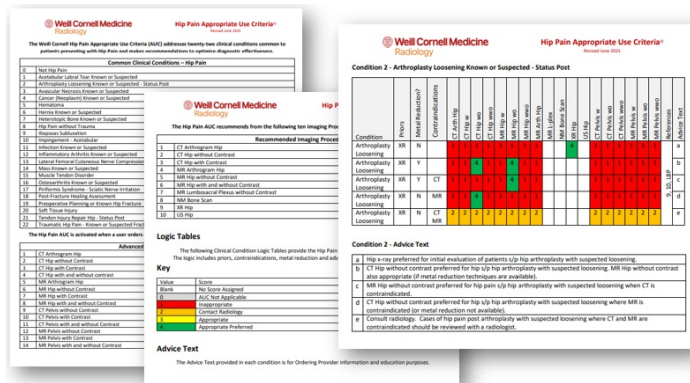


Market By Mandate: Weill Cornell Medicine Certified Appropriate Use Criteria

Cornell University



The United States spends approximately twice as much as other high-income countries on medical care, yet utilization rates are similar to those in other nations. One exception is advanced imaging tests, such as MRIs and CTs, which have a higher utilization rate and higher cost per test in the United States.

Dr. Keith Hentel and a multi-disciplinary radiology team at Weill Cornell Medicine (WCM) of Cornell University in New York, New York, recognized an opportunity to impact healthcare costs and standardization through improved clinical delivery of advanced diagnostic imaging tests based on evidence-based best practices. The team developed criteria that could be deployed on any digital platform and utilized by physicians and other healthcare providers.

The team included a multidisciplinary panel of experts in clinical trials, imaging studies, primary care, and statistical analysis fields to implement this work, furthering the "Protecting Access to Medicare Act" of 2014 (PAMA) which created the Medicare Appropriate Use Criteria (AUC) consultation program. AUC aims to benefit providers and patients by verifying the necessity of expensive imaging studies and ensuring the appropriateness and standardization of advanced diagnostic imaging services provided to Medicare beneficiaries. Beginning in January 2023, AUC consultation will be mandatory for all Medicare patients' MRI and CT imaging services. The large market opportunity created by this government mandate targets the more than 1.5 million providers (physicians, nurse practitioners, physician assistants) who order advanced imaging diagnostics for their Medicare patients.

In partnership with the Center for Technology Licensing (CTL) at WCM, the team's work has been translated into a digital health solution. It is currently implemented by companies such as Siemens, Stranston, Cranberry, and Cornell startup Radrite. They have licensed it to translate AUC into digital logic and implement it with Qualified Decision Support Mechanisms (QDSMs). The digital logic allows it to work on an electronic health record down to the level of a digital app. CTL at WCM recognized the diversity of providers and facilities impacted by the government mandate -- from large hospital systems that have integrated Electronic Health Records to the small physician practices still using paper records.

Since 2017, the licensing team has addressed these different market opportunities with non-exclusive licenses, including [the market leader](#) and Cornell startup [Radrite](#), the first mobile application to serve small physician practices. Since 2020, as systems come online to address the mandate, the licenses have generated over US\$ 600K in royalty revenue.

This story was originally published in 2022.

To see available technologies from research institutions, click [here](#) to visit the AUTM Innovation Marketplace.

Share your story at autm.net/betterworldproject

[#betterworldproject](#)