

Imaging

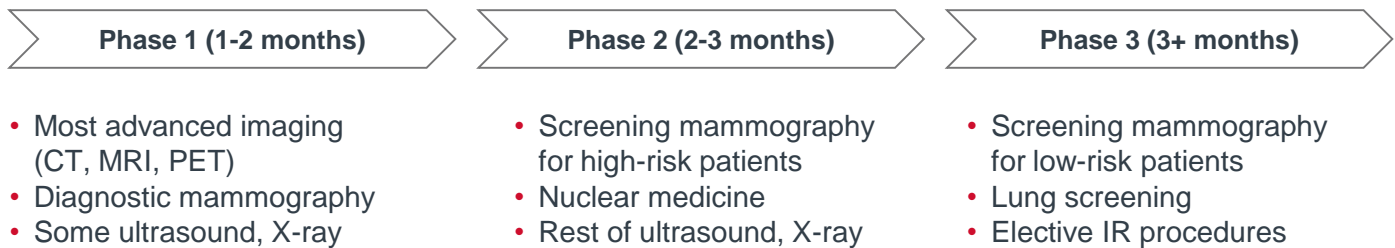
The following considerations can help imaging leaders as they ramp back up traditional services coming out of their Covid-19 curve and work through a backlog of exams.

Top elective imaging procedures by volumes^{1,2}

- Chest X-ray
- Musculoskeletal X-ray
- Mammography
- Abdominal/pelvic CT
- Head/neck/brain CT
- Neck/spine X-ray
- Abdominal ultrasound
- Abdominal ultrasound
- Chest CT
- Abdominal X-ray
- Spine MRI
- Pelvic ultrasound
- Bone/joint MRI

Short term considerations for restarting elective services

Phasing of elective subservice lines based on clinical urgency



Barriers to clearing backlog of cases

- Increased slot times due to additional cleaning protocols between exams
- Limited waiting room and facility capacity due to social distancing guidelines
- Limited staff availability to work extended hours, weekends

Mid to long-term demand impacts

- Slight decline in “self-referred” exams such as screening mammography and low-dose lung screening
- Increased shift towards non-hospital based outpatient imaging
- Unknown impact on ordering patterns of imaging due to increased use of telehealth

1. All services shown are estimated to have 50% or greater elective volumes.
 2. All services shown have greater than 8,000,000 projected national volumes in Advisory Board's Outpatient Imaging Market Estimator.

Source: Imaging Performance Partnership interviews and analysis; Outpatient Imaging Market Estimator, Advisory Board; Service Line Strategy Advisor research and analysis.

Imaging

Subservice line summary

Subservice Line	Estimated percent elective	Phasing restart by clinical urgency	Estimated drop off in future demand
Mammography	90%	Phase 2/3	Low
MRI	70%	Phase 1	Low
Nuclear Medicine	70%	Phase 2	None
CT	60%	Phase 1	Low
PET	50%	Phase 1	None
Ultrasound	50%	Phase 1/2	Low
X-ray	50%	Phase 1/2	Low



DEFINITIONS

- **Estimated percent elective:** estimated portion of each subservice line that is both scheduled in advance and may be delayed for a short period of time without significant worsening of the condition.
- **Phasing restart by clinical urgency:** recommended prioritization of restarting services based solely on clinical urgency or importance for identification of higher acuity services. Services in earlier phases are more urgent. Phase 1: immediate, Phase 2: 2-3 months, Phase 3: 3+ months
- **Estimated drop off in demand:** decrease in demand over the next 1-2 years due to lingering patient fear. Low: 5-15%, Medium: 16-30%, High: 30%+, None: 0%