

# WHO WE ARE

OUR MISSION IS TO PROMOTE APPROPRIATE, SAFE, AND AFFORDABLE HEALTH CARE SERVICES



**35,000,000**

Covered lives

**46**

Health Plans (Including  
Provider-owned plans)

**200+**

Employer Groups

**4.5 million**

Case reviews per year

**330,000**

Ordering Physicians

**Founded**

1989

(Acquired by WellPoint in 2007)

**Corporate Office**

Chicago, IL

**Contact Center Sites**

Deerfield, IL

Westchester, IL

Glendale, CA

# Ensuring Appropriate use of Echocardiography: Private Payer Model

## Encourage Appropriate Use

- Guidelines based on AUC, professional society guidelines and expert opinion (when necessary)
- Redirection of CT and MRI requests to echocardiography for most clinical scenarios
- No denials without an offer of Physician to Physician discussion
- Only physicians can deny requests
- Tracking of claims following denial of stress echo to examine alternative diagnostic strategies
  - 58% no alternative strategy
  - When Exercise EKG testing performed, no further testing in 88%.

# Ensuring Appropriate use of Echocardiography: Private Payer Model

## Discourage Inappropriate Use

- Literature suggests that AUC availability (even when combined with education) does not improve appropriateness<sup>1</sup>
- Approximately 30% of stress echo requests did not meet AUC<sup>1</sup>
- AIM denial rate for stress echo is 12-15%
- Monitor compliance with guideline recommended frequency of surveillance testing (clinically stable patients)
- Curtailing clinically inappropriate echocardiography also reduces downstream imaging<sup>2</sup>

1. Willens et al, JACC 2013
2. Agiro et al HSRJ 2014