## Efficient Use of Medical Imaging

<table>
<thead>
<tr>
<th>Hospital Quality Measures</th>
<th>What Is This?</th>
<th>Why Is It Important?</th>
</tr>
</thead>
</table>
| Outpatients with low-back pain who had an MRI without trying recommended treatments first (such as physical therapy) | ✦ An MRI *(Magnetic Resonance Imaging)* is a test that uses a powerful magnetic field, with no radiation risk, and a computer to produce detailed pictures of the inside of the body (such as the bones, organs, and other body parts).  
✦ Standards of care say that most patients with low-back pain should start with treatment, like physical therapy or chiropractic care, and have an MRI only if the treatment does not help.  
✦ *Lower Percentages are Better.* |                                                                                                                                                  |
| Outpatient CT scans of the abdomen that were “combination” (double) scans                  | ✦ A *CT scan* *(also known as a CAT scan)* uses multiple X-rays to produce detailed pictures of the inside of the body (such as the bones, organs, and other body parts)  
✦ “Combination” *CT scan* means that the patient gets 2 *CT scans*: one scan without contrast, followed by a second scan with contrast. Contrast is a substance consumed by the patient prior to the scan for body parts to stand out more clearly.  
✦ Standards of quality care say that most patients who are getting a *CT scan* of the chest or abdomen should be given a single *CT scan* *(either one with contrast or one without contrast)*, rather than a “combination” *CT scan*.  
✦ *Lower Percentages are Better.* |                                                                                                                                                  |
| Outpatient CT scans of the chest that were “combination” (double) scans                    | A *cardiac stress test* measures the heart’s ability to respond when it is working hard, and can be useful in evaluating a patient’s surgical risk.  
✦ This includes the percentage of all cardiac stress tests done in a hospital outpatient imaging department for Medicare patients *(using echocardiograms, CT scans, and MRIs)* who were having certain low-risk outpatient surgical procedures.  
✦ *Lower Percentages are Better.* |                                                                                                                                                  |
| Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery        | ✦ *Brain and sinus CT scans* can be important tools for diagnosing problems that may be causing severe headaches or chronic sinus infections; however, they also expose patients to high levels of radiation.  
✦ It is recommended that only patients with head injuries or tumors get both a brain and sinus *CT scan* at the same time.  
✦ *Lower Percentages are Better.* |                                                                                                                                                  |
| Outpatients with brain CT scans who got a sinus CT scan at the same time                   | ✦ A screening *mammogram* is an X-ray of the breast to check for possible breast cancer before it can be detected by patients or health care professionals.  
✦ There are many reasons for differences in follow-up rates, including poor technique *(blurry X-rays that need to be repeated)*, medical history of the patient undergoing screening, a lack of skill or experience in interpreting the screening mammograms, and whether he/she is being screened for the first time or has previously had a mammography screening.  
✦ *Hospitals that are rated well on this measure have a percentage of about 9%. Scores above 14% may mean a facility is doing unnecessary follow-up, while percentages near 0% may mean a hospital is missing cancer signs.* | Not calculated in *Efficient Use of Medical Imaging Overall Quality Star Rating Group Score* |

---

*Not calculated in Efficient Use of Medical Imaging Overall Quality Star Rating Group Score*
# Efficient Use of Medical Imaging

<table>
<thead>
<tr>
<th>Hospital Quality Measures</th>
<th>* Indicator</th>
<th>Performance Period</th>
<th>Dearborn</th>
<th>Farmington Hills</th>
<th>Grosse Pointe</th>
<th>Royal Oak</th>
<th>Taylor</th>
<th>Trenton</th>
<th>Troy</th>
<th>Wayne</th>
<th>** National Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients with low-back pain who had an MRI without trying recommended treatments first (such as physical therapy)</td>
<td>↓</td>
<td>July 2016 – June 2017</td>
<td>41.3%</td>
<td>47.2%</td>
<td>44.3%</td>
<td>31.6%</td>
<td>N/A Too Few to Report</td>
<td>35.4%</td>
<td>32.6%</td>
<td>33.1%</td>
<td>39.3%</td>
</tr>
<tr>
<td>Outpatient CT scans of the abdomen that were “combination” (double) scans</td>
<td>↓</td>
<td>July 2016 – June 2017</td>
<td>10.2%</td>
<td>6.0%</td>
<td>7.4%</td>
<td>6.4%</td>
<td>10.2%</td>
<td>15.1%</td>
<td>8.1%</td>
<td>7.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Outpatient CT scans of the chest that were “combination” (double) scans</td>
<td>↓</td>
<td>July 2016 – June 2017</td>
<td>10.0%</td>
<td>0.0%</td>
<td>0.8%</td>
<td>1.5%</td>
<td>8.7%</td>
<td>11.7%</td>
<td>0.9%</td>
<td>5.6%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery</td>
<td>↓</td>
<td>July 2016 – June 2017</td>
<td>6.4%</td>
<td>6.3%</td>
<td>3.2%</td>
<td>4.5%</td>
<td>9.3%</td>
<td>4.2%</td>
<td>5.2%</td>
<td>3.1%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Outpatients with brain CT scans who got a sinus CT scan at the same time</td>
<td>↓</td>
<td>July 2016 – June 2017</td>
<td>0.9%</td>
<td>1.2%</td>
<td>1.0%</td>
<td>1.6%</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.9%</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**Not calculated in Efficient Use of Medical Imaging Overall Quality Star Rating Group Score**

<table>
<thead>
<tr>
<th>Hospital Quality Measures</th>
<th>* Indicator</th>
<th>Performance Period</th>
<th>Dearborn</th>
<th>Farmington Hills</th>
<th>Grosse Pointe</th>
<th>Royal Oak</th>
<th>Taylor</th>
<th>Trenton</th>
<th>Troy</th>
<th>Wayne</th>
<th>** National Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatients who had a follow-up mammogram, breast ultrasound, or breast MRI within the 45 days after a screening mammogram</td>
<td>*** ↔</td>
<td>July 2016 – June 2017</td>
<td>6.5%</td>
<td>9.7%</td>
<td>17.1%</td>
<td>15.6%</td>
<td>6.9%</td>
<td>8.1%</td>
<td>12.3%</td>
<td>10.3%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

**Footnote Legend:**

***Follow-up rate near 0% may be too low, a rate higher than 14% may be too high.

---

*Higher Values Signify Better Performance

Lower Values Signify Better Performance

**National Scores**

National Benchmarks Not Available

National Scores Shown for Reference

We Report All Our Data to CMS and CMS Reports Our Data through Medicare.gov

Learn More At: beaumont.org/quality medicare.gov/hospitalcompare