

Medical Imaging Quality Assurance and Utilization Review Program

It is critically important for providers of medical imaging services to conduct quality assurance and utilization reviews for the services that they provide for their patients. The purpose of this program is to assure the quality of the imaging center's services and to insure that the imaging center provides a regular review of the technical imaging and interpretation services that it provides.

The elements of this program are as follows:

- On a monthly basis the imaging center will hold a quality review meeting that is attended by those physicians who are providing imaging interpretation services. The Center Manager or Practice Manager will attend the meeting and perform the function of recording secretary. The Imaging Medical Director will chair the meeting.
- Each month the Center Manager or Practice Manager will randomly choose ten imaging cases for review by the group. The selected cases must include at least one case from each reading physician. Each case will be reviewed from the perspectives of images provided, diagnostic indications and completeness of the report.
- If the reviewing physicians determine that the medical report needs to be clarified, expanded or in some other way modified to provide a clear and accurate diagnosis the report will be amended as needed.
- The attached form and scoring method will be used to evaluate the studies that are randomly chosen for review each month.
- As part of the utilization review process, each study will be reviewed to make sure the indications to do the study are appropriate and that the proper study was requested.

Frank Hussey, M.D.

Chairman, ASN Practice Issues Committee

INTERNAL PEER REVIEW

DATE: _____

MODALITY: _____

REVIEWING IMAGER: _____

Interpreting Imager	Patient name or record #	Type of study	Appropriate	Grade (1-4)
1. _____	_____	_____	_____	-----
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

1 = Concur with interpretation

2 = Difficult diagnosis, not ordinarily expected to be made

3 = Diagnosis should be made most of the time*

4 = Diagnosis should be made almost every time there is a misinterpretation of findings*

**A score 3 or 4 will be reviewed by the group's Medical Director. For a score of 3 or 4 a Peer Review form will be completed to provide a record of corrective action.*

Additional Review and Utilization Comments:

Peer Review Form

Practice Name and Address

Assessment of Questionable Findings

Patient ID#: _____

Original Report By: _____

Original Report Date: _____

Peer Review Report By: _____

Peer Review Report Date: _____

Peer Review Findings

Action Taken:

____ No action required

____ Addendum report issued by original image reader

____ Peer review quality assurance meeting required to discuss report

Meeting Scheduled: _____

If meeting is held on this report and its issues, meeting notes will be generated with any corrective action indicated including a timeframe for completion of that corrective action.