ACEP/SAEM/AAEM System Wide Clinical Ultrasound Town Hall
Held February 14, 2020

12:59:47 From Rob : hello everyone! Rachel thanks for running the show!
12:59:49 From Rachel Liu : Yes
13:02:23 From Rachel Liu : Hi folks, hopefully everyone can see this chat. If you can please type in your comments / questions here so that Nova can curate. This chat is also being recorded
13:04:31 From J Boyd : Q:At Vanderbilt, handhelds have really created some energy for this process and we're in the midst of
13:05:10 From J Boyd : .. it. Just sending an early question to see what direction that has taken those of you with existing committees. Fine to answer as the question develops.
13:06:04 From Rachel Liu : I think handhelds have spurred the recent momentum
13:06:34 From novapanebianco : Good question Jeremy. Handhelds drove the interest in SWCUS at Penn
13:06:37 From robert strony : we started as a committee and then evolved into just SWCUS director
13:06:59 From Rachel Liu : Also, welcome to the intensivists and hospitalists who are joining us today too
13:08:09 From Renee Dversdal : thanks Rachel! awesome to be on & learn from you all!
13:08:43 From novapanebianco : From the survey - 49.3% have a SWCUS committee, 19.2% said "it's complicated", and 31.5% said no
13:09:14 From Rachel Liu : Nova, what was the N from the survey?
13:09:31 From novapanebianco : 73!
13:12:12 From Christopher Moore : Sort of a comment - I think one of the best uses of this group would be to share actual documents they are using at their institution(s) - do we have (or could we create) a mechanism to share these for discussion?
13:12:21 From Galaxy S9 : how did u get buy in from radiology? still resistance at my shops....
13:12:38 From Rachel Liu : This may be a good time to mention the ECRI report of POCUS being the #2 health hazard if not implemented properly. So this is an argument for developing system-wide POCUS committees
13:12:57 From Petra Duran-Gehring : has anyone developed a joint POCUS curriculum as part of the SWUS committee?
13:13:00 From robert strony : making alliance with the CMO will help usually to convince radiology that POCUS initiative needs to happen
13:13:23 From Christopher Moore : Zach - why would there be a concern for conflict of interest in handhelds vs. any other US?
13:14:40 From Dr. Jilkina : What is the status of your PoCUS program under radiology Depart
13:15:20 From Christopher Moore : Has anyone had any success getting their institution to share details of facility billing for POCUS?
13:16:02 From robert strony : we are actually now divided into institutes. POCUS department will be under imaging institute and Institutional POCUS budget created

13:16:15 From beckyburk : How have people handled billing competition between POCUS providers, radiology and cardiology? Our cardiology dept is worried that if we bill a limited POCUS echo they will lose the revenue from us ordering complete echoes.
13:16:34 From Rachel Liu : Petra, I think that probably has to do with issues with credentialing. I think this is the kind of thing where POCUS credentialing needs to be global and each specialty will then decide what is applicable to them. If there are areas of joint teaching, then probably a joint curriculum may help. But it probably may be hard to have a "curriculum for all"
13:17:01 From novapanebianco : Matt Flannigan asks - "When should you say "no" to this position? It's a lot of work!
13:17:10 From Rachel Liu : Becky, @JenniferMarin can help here. But the complete echo has a different CPT code than the bedside echo
13:17:20 From Renee Dversdal : I'll second Chris's question, facility fees are very opaque to me on the hospital medicine side.
13:17:21 From robert strony : Our institutional POCUS credentialing document provides a guide but defers to speciality specific guidelines if they exist
13:17:33 From Casey Glass : RE: double billing - we actually did an audit on that for them (in our case it was radiology) and showed them that when someone didn't get paid it was us (for our limited exam)
13:17:53 From Rachel Liu : Yeah this too (above)
13:19:55 From robert strony : May need to take it on initially on your own time but then if you show that you are improving quality, revenue, etc can negotiate for FTE time. Obviously ideal if can get right from the start
13:21:18 From novapanebianco : Zach, can you share that survey? I'm struggling to know my own institution and who is actually using POCUS!
13:21:43 From Rachel Liu : Echo Zach!
13:22:16 From Christopher Moore : We have had the "Yale Point-of-care Ultrasound Council" for ~2y and are on the verge of global POCUS privileges for participating departments, however our Chief of Staff has stated that "training needs to be uniform" - which actually could be a can of worms - while I understand there needs to be training is there any national or JCAHO guidance on this or has anyone else run into this? I can't see that for example EM can be same training as cardiology, radiology (though it should meet specialty specific guidelines of course).
13:23:33 From Casey Glass : We have discussed having a global minimum (8-16 hours CME and 25-50 studies per application) and then deferring to specialty specific guidelines from there
13:23:57 From Rachel Liu : I don't know of any national guideline
13:24:20 From Rachel Liu : Might be good for a multiorg collaboration
13:25:34 From robert strony : Regarding Billing for POCUS. We have agreement with cardiology and radiology if ED patient or hospital patient gets POCUS and no other US within 6 hours POCUS gets billed. For example gets focused echo in ED or floor, admitted and does not get complete ECHO by cardiology next day. Both would get billed, if complete echo done within 6 hours of POCUS, billing deferred to cardiology.

