iDEAS

Imaging Dementia—Evidence For Amyloid Scanning

Information for Referring Dementia Experts

ACR® American College of Radiology

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WELCOME

- Session is being recorded and will be posted to the IDEAS-Study website (www.ideas-study@acr.org)
- 60 min session; 30 minutes for Q & A
- All lines are muted except panelists; Q & A by "chat"

AGENDA

IDEAS Study and Referring Physician Practices
Gil Rabinovici, MD, Principal Investigator, University of California – San Francisco

Case Reimbursement
Cynthia Olson, MHS, MBA, Project Manager

Question & Answer Session

IDEAS

Imaging Dementia—Evidence For Amyloid Scanning

A Study to Evaluate the Clinical Utility of Amyloid PET in U.S. Medicare Beneficiaries

Study Chair: Gil D. Rabinovici

Co-chairs: Maria C. Carrillo, Constantine A. Gatsonis, Bruce E. Hillner, Barry A. Siegel, Rachel A. Whitmer

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PET Amyloid Imaging

- Three agents approved by FDA as imaging biomarkers of amyloid plaques
  - April, 2012 ^{18}F-florbetapir
  - October 2013 ^{18}F-flutemetamol
  - March, 2014 ^{18}F-florbetaben
- September, 2013 CMS issues National Coverage Decision

Decision Memo for Beta Amyloid Positron Emission Tomography in Dementia and Neurodegenerative Disease (CAG-00431N)

- **Insufficient evidence of clinical utility to justify coverage of Aβ PET**
- **Reimbursement would be considered under coverage with evidence development (CED) in clinical studies designed to:**
  - *Develop better treatments or prevention strategies for AD*
  - *Identify subpopulations at risk for developing AD*
  - *Resolve clinically difficult differential diagnoses (e.g., frontotemporal dementia versus AD)*
- **Must demonstrate Aβ PET improves health outcomes (short-term outcomes related to changes in management as well as longer-term dementia outcomes)**

After a Two-Year Gestation: IDEAS

- An open-label, longitudinal cohort study under CED to assess the impact of amyloid PET on patient-oriented outcomes in individuals meeting Appropriate Use Criteria for amyloid PET (Johnson, et al. 2013)

- **The primary hypothesis is that, in diagnostically uncertain cases, knowledge of amyloid PET status will lead to significant changes in patient management, and this will translate into improved medical outcomes**

IDEAS Research Team

IDEAS Steering Committee

Core Science Team
Gil Rabinovici, UCSF - PI
Maria Carrillo, Alzheimer's Assn.
Constantine Gatsonis, Brown Univ.
Bruce Hillner, VCU
Barry Siegel, Wash Univ.
Rachel Whitmer, Kaiser Permanente

Additional committee members
William Abbott, Piramal Imaging
Rosemarie Hakim, CMS
Meridith Johnson, GE Healthcare
Mark Mintun, Avid/Eli Lilly
Don Rosen, ACR

ACR Operations
Charlie Apgar, Cynthia Olson, Leslie Sears, Glenna Gabrielli

MITA - Terri Wilson
Consultant Brian Carey, Foley Hoag

Biostatistics Center (Brown)
Ilana Gareen, Roee Gutman, Erin Greco, Lucy Hanna, Benjamin Herman, Rajesh Makineni

Scientific and logistical support
Jim Hendrix, Alzheimer's Assn.
Ashley Mensing, UCSF

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Inclusion Criteria: AUC

Meets Appropriate Use Criteria for Amyloid PET:

- Cognitive complaint verified by objectively confirmed cognitive impairment;
- The etiologic cause of cognitive impairment is uncertain after a comprehensive evaluation by a dementia specialist, including general medical and neurological examination, mental status testing including standard measures of cognitive impairment, laboratory testing, and structural neuroimaging as above;
- Alzheimer's disease is a diagnostic consideration;
- Knowledge of amyloid PET status is expected to alter diagnosis and management.

Inclusion Criteria (Continued)

- 65 and older & Medicare/Medicare Advantage beneficiary;
- Diagnosis of MCI or dementia (DSM-IV and/or National Institutes of Aging-Alzheimer's Association criteria) within 24 months
- Head MRI and/or CT within 24 months prior to enrollment;
- Clinical laboratory assessment (complete blood count [CBC], standard blood chemistry profile, thyroid stimulating hormone [TSH], vitamin B12) within the 12 months prior to enrollment;
- Able to tolerate amyloid PET required by protocol, to be performed at a participating PET facility;
- English or Spanish speaking (for the purposes of informed consent);
- Willing and able to provide consent. Consent may be by proxy.

