBB on patients, OR 3 hands on USGBB supervised by equal MD AND 3 Cat.
  – 1 CME hrs. in USGBB procedures
  – Performance & interpretation of breast US
BUAP Physicians Requirements

Breast US

♦ Continuing Qualifications
  – 30 exams/year (recommended)

Breast Biopsy

♦ Continuing Qualifications
  – 12 USGBB/year
  – Regular performance and interpretation of breast US
BUAP Physicians Requirements

**Breast US**
- Continuing Education
  - ACR Standard on CME

**Breast Biopsy**
- Continuing Education
  - 3 Cat. 1 CME in USGBB/3 years; must include post-biopsy management
BUAP Technologist Requirements

♦ ARDMS OR ARRT and MQSA qualified
AND
♦ 5 hrs. CEU within one year of accreditation
BUAP Key Points

♦ Transducers must be > 7mHz

♦ QC Tests (Semi-Annual)
  – Penetration, uniformity, distance accuracy, anechoic void perception, ring down, lateral resolution, electrical and mechanical safety

♦ Sampling devices (Biopsy module)
  – Gun/needle
  – Vacuum assisted devices
BUAP Clinical Images

♦ Evaluation based on image quality
♦ Lesion biopsy is same as seen on mammogram or physical exam
Outcome Data for Biopsy Module

♦ Number of procedures
♦ Number of cancers found
♦ Number of benign lesions
♦ Number of biopsies needing repeat
♦ Number of complications
BUAP Charges

Primary Ultrasound Site

- Breast US, only $700
- Breast US & Breast Biopsy $800

Additional Ultrasound Sites

- Breast US, only $600
- Breast US & Breast Biopsy $700
ACR Ultrasound Accreditation
Key Resources

♦ ACR Standards
♦ Basic Requirements
♦ Evaluation Attributes Document
♦ ACR Staff

UAP 1-800-770-0145
BUAP 1-800-227-6440

www.acr.org