13:26:01 From awoods : We have a similar agreement with radiology re: RUQ ultrasounds.
13:26:05 From Sam : what does panel think is important for C suite folks? what will catch their ear?
13:26:30 From Michael Woo : I did not see any mention of Machine Maintenance in the business plan. In our shop the hospital Biomed group maintains our machines. The fear from them is that they don't have the budget or the authority to look after HHU. So we have involved them early in our process.
13:26:57 From Petra Duran-Gehring : Chris, we have the same issue. We're the only one who have an established pocus program in our hospital, so just need Needs Assessment with each set to see what other departments lacked.
13:27:10 From Casey Glass : Money gets the C-suite ear. $$ in the form of unbilled POCUS and $$ in the form of risk from people using it without credentials
13:27:36 From Christopher Moore : As I understand the hospital can't bill the facility fee for personally owned devices. However if you use same workflow hospital may not know - has anyone dealt with parsing this out if people are doing potentially billable POCUS on personally owned devices?
13:27:38 From Galaxy S9 : can that repository be open to the public? right now, I believe the US documents required acep membership...
13:28:30 From awoods : Agreed. Also if you can get your hands on your institution's HAC data and spotlight preventable events for which POCUS would help (e.g. PTX during CVC insertion) that is a big selling point.
13:28:33 From Dr. Jilkina : How do you decide on the number of the machines you acquire?
13:29:12 From Galaxy S9 : yes!!!
13:29:51 From Casey Glass : Aren't there issues with billing for personally owned devices RE Stark Law? I'm not an expert on that
13:30:07 From Rachel Liu : Yep Casey. Yep.
13:30:35 From Casey Glass : Bottom line - personally owned devices for actual patient care are a big problem for a lot of reasons
13:31:15 From Megan Leo : google folder would be great! Having examples of other institutions Business plans, credentialing docs, handheld policy, etc would be super helpful
13:31:29 From novapanebianco : Agreed Meg!
13:31:46 From Sam : is there a list of enterprise workflow solutions that are bedside ultrasound friendly?
13:31:49 From Rachel Liu : So basically for handhelds (and machines), it would be probably best if the hospital system bought the devices. However, cat is out of the bag and now we're left with the situation where all of us have personal devices and this could create a ton of hassle
13:31:52 From Sam : has anyone worked with Agfa?
13:32:08 From Rachel Liu : Sam, a lot of us have Qpath and it can be made Enterprise adequate
13:32:09 From beckyburk : yes, a google folder would be amazing. My institution is in the dark ages of POCUS, so I have a big uphill battle ahead of me and guidance would be great