Exclusion Criteria

- Normal cognition or subjective complaints that are not verified by cognitive testing.
- Knowledge of amyloid status, in the opinion of the referring dementia expert, may cause significant psychological harm or otherwise negatively impact the patient or family.
- Amyloid status already known to patient or referring clinician based on prior amyloid imaging or cerebrospinal fluid analysis.
- Current or previous enrollment in an anti-amyloid therapeutic trial.
- Scan is being ordered solely based on a family history of dementia, presence of apolipoprotein E (APOE) 4, or in lieu of genotyping for suspected autosomal mutation carriers.

Exclusion Criteria (Continued)

- Scan being ordered for nonmedical purposes (e.g., legal, insurance coverage, or employment screening).
- Cancer requiring active therapy (excluding non-melanoma skin cancer);
- Hip/pelvic fracture within the 12 months prior to enrollment;
- Body weight exceeds PET scanner weight limit;
- Life expectancy less than 24 months based on medical co-morbidities;
- Residence in a skilled nursing facility.

Specific Aims

Aim 1: To assess the impact of amyloid PET on patient management at 90 days

- Management plans recorded via pre- and post-PET case report forms completed by dementia specialist

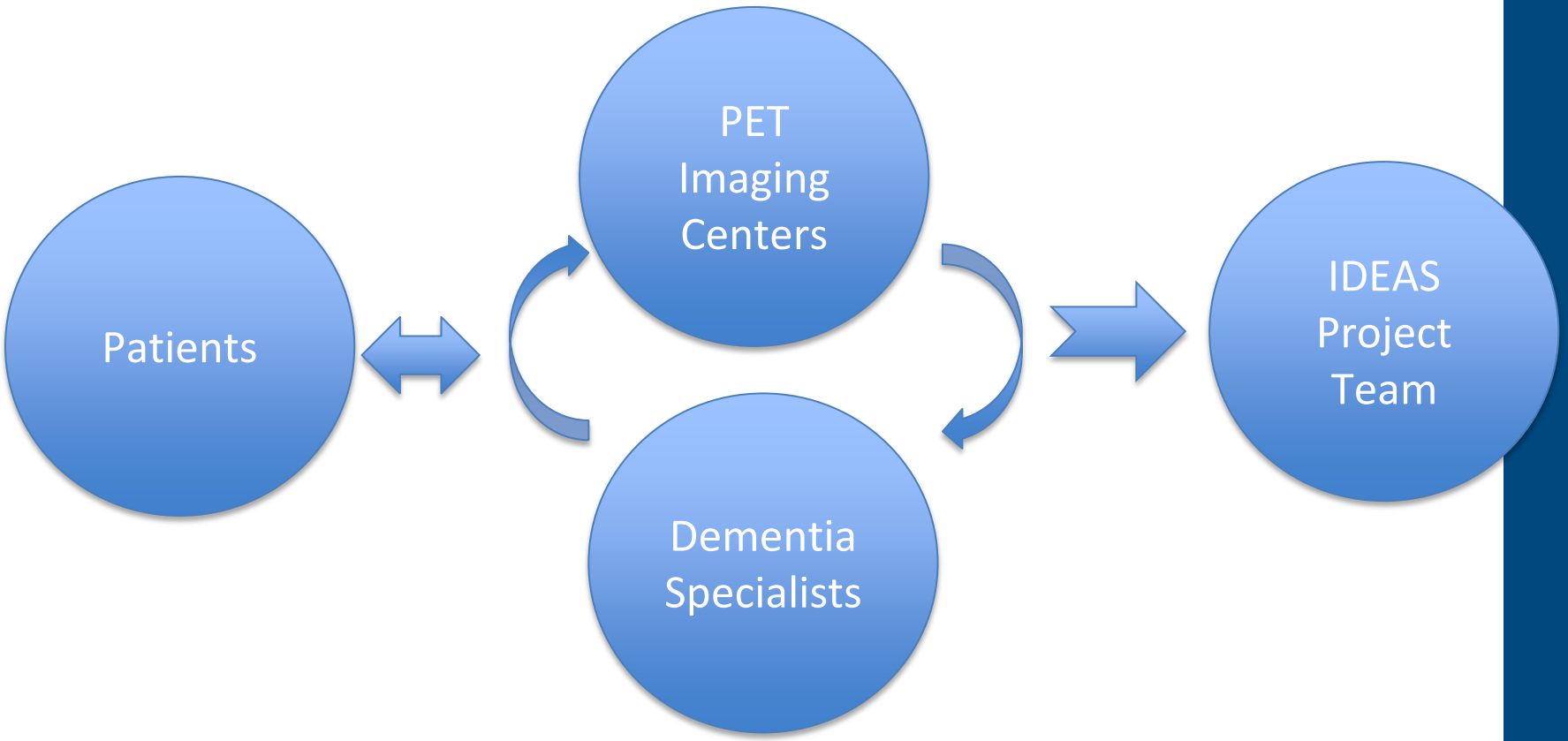
Aim 2: To assess the impact of amyloid PET on hospital admissions and emergency room visits at 12 months

