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Ordering Urgent Imaging In Outpatient Primary Care

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Galenkamp, Amanda, "Ordering Urgent Imaging In Outpatient Primary Care" (2023). *Family Medicine Clerkship Student Projects*. 853.

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ORDERING URGENT IMAGING IN OUTPATIENT PRIMARY CARE

CVMC Family Medicine

Amanda Galenkamp

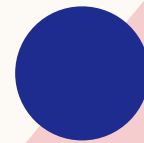
January 2023

Mentor: Brian Rodriguez

PROBLEM IDENTIFICATION

Current imaging order sets in EPIC allow for STAT or routine radiology scheduling. Patients requiring urgent imaging often are not scheduled in a timely fashion and either re-present to the office or the ED.

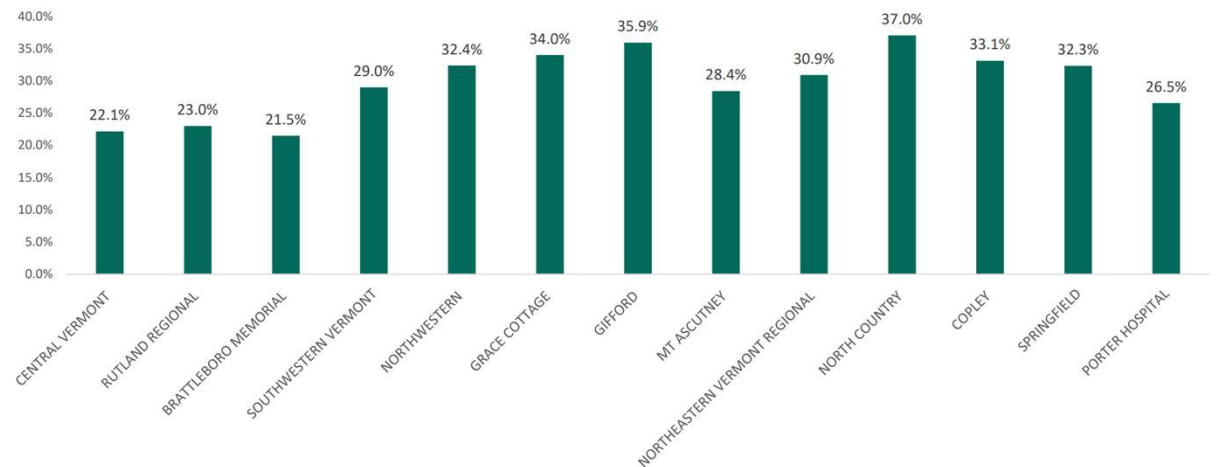
AHEC focus area: Transformation of Practice



PUBLIC HEALTH COST

A study conducted by Sule Gerovich, Ph.D. at The Data Innovation Lab at Mathematica demonstrated the 22.1% of inpatient and ED visits at CVMC, are avoidable. ¹

Proportion of Revenue-Inpatient and ED combined



PUBLIC HEALTH COST

The cost of visiting the emergency department vs routine office visits at CVMC ^{2,3}:

Hospital		Emergency room visit level 1 (99281)	Emergency room visit level 2 (99282)	Emergency room visit level 3 (99283)	Emergency room visit level 4 (99284)	Emergency room visit level 5 (99285)
CVMC Emergency Department	Hospital Charge	\$223	\$393	\$584	\$1,011	\$1,307
	Physician Charge	\$53	\$99	\$171	\$289	\$433
	Total Cost	\$276	\$492	\$756	\$1,300	\$1739

Hospital		Office Visit, established patient, 5 min (99211)	Office Visit, established patient, 5 min (99212)	Office Visit, established patient, 5 min (99213)	Office Visit, established patient, 5 min (99214)	Office Visit, established patient, 5 min (99215)
CVMC Primary Care	Hospital Charge	\$0	\$0	\$0	\$0	\$0
	Physician Charge	\$173	\$200	\$235	\$341	\$458
	Total Cost	\$176	\$200	\$235	\$341	\$458

COMMUNITY PERSPECTIVE

A representative from the radiology scheduling group notes that the biggest barrier to scheduling imaging orders is missing/lacking information on orders and the lack of response from provider offices when radiology reaches out for clarification.

An emergency room practitioner reports that a rise in patients presenting for common complaints like abdominal pain, that should be worked up in primary care offices, increases the ED census, wait times, and ultimately ends up costing patients more money.

INTERVENTION & METHODOLOGY

General Anesthesia Services Needed? Yes No

Relevant Surgery:

Scheduling time frame

Results Release to Patient (Note: Choosing Manual Release will only block results from tests performed at UVMHN and does not apply for Miscellaneous Test Order)

- Order imaging as STAT
 - normally scheduled within 48hr
 - requires staff to conduct PA
- For urgent imaging (48hr – 4wks) use free text box to enter desired window
- Ensure office staff are aware of PA requirement



LIMITATIONS AND RESPONSE DATA

- Due to time constraints, there was limited time to evaluate the response of this project
- Limitations of this project are as follows:
 - Alterations to normal practice is challenging for staff to utilize because of the training required and many other clinical responsibilities they are responsible for
 - EPIC freeze at UVM Health Network limited the ability to make changes to the order process within the EHR

RECOMMENDATIONS FOR FUTURE INTERVENTION

- Ideally, the best intervention for this problem is adding an urgent scheduling option to the EPIC imaging order form
- Additional information should be made available to patients about how long they should expect to wait for scheduling and when to call radiology

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