Priority Consult
Care Coordinator Forum
Wednesday, May 14 and Thursday, May 15, 2009
Minutes

Attendees:

Rachel Elliott, Client Liaison, Priority Consult, 513-569-5203, relliott@priorityconsult.com
Bobbie Ryan, RN, Care Coordinator, Mayfield Clinic & Spine Institute, 513-569-5237, bryan@mayfieldclinic.com
Candice Young, Operations Site Manager and Coordinator of Imaging and Pain Relief Services, Mayfield Imaging Center, 513-569-5243, cyoung@mayfieldclinic.com
Katrina Clement, Administrative Assistant, Priority Consult, 513-569-5363, kclement@priorityconsult.com
Ed Etherton, Illinois Neurological Institute – Physicians, LLC, Peoria, IL
Diana France, RN, Illinois Neurological Institute – Physicians, LLC, Peoria, IL
Jane Ray, RN, Salem Hospital, Salem, OR

Priority Consult and Guidelines for Ordering MRIs with Gadolinium
Presented by: Candice Young, Site Manager, Mayfield Clinic & Spine Institute

Introduction:

Rachel welcomed the group and made introductions. Attendees introduced themselves and gave a brief description of their experiences with ordering MRIs with Gadolinium.

Rachel turned the meeting over to Candice.

Gadolinium Administration Guidelines:

The Mayfield Imaging Center will follow guidelines as outlines by the American College of Radiologists, and those supported by the University Radiology Associates of Cincinnati for all elective gadolinium based MR procedures. Guidelines for Gadolinium administration for MR are as follows:

1. All patients will be screened by the following 5 questions. A ‘yes’ answer to any of these questions will result in a request for a recent (4 weeks or less) glomerular filtration rate (GFR) assessment to be reviewed by the MRI technician and/or radiologist prior to scheduling the patient for a contrast- based study.

    a. Does the patient have a history of renal disease (including solitary kidney, renal transplant, renal tumor)?
    b. Is the patient older than age 60?
    c. Does the patient have a history of hypertension?
    d. Does the patient have a history of diabetes?
    e. Does the patient have a history of severe hepatic disease/liver transplant/pending liver transplant?
    For patients answering YES to question e, a creatinine/eGFR level must be obtained within 1 week of contrast study.

2. If the patient answers no to any of the aforementioned questions, the patient will be scheduled for study without delay.

3. Screening guidelines for patients answering yes to questions a-e:

    - **Extremely High Risk:** If GFR is <30mL/min/1.73m^2 then the patient cannot receive gadolinium and non-contrast exam or alternative modality may be considered. Recommend discussion with the referring physician.
    - **High Risk:** If GFR is between 30-45, review with radiologist to determine risk-benefit for patient. Recommend that patients falling into this category receive alternative testing if possible.
    - **Moderate Risk:** For patients with GFR between 45-60, mild renal insufficiency. Risk is indeterminate, but likely very low. Review with radiologist and obtain non-contrast study if possible.
    - **Low Risk:** For patients with GFR greater than or equal to 60. Proceed with medically necessary contrast study.

SHORT FORM GUIDELINES: GBCA IN RENAL AND LIVER DISEASE

Gadolinium based contrast agent (GBCA): RENAL INSUFFICIENCY

A. Mild Renal Insufficiency (Abnormal GFR >45)

1. GBCA can be used if medically indicated
2. Do not use GBCA if there is an alternate equivalent test
3. Use ProHance for imaging patients with hepatic failure

B. Intermediate Renal Insufficiency (GFR 30 – 45)

1. GBCA can be used if medically indicated only after consultation and approval
2. Do not use GBCA if there is an alternate equivalent test.
3. Use ProHance as the contrast agent.

C. Severe Renal Insufficiency / Failure (GFR <30)

1. GBCA should not be used without prior consultation, physician approval, and informed consent.
2. Use alternative tests whenever possible
3. If deemed absolutely necessary, use ProHance as the contrast agent

GBCA: LIVER FAILURE AND RENAL INSUFFICIENCY

A. Mild Renal Insufficiency (Abnormal GFR >45)

1. Preferably use CECT / CTA with renal protective measures (hydration /
2. If CE MRI / MRA necessary, use ProHance as the contrast agent

B. Severe Renal Insufficiency (GFR <45)

1. No contrast routinely administered
2. Direct physician to physician consultation required with case by case determination of risk-benefit for different options
3. Informed consent mandatory and physician order required

Priority Consult Software:

Rachel reviewed the new screens as well as letter templates, highlighting the additional questions flagging a high-risk patient.

Closing Questions:

Are there any changes to Bone Scans?

Based on the patient's size, contrast (radioactive isotope most commonly technetium-99 MDP) should be administered and scan should start within 2-4 hours of the administration. There are scans that occur for certain conditions (osteomyelitis) where contrast is given, an initial scan is done 20-30 minutes post contrast, and then a second study is performed 2-3 hours post contrast without re-dose.

If you're interested the guidelines with regard to this policy are found here:
http://www.acr.org/SecondaryMainMenuCategories/quality_safety/guidelines/nuc_med/skeletal_scintigraphy.aspx

What is the ACR's direction for CT Myelogram?

Under section V. sub A. of the Practice Guidelines for Myelogram:

"The written or electronic request for myelography should provide sufficient information to demonstrate the medical necessity of the examination and allow for its proper performance and interpretation.

Documentation that satisfies medical necessity includes 1) signs and symptoms and/or 2) relevant history including known diagnoses. Additional information regarding the specific reason for the examination or a provisional diagnosis would be helpful and may at times be needed to allow for the proper performance and interpretation of the examination.

A physician must originate the request for the examination or other appropriately licensed health care provider. <u>A physician should provide the accompanying clinical information or other appropriately licensed health care provider familiar with the patient's clinical problem or question and consistent with the state scope of practice requirements.</u> "

So, while the ACR does not exactly mandate that the referring physician do an H&P, they circle around the logic that someone familiar with the patient's condition should do an H&P for both screening of appropriateness and pre Myelogram education about hydration etc.

Next Meeting Date:

Wednesday, June 10, 2009 11:00AM EST
Thursday, June 11, 2009 11:00AM EST