- Medicare claims of study participants compared to those of concurrent matched cohort who have not had amyloid PET (identified via claims database)

IDEAS Study

- Estimated sample size
  - Aim 1: 11,050 subjects for 30% change in management composite endpoint
  - Aim 2: 18,448 subjects for 10% relative reduction in hospitalization, ER visits
- Expected study cost $20M (excluding cost of scans)
- Timeline to coverage: at least 5 years

IDEAS Operational Model



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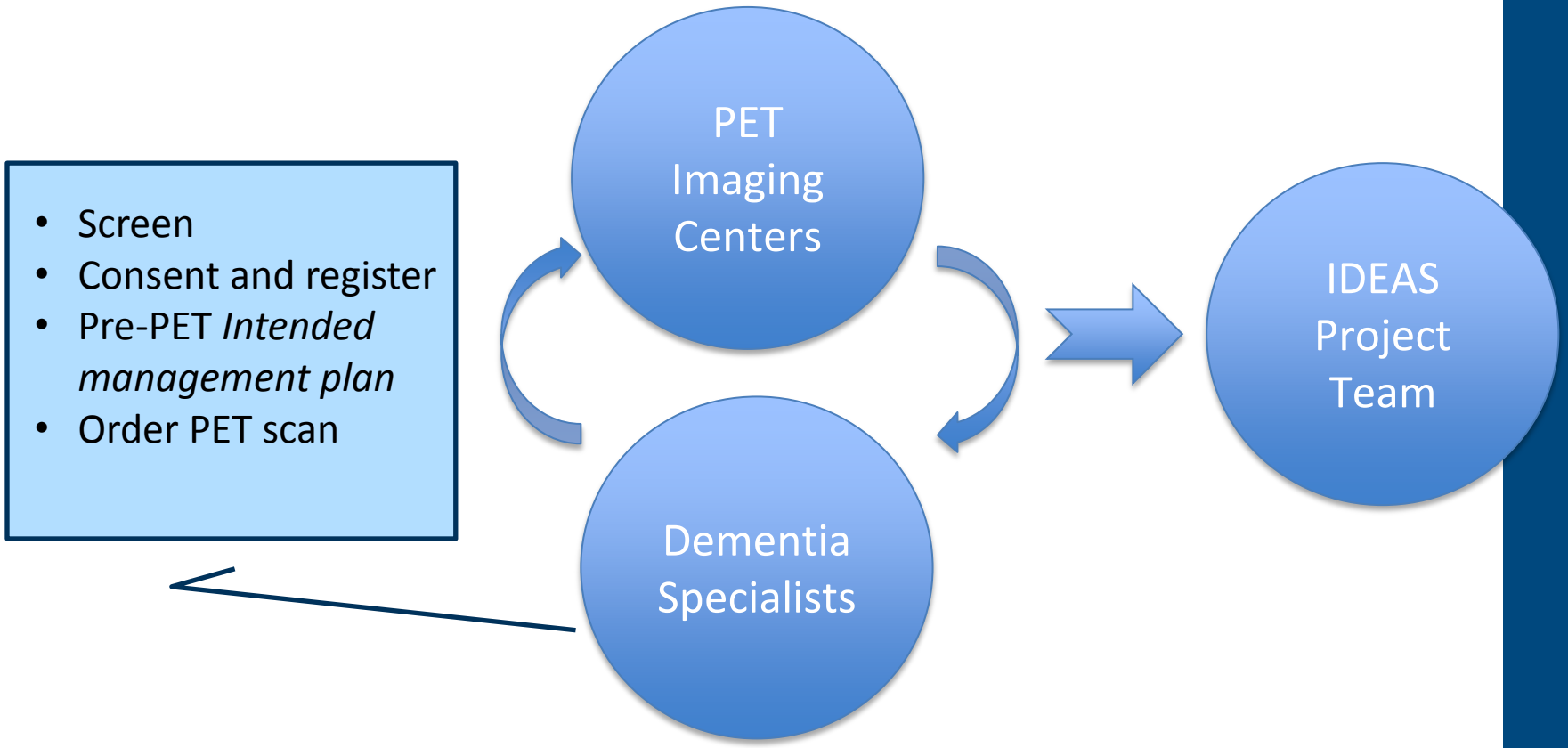
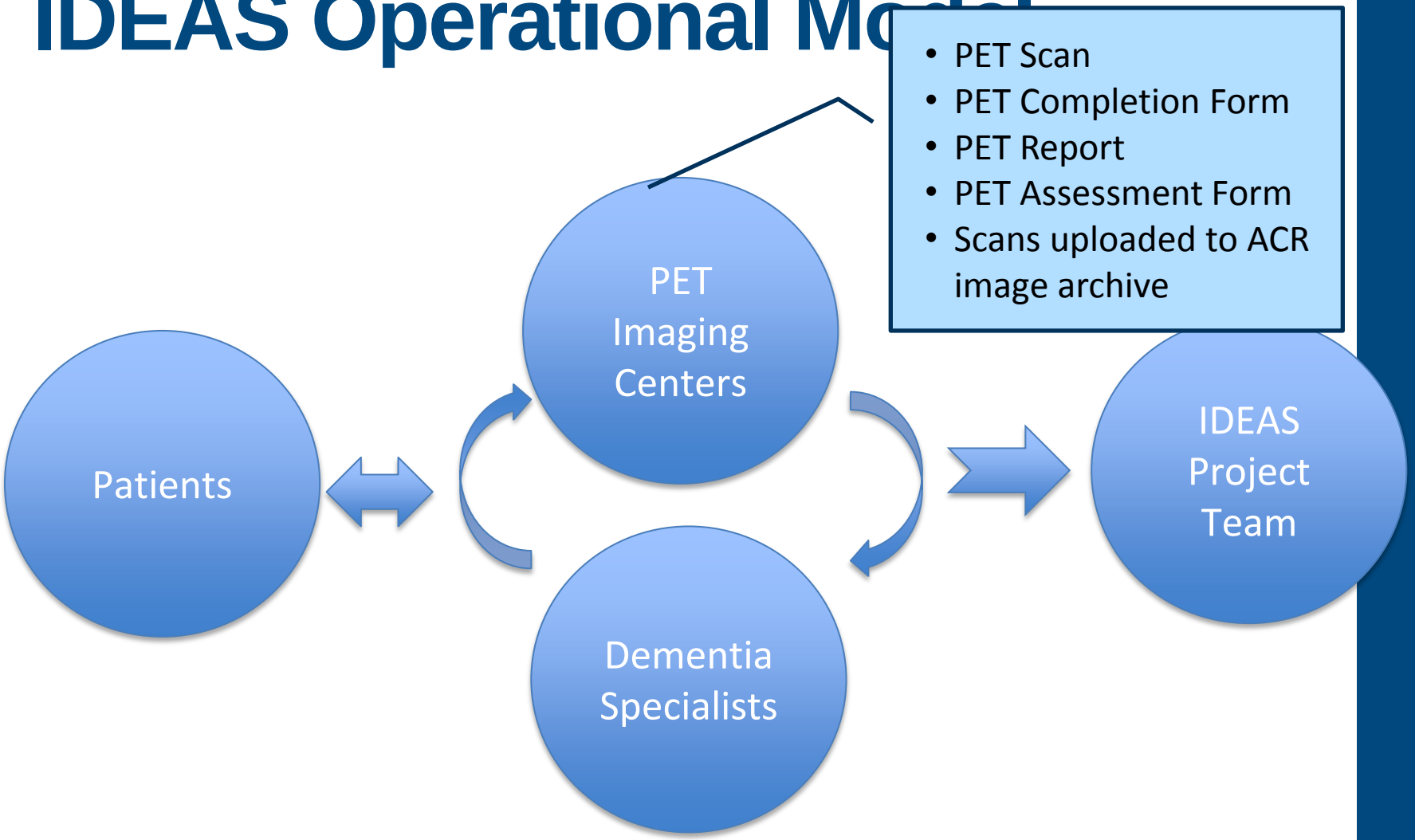
IDEAS Operational Model



