Memorandum

Date: March 16, 2020
To: All MRI referring clinicians
From: Dr. Jonathon Leipsic, Regional Medical Director and Department Head, VCH/PHC Medical Imaging
Dr. Emil Lee, Regional Medical Director and Department Head, FHA Medical Imaging
Kyle Eckhardt, Director of Special Projects, Lower Mainland Medical Imaging
Re: MRI Central Intake – Launch of Second Version of MRI Appropriateness Checklist on March 16, 2020

Following the direction of the BC Ministry of Health to broaden the appropriateness checks for MRI referrals, Lower Mainland Medical Imaging (LMMI) is adding appropriateness criteria for MRI shoulder referrals to the MRI appropriateness checklist (ACL). One of the listed clinical indications must be checked off for a shoulder referral to be accepted. Appropriateness guidance statements have also been added to support the referral of MRI head for headache studies and MRI arthrogram studies.

Please find the second version of the ACL attached to this communication. A copy can also be found at our external website at: http://www.vch.ca/MRI-Central-Intake

Launch and Next steps

The second version of the ACL will replace the original version on March 16, 2020 at all health authority locations. It will take several months to update the form in each EMR. The submission of the form for shoulders will become mandatory once the major EMR vendors are updated which is expected to be complete in the latter half of 2020. Further communications will be issued when a deadline has been determined.

Development and Collaboration

The second version of the ACL was developed for and reviewed by the MRI Central Intake Steering Committee consisting of the medical and operational leadership of LMMI. The form was presented for feedback to family physicians and specialists at a Shared Care BC group meeting. Further feedback was received from the Specialists of BC, the BC Society of Rheumatologists and Orthopedic surgeons. Multiple edits were made to the form based off of this feedback.

Additional changes have been made to the original ACL criteria based off of clinician feedback received during the first year of its use:

- Removal of the section in the lumbar spine section asking if the pain was leg dominant or back dominant.
- Addition of a new criteria for lumbar spine referrals: “assessment of spondyloarthropathy”
- Addition of a new criteria for knee or hip referrals: “acute/subacute trauma”

Summary of 1 Year of MRI Appropriateness Checklist

The LMMI MRI Central Intake Office (CIO) launched the ACL for knee, hip and lumbar spine MRI referrals in October 2018. Reviewing the data from the first year of CIO’s operations showed the following related to the appropriateness checklist:

- 22.1% of MRI referrals required the ACL to be submitted.
- Compliance for submission of the ACL with the initial requisition at the one year mark was 97.6% for lumbar spine referrals and 95.5% of knee or hip referrals.
- MRI lumbar spine referrals did not decrease though 2.35% were declined due to no submission of the ACL.
- MRI knee and hip referrals decreased by 7% year over year and 4.28% were declined due to no submission of the ACL.