13:32:19 From Rachel Liu : Butterfly have created their Enterprise solution
13:32:32 From Rachel Liu : and thought is that it may be vendor neutral
13:32:38 From Sam : yup, but not going to support radiology, cardiology, etc.
13:33:01 From Megan Leo : I've have a lot of planning meetings with Agfa. They seem dedicated to getting into the POCUS market but it's a hospital wide solution due to large upfront cost
13:33:05 From Rachel Liu : Yeah, Sam, it requires interface with hosp IT to make it Enterprise.
13:33:09 From Nik : Sam I think Jen Carnell at Baylor has some experience with Agfa
13:33:10 From Christopher Moore : We've made a semi successful case that hospital should fund QPathE. This is why facility billing is important - should fund this
13:33:13 From robert strony : we are looking at Butterfly Enterprise solution
13:33:46 From Diku Mandavia : SonoSite Synchronicity is an enterprise software which is available — price has been adjusted down to match other workflow systems
13:33:49 From Rachel Liu : But for POCUS only (not cards, not rads, etc.) - QpathE or other solutions can be a good start as an Enterprise solution because at least these products can talk to EMRs
13:33:50 From robert strony : I did not like about Qpath E is moved to reoccurring higher department fees
13:34:02 From Rachel Liu : That's true, Synchronicity as well
13:34:05 From Sam : I need to find a software workflow solution that works for other departments, including radiology, and I think we are going to be added on to what radiology and cardiology want
13:34:16 From robert strony : agree we have looked at Synchronicity
13:34:54 From Rachel Liu : interesting Sam. We've developed so it's separate but connected
13:34:56 From Megan Leo : Sam if you think your hospital would invest in a hospital wide workflow solution, I would definitely recommend reaching out to Agfa
13:35:04 From novapanebianco : What is AGFA?
13:35:20 From Rachel Liu : Radiology platform, nova
13:35:21 From Casey Glass : Another enterprise PACS vendor
13:35:26 From Megan Leo : historically a radiology archive company
13:35:36 From novapanebianco : Thanks!
13:35:50 From Megan Leo : They interface w Epic and Citrix based EMR nicey
13:35:57 From Sam : I've spoken with Agfa, I think the IT management and build process for a community hospital would make a radiology based product more enticing
13:35:58 From Megan Leo : nicely
13:37:06 From Megan Leo : they never gave us a full quote but my guess was that upfront $200k. yearly maybe $50k. this is a guess only. we never got far enough for a formal quote
13:37:17 From Rachel Liu : Gaaaaahhhhhh@
13:38:30 From novapanebianco : Has any institution suggested not making ultrasound a line item for credentialling and rather take the stance that it is a core competency of being a physician (like there is no credentialing for a stethoscope?

13:38:35 From Renee Dversdal : ohsu radiology is going to AGFA enterprise imaging and we've pitched leadership on taking this opportunity to go systemwide. The annual costs will be less than 50k, the upfront cost is most. but easier to pitch IT on same system rather than yet another system to maintain.
13:39:05 From Galaxy S9 : discussion about free vs paid work to set up an maintain a systemwide program?
13:39:07 From Casey Glass : Nova I think the problem there is that everyone was trained to use a stethoscope - but not everyone was trained to use US
13:39:13 From Renee Dversdal : and yes Nova! I'm having discussions with risk & privileging team about this.
13:39:13 From Rachel Liu : Interesting Renee, are they receptive to going systemwide?
13:39:38 From Christopher Moore : That sounds expensive - but for a large system it is not a big deal if they are able to recoup it in facility fees, but requires access to this information and buy in from someone who sees this revenue stream. We've had trouble accessing that, not sure how successful other have been
13:39:48 From Renee Dversdal : yep, Rachel, pro board supportive, CMO in, just gotta get IT to prioritize us.
13:40:07 From Casey Glass : I think the answer is an achievable base US credential that is designed to ensure safety and quality
13:41:04 From robert strony : Good point chris. It is very hard for the revenue department to pull out exactly what the institution billing. We are working on establishing specific POCUS AU for each department so we can see what the institutional revenue from POCUS is.
13:41:06 From Rachel Liu : Is Jennifer Marin still on?
13:41:10 From Galaxy S9 : agree that discussion about Epic workflow somewhere would be helpful

13:42:00 From Rachel Liu : Technology workflow will be discussed via IRT meetings - in person meeting at SCUF on April 15th if you're going
13:42:26 From Megan Leo : Did one of the survey questions address whether institutions are approving a POCUS credential vs asking each Dept request individual applications (I.e cardiac, abdomen, etc)?
13:42:54 From Megan Leo : What are the majority doing? global POCUS credentialing?
13:43:31 From awoods : I have found that speciality specific guidelines work best at our institution.
13:43:46 From Rachel Liu : I think quite a few of us older institutions are application specific credentialing which is a pain in the ass. Newer hospital systems get global which is awesome for them
13:44:03 From awoods : Agreed. Our approach was more of a path of least resistance.
13:44:12 From robert strony : We have a global POCUS credentialing and competency policy. On the SWCUS site
13:45:54 From novapanebianco : Rachel, are you speaking about EM credentials, or for all of the specialties?