IDEAS Operational Model



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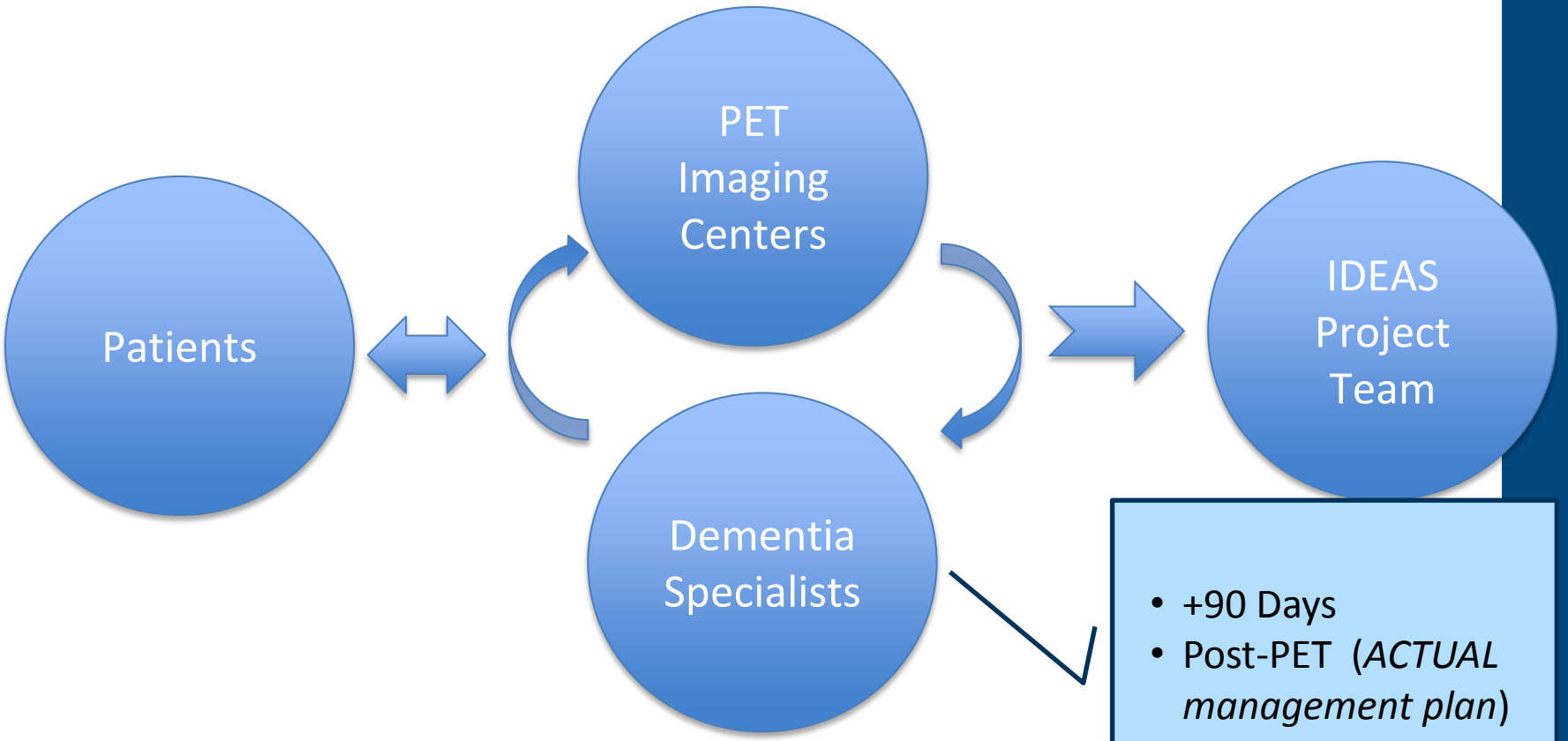
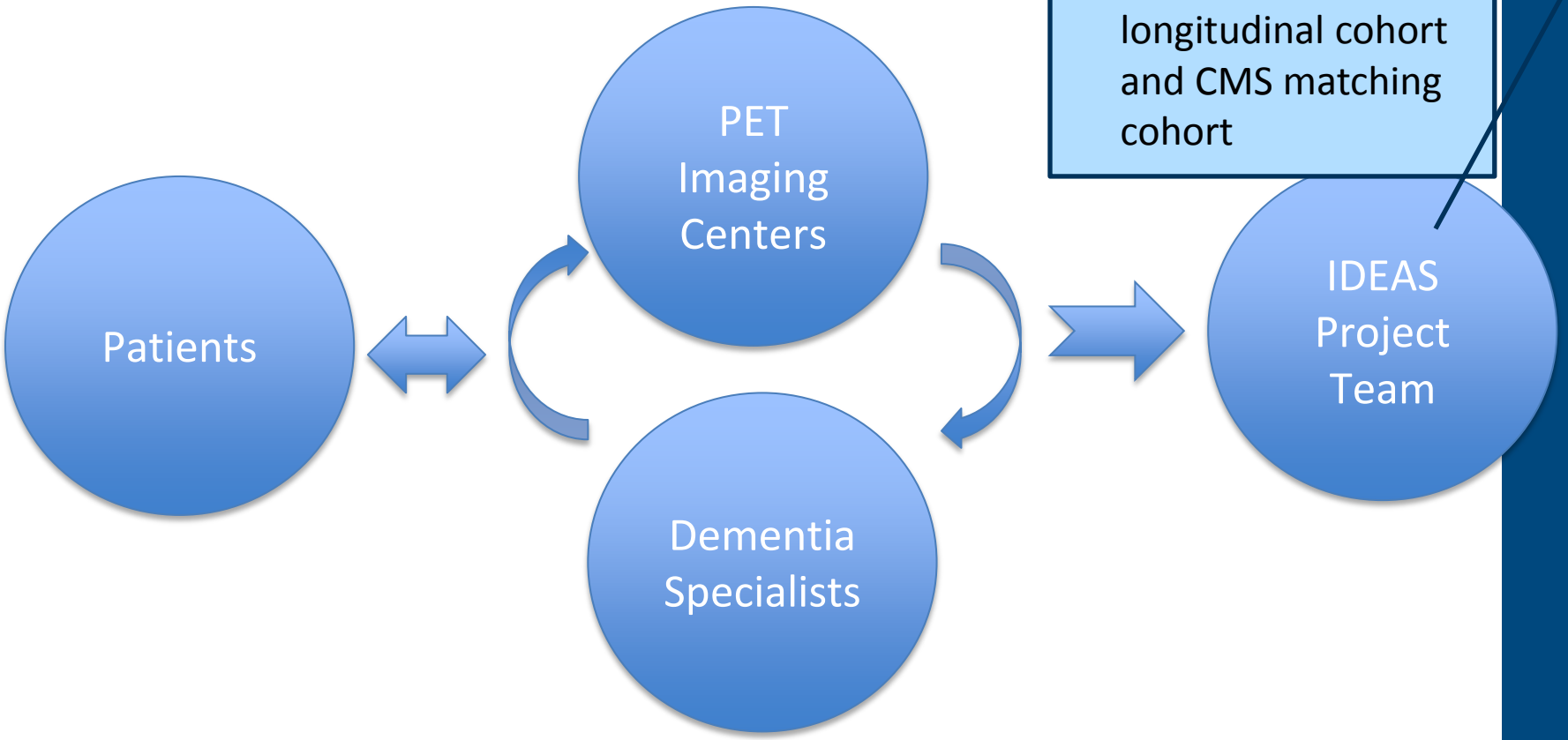
IDEAS Operational Model



IDEAS Operational Mod

Data Analysis
- Impact on management plan
- 12 month outcomes assessment of longitudinal cohort and CMS matching cohort



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IDEAS: Research versus Clinical Care

- **Clinical care**
  - Pre-PET and post-PET dementia expert visits
    - Clinical CPT codes should be applied
    - No standardized clinical metrics or assessments
  - Amyloid PET scans and reads

- **Research elements**
  - Consent (patients and physicians)
  - Case report forms
  - Image archiving
  - Following participants' Medicare claims

Will Subjects Endure Any Costs?

