



## R-SCAN Podcasts: Conversations to Optimize Imaging Care

**Position your practice for success in the transition to value-based care** with short podcasts from the Radiology Support, Communication and Alignment Network (R-SCAN™). These free podcasts discuss strategies of image ordering and highlight how *ACR Appropriateness Criteria®* support *Choosing Wisely®* recommendations.

Launched in September 2015, R-SCAN is sponsored by the *Transforming Clinical Practice Initiative (TCPI)* to support 140,000 clinician practices improve the way they deliver care in their transition to value-based payment models. Visit the *R-SCAN website* to learn how you can join practices around the country forming collaborations to optimize imaging care, reduce unnecessary imaging exams and lower the cost of care.

### Benefits for Radiologists and Referring Clinicians:

- Improve ordering practices and avoid low-value imaging with **evidence-based recommendations** based upon the growing list of R-SCAN *Choosing Wisely* topics
- Gain insight about how **communication** between radiologists and referring clinicians can improve imaging care
- Be prepared to satisfy the impending *Protecting Access to Medicare Act requirements* by using clinical decision support tools and consulting the *ACR Appropriateness Criteria*
- Receive **CME Credit**



### Access the Free Podcasts and Earn CME Today

Simply click on a topic in the right-hand column to access a free podcast. Upon purchasing the free podcast, you will receive a follow-up email with access instructions.

**Note:** You will need an ACR username and password. (Don't have an ACR account? [Sign up for a free account now.](#))

Review the latest image ordering recommendations on the go or in your office with podcasts hosted by a **radiologist and a referring clinician.**

### Podcast topics

**Adnexal cysts** — Do not recommend follow-up imaging for clinically inconsequential adnexal cysts.

**Headache** — Don't do imaging for uncomplicated headache.

**Low back pain** — Do not perform imaging for low back pain within the first six weeks, unless red flags are present.

**Pediatric febrile seizures** — Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure.

**Pediatric head trauma** — CT scans are not necessary in the immediate evaluation of minor head injuries.

**Preoperative chest radiography** — Avoid admission or preoperative chest X-rays for ambulatory patients with unremarkable history and physical exam.

**Prostate cancer** — Do not perform PET, CT and radionuclide bone scans in the staging of early prostate cancer at low risk for metastasis.

**Pulmonary embolism** — Do not perform chest CT angiography to evaluate for possible pulmonary embolism in patients with a low clinical probability and negative results of a highly sensitive D-dimer assay.

**Rhinosinusitis** — Do not order sinus CT or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis.

**Single system trauma** — Avoid the routine use of "whole-body" diagnostic CT scanning in patients with minor or single-system trauma.