13:46:37 From Christopher Moore : Regarding business plan for DRG bundles has anyone made any headway in quantifying how POCUS is or could be more efficient (i.e. POCUS evaluation of gallbladder vs. tech/radiologist)
13:47:41 From Rachel Liu : Nova, mainly EM because most of our other specialists don't have credentials or privileges :[
13:48:01 From novapanebianco : Basic question but do you want to speak about who should be on the committee? At Penn we have the usual pocus users plus IT/IS, cardiology, radiology, the medical school and legal.
13:48:24 From awoods : Chris we did a small pilot tracking length of stay for patients with first trim VB and were able to take > 45 min of LOS with ED-performed POCUS
13:48:45 From novapanebianco : The group is huge so we've broken the group into task forces that focus on edu/scope/IT...
13:48:46 From robert strony : Awesome Aimee!!! that speaks the C suite language
13:48:57 From Petra Duran-Gehring : Zach can you post that credentialing guidelines? I'm finding that a lot of depts don't know their own guidelines
13:48:58 From Megan Leo : I was asking about other specialties getting credentials. our EM group has specific privileges but we are trying to help other departments and right now have been asked to apply for specific privileges for them as well. global privileges would be a lot easier
13:49:49 From awoods : Thanks Rob; effort was born from direct request from our chairman to show C-suite how we are using POCUS to effect metrics.
13:50:39 From Rachel Liu : Amie, how did you do this - just a series of retrospective comparisons?
13:52:15 From awoods : We had 12 mos of data re: LOS for patients with this chief complaint and did a "sprint" (a favorite C suite term) focusing on using ED-performed POCUS and then compared groups, so yes retrospective but nice comparison and went over well.
13:53:37 From novapanebianco : There are several publications about 1st trimester focus reducing ED LOS.
13:54:21 From beckyburk : Are there any specific metrics that intensivists have found resonate with the c-suite?
13:55:25 From Rachel Liu : Time for you to meet the CMO, becky ;)
13:55:34 From Dr. Jilkina : what tool do you use as an initial assessment of the skills in PoCUS among the physicians in your department
13:55:52 From Rachel Liu : Tatiana, are you EM ?
13:56:13 From Renee Dversdal : oops sent straight to awoods. wanted to tell folks that the director of diagnostic imaging has been clutch on our uni wide committee. the radiologists trust him, he's on the It committees/can sway those, and knows all the billing folks too.
13:56:27 From Dr. Jilkina : Yes
13:56:37 From Rachel Liu : Google Drive! Google Drive!
13:56:52 From J Boyd : Yes
13:56:57 From J Boyd : Yes
13:57:43 From Rachel Liu : Tatiana, the recent graduates are coming with graduation letters from their ultrasound directors so they don't necessarily need formal observation

13:57:53 From robert strony : For critical care, would stress to c-suite that using POCUS for echo, weaning from vent, will help get ICU patients out sooner? anyway you can show that patient flow improved will be good news to your CMO
13:58:22 From awoods : Agreed and min to min decisions re: fluid rescus
13:58:33 From Rachel Liu : The practice-based pathway attendings are a little more challenging. These often have in-department skills days, etc
13:58:47 From Christopher Moore : Thanks Nova and everyone - agree with shared drive - also think discussions focused on 1) billing (facility, professional, handheld, repeat) and 2) credentialing across SWCUS. Thanks!
13:58:52 From Megan Leo : plug for assessment tools for competency:
13:58:54 From Megan Leo : https://onlinelibrary.wiley.com/doi/abs/10.1002/aet2.10368
13:58:58 From Neha Bhatnagar : thank you all!
13:59:04 From Penelope Lema : Thank you everyone!
13:59:06 From Rajiv Thavanathan : thanks everyone that was super helpful
13:59:16 From Mike Wong : Cheers, thanks!
13:59:17 From Rachel Liu : Bye bye !
13:59:21 From Jesse Schafer : thanks
13:59:21 From beckyburk : Thanks everyone, that was great
13:59:21 From J Boyd : Thanks Nova et al and everyone!
13:59:24 From Tom Jelic : very helpful! thanks all for organizing this!
13:59:45 From novapanebianco : Retrospective wishes - A business plan up front, speak the language of the CMOs, early bridges with key stake holders. Wants - more shared documents.