- Co-payments may apply for clinical services (pre- and post-PET visits, PET scan) depending on the individual's coverage
- Most co-payments will be covered for patients with Medicare supplemental insurance (or Medicaid).
- Most patients with Medicare Advantage plans will have no deductible or co-pay, but some MA plans have co-share requirements.
- We estimate that approximately 10% of all participants will have no supplemental coverage (for co-payment or deductable.)
  - These patients will be responsible for the usual patient co-share portion of the imaging, likely a 20% co-payment.
  - For amyloid PET scan we estimate this will translate to a range of $250-$700 depending on the imaging facility setting and patient insurance plan.
  - As with any other clinical recommendation, it is good practice to determine and discuss any potential out-of-pocket costs with the patient/family as part of the shared decision making prior to ordering the scan.

The Post-PET visit

- You do NOT need to wait until the 90 day visit to discuss amyloid PET results with your patient and make recommendations
- The goal of the post-PET visit is to record *actual* (implemented) patient management rather than *intended* management based on recommendations after the scan
- The 75-105 day window was selected to integrate into clinical flow
  - Follow-up period after new dx and treatment plan
  - Allows time for recommendations to be implemented
  - Please let study team know ASAP if patient unable to return within this window

Referring Physician Qualifications

Board Certification in at least one of the following:

American Board of Psychiatry and Neurology
□ Neurology
□ Psychiatry
□ Geriatric Psychiatry

American Osteopathic Board of Neurology and Psychiatry
□ Neurology
□ Psychiatry
□ Geriatric Psychiatry

American Board of Internal Medicine
□ Geriatric Medicine

American Osteopathic Board of Internal Medicine
□ Geriatric Medicine

American Board of Family Medicine
□ Geriatric Medicine

American Osteopathic Board of Family Physicians
□ Geriatric Medicine

Royal College of Physicians and Surgeons of Canada Certification
□ Neurology
□ Psychiatry
□ Geriatric Medicine
□ Geriatric Psychiatry

Referring physician qualification continued:

- Devotes a substantial proportion (≥25%) of patient contact time to the evaluation and care of adults with acquired cognitive impairment or dementia

- Completion of 30 minute online webinar:
  - Amyloid PET: Clinical Applications & Best Practices (http://training.alz.org/products/4035/amyloid-pet-clinical-applications-and-best-practices)

Clinical Site Locations

- Patients referred by Dementia Specialists must have access to a study PET Imaging facility.
- PET Imaging facility must be within 3-4 hours of an amyloid tracer supplier.
- Dementia Specialists and Imaging Sites will be posted on ideas-study.org upon study launch

Radiopharmaceutical Production Sites

PET facilities located within 3-4 hours of location may have access to radiopharmaceuticals (Updated October 20, 2015)

Beta Amyloid Tracer Availability					
Phoenix	AZ	Chicago	IL	Hackensack	NJ
Tempe	AZ	Romeoville	IL	Totowa	NJ
Colton (Los Angeles)	CA	Indianapolis	IN	Albany	NY
Culver City (Los Angeles)	CA	New Orleans	LA	Columbus	OH
Palo Alto	CA	Boston	MA	Cleveland	OH
Sacramento	CA	Woburn	MA	Philadelphia	PA
Gilroy	CA	Haverhill	MA	Gray	TN
Denver	CO	Beltsville	MD	Dallas	TX
East Hartford	CT	Detroit	MI	Houston	TX
Ft. Lauderdale	FL	East Lansing	MI	Charlottesville	VA
Jacksonville	FL	Minneapolis	MN	Sterling	VA
Tampa	FL	Kansas City	MO	Seattle	WA
Sanford	FL	Charlotte	NC	Morgantown	WV
Atlanta	GA	Raleigh/Durham	NC		

