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FOR IMMEDIATE RELEASE

When Having a CAT Scan in Vermont, 75% of the Time Radiologists Will See a Finding; Not the Case in the Nation's Capital

Data Show VT, WA, ME, WV and NY Top Five States with Highest Percentage of Imaging Findings from Emergency Departments

MINNEAPOLIS, MN — (January 21, 2014) If you live in Vermont and have a CAT Scan (CT) in a hospital's Emergency Department (ED), chances are the radiologist will report a positive finding. But if you live in Washington, D.C., there is a significantly lower chance of having a report with a positive finding. This is according to vRad's (Virtual Radiologic) RPCSM (Radiology Patient Care) Indices, the first-and-only set of findings-based radiology imaging metrics, found at www.vrad.com.

vRad, the nation's largest telemedicine company and radiology practice with over 450 physicians, today launched the newest series of RPC Indices: regional and state-specific metrics (including Washington, D.C. and Puerto Rico) for the use and effectiveness of CT imaging in EDs nationwide. The RPC Indices are a "living library" of statistically significant metrics that provide hospitals, radiology groups and health systems with objective comparisons of their use of imaging to national averages and relevant peer groups.

vRad's data show that Vermont is the #1 highest state with 75% overall positive findings. Washington, D.C. has the lowest positive findings in the country at 65%. The national average is 71%. When "Fall" is the reason for ordering a CT scan at both locations, there was a positive finding in 75% of those from the Green Mountain State compared to only 61% for Washingtonians. The national average for such findings is 69%. When "Dizziness" was the reason for ordering a CT scan, there was a positive finding in 59% of those from Vermont compared to only 47% for Washingtonians. The national average is 51%. Findings are determined to be present in a CT report if there is sufficient text found to support a diagnostic code, if there is a documented abnormal indication or an incidental finding noted.

Although similar in population to Washington, D.C., Vermont has predominantly small, rural critical-care facilities, while Washington, D.C. is an urban environment with predominantly medium-sized community/general hospitals according to vRad's clinical database.

The five states with the highest percentage of positive findings are Vermont, Washington, Maine, West Virginia and New York. The states and US Territories with the lowest percentage of positive findings are the District of Columbia, Mississippi, Puerto Rico, New Mexico and Kentucky. The complete set of free RPC Indices, including patient age, gender, body region, hospital and IDN type, as well as the new regional and state-specific interactive infographics, can be found at www.vrad.com.

“The RPC Indices are not a score card, but a set of evidence-based information that can help physicians and hospital administrators ask the right questions to make better decisions for the health of their patients,” said [Benjamin W. Strong, MD](#), ABIM, ABR, vRad’s Chief Medical Officer. “For example, these findings might indicate that easier access to hospitals in Washington, D.C. results in more patients using EDs for non-emergent primary care. The low percentage of findings could be related to CTs being used as an initial diagnostic tool when compared to Vermont. Or, higher risk may be driving physicians to practice defensive medicine, using CTs as an essential component of patient evaluation because they are concerned about being sued for malpractice. Regardless, the RPC Indices can help measure the clinical and financial impacts of the nuanced patient care decisions made by healthcare professionals every day – regardless of where they live and practice.”

Dr. Strong also notes differences in results between similar geographies should be used to help uncover underlying clinical and policy insight. “For example, can organizations work to provide easier access to Urgent Care Centers as an alternative setting to help treat people and reduce costs associated with ED visits? How do the findings help us understand potential clinical and financial impacts created by the mix of hospital types, patient population and ease of access?” Dr. Strong concludes, “These questions become even more critical with the Affordable Care Act as an increasing number of insured people enter our healthcare system. What clinical and policy decisions can be better informed so that EDs deliver high-quality and affordable patient care to the appropriate patients at the right time?”

“There is much uncertainty in healthcare’s future,” said David C. Trachtenberg, vRad’s Chief Solutions Officer. “But one thing is clear: using analytics is no longer an option; it’s a requirement. While our initial set of RPC Indices focuses on CTs in the ED, we will soon be expanding across all imaging modalities, providing even greater insight for clients and healthcare professionals to make better decisions for their patients and the practice of radiology.”

[Click to tweet](#): Having a #CT Scan in Vermont? 75% chance of a positive finding. Not the Case in Our Nation’s Capital. #health #metrics #imaging

About vRad

vRad (Virtual Radiologic) is a global telemedicine company and the nation's largest radiology practice with over 450 physicians reading more than 7 million studies annually from over 2,000 healthcare facilities. vRad's patented software, data, and clinical processes allow referring physicians to quickly and securely pass patient imaging and information to specialists in order to improve the speed, accuracy, and cost of clinical diagnosis. vRad is also a leader in healthcare informatics with its RPC (Radiology Patient Care) Indices, the first findings-based national and peer group radiology benchmarking metrics. vRad helps clients make better decisions for the health of their patients and their practices. For more information, visit www.vrad.com. For real-time updates, follow us on Twitter ([@vRad](https://twitter.com/vRad)), or "like" us on [Facebook](https://www.facebook.com/vRad).

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