

Nonphysician practitioners more likely to use contrast media for CT

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Nonphysician practitioners (NPPs) are more likely to use contrast media



for ordered computed tomography (CT) examinations, according to a study published online Dec. 12 in the *Journal of the American College of Radiology*.

Eric W. Christensen, Ph.D., from Harvey L. Neiman Health Policy Institute in Reston, Virginia, and colleagues examined the association between NPP participation in patient management and the utilization of contrast media for CT. The relative contribution of NPPs to the care within a given locality (NPP evaluation and management [E&M] share) was used as a proxy of the likely relative contribution of NPPs toward ordering imaging examinations. The association between the CT contrast media utilization rate and NPP E&M share was examined among 16,855 observations.

The researchers found that the overall CT contrast media utilization rate was 34.7 percent based on Medicare claims from 2011 to 2020. For 2011 to 2020, the overall NPP E&M share was 10.8 percent, and increased from 6.5 to 14.7 percent from 2011 to 2020. There was variation observed in the NPP E&M share by place of service, from 5.2 percent for inpatient hospital to 14.1 percent for outpatient hospital. The coefficient for the relationship between NPP E&M share and CT contrast media utilization rate was 0.155, indicating a 1.55 percent difference in the utilization rate of CT contrast media between localities with a 10 percent difference in NPP E&M shares. This would result in a contrast utilization.

"The observed variation in care patterns by practitioner type highlights the need to establish systems to ensure the appropriateness of imaging ordered," a coauthor said in a statement.

More information: Eric W. Christensen et al, Association of Non-Physician Practitioners and Contrast Media Utilization: An Exploratory



Study of National Medicare Claims for CT Examinations from 2011 to 2020, *Journal of the American College of Radiology* (2022). DOI: 10.1016/j.jacr.2022.10.006

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