

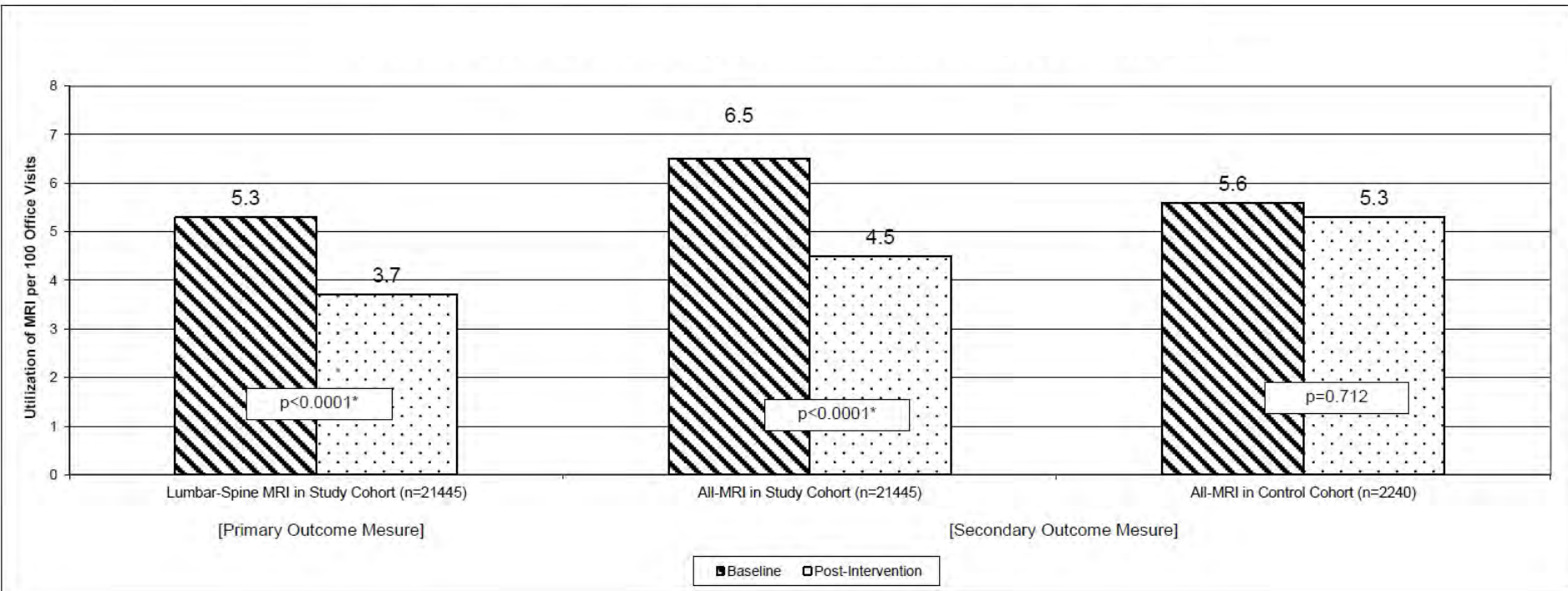
Imaging CDS based on high quality evidence,
combined with accountability tools, improves adoption of evidence
and reduces overuse of high cost imaging

*96% adherence to American College of Physicians guidelines,
12.3% reduction in utilization of Spine MRI in patients with
low back pain initially seen by primary care*

Reference:

Ip IK, *et al.* Impact of IT-Enabled Intervention on MRI Use for Back Pain. Am J Med. 2014;127(6):512-8

Utilization of Magnetic Resonance Imaging in Back-Pain Related Primary Care Office Visits



Reference:

Ip IK, *et al.* Impact of IT-Enabled Intervention on MRI Use for Back Pain. *Am J Med.* 2014;127(6):512-8

Analysis of Tertiary Outcome Measures in the Study Cohort

<i>Outcome Measure</i>	Preintervention	Postintervention	% Change	<i>P</i> -Value
Lumbar spine MRI ordered by any outpatient providers within 30 days of index primary care visit	753 (8.9%)	1009 (7.8%)	-12.3%	.0023†
Lumbar spine MRI ordered by specialty clinics within 30 days	188 (2.2%)	352 (2.7%)	+22.7%	.0292†
Lumbar Spine MRI ordered by primary care outpatient providers within 30 days	565 (6.7%)	657 (5.1%)	-23.9%	<.001†
Follow-up PCP visit within 30 days	855 (10.1%)	1224 (9.4%)	-6.9%	.080†
Guideline adherence rate in the use of lumbar spine MRI based on manual chart review	78/100 (78%)	96/100 (96%)	+23.1%	.0002†

MRI = magnetic resonance imaging; PCP = primary care physician.

*Due to the design of the National Ambulatory Medical Care Survey, tertiary outcome measure was not possible in the control cohort.

†Denotes statistical significance.

Reference:

Ip IK, *et al.* Impact of IT-Enabled Intervention on MRI Use for Back Pain. *Am J Med.* 2014;127(6):512-8