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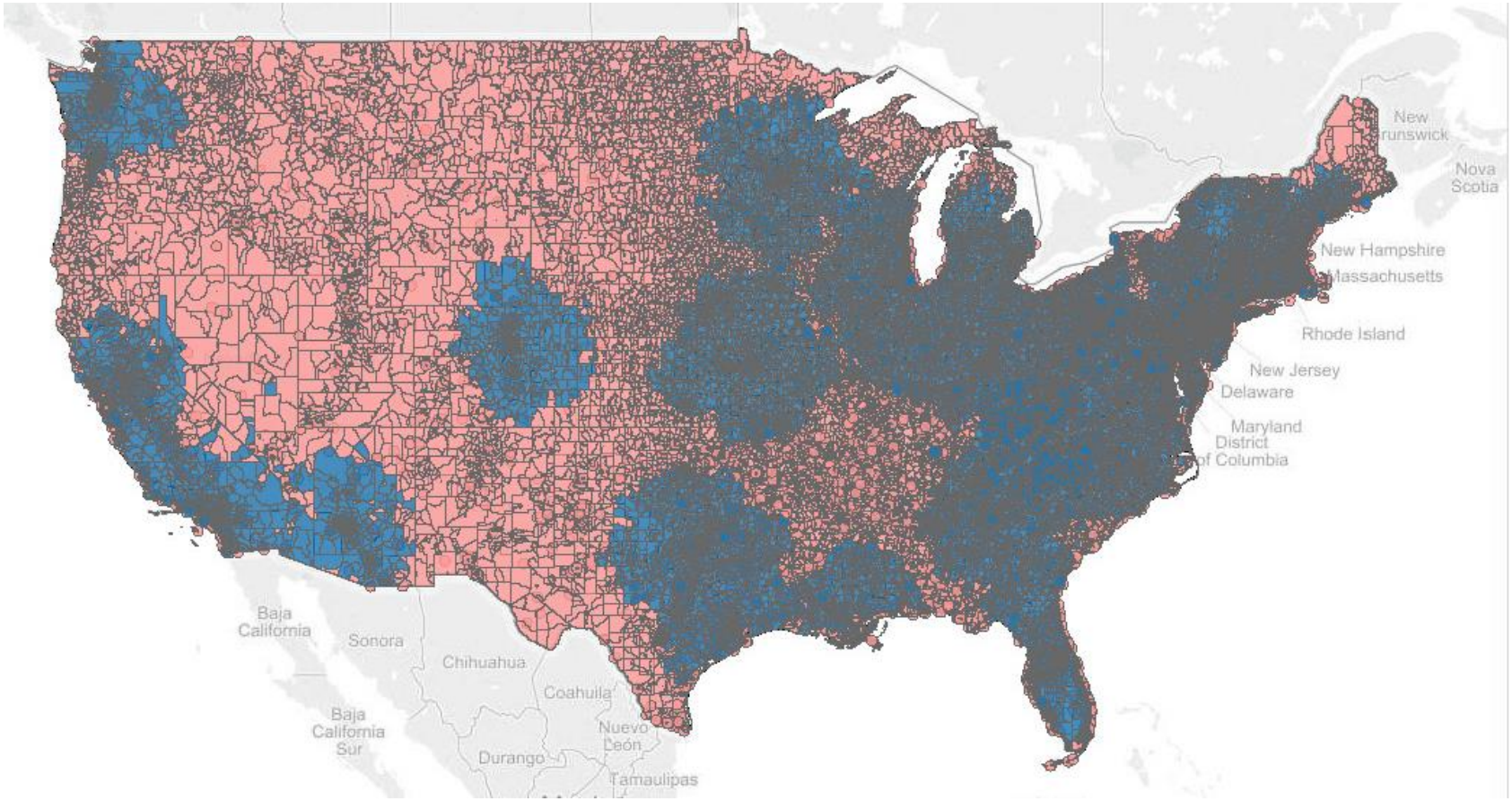
Where are amyloid agents available in USA?



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Consent: Patients Can "Opt Out" of Image Archiving

Your amyloid PET scan will be collected and archived at ACR, stripped of all identifying information, for use in future research. Should you not wish for your PET images to be collected and used in future research, you may opt out by initialing below. Your decision to opt out of the image collection will not affect your participation in other elements of the IDEAS Study.

_____ **(insert participant or *legally authorized representative (LAR) initials)** No, I do NOT want my de-identified PET images to be collected and used in future research.

Consent: Patients Can "Opt In" to Be Contacted About Approved Add-On Studies

The IDEAS Study is collaborating with additional research studies investigating amyloid, cognitive decline, Alzheimer's disease and other types of dementia.
Below, please let us know if you are willing to be contacted about other research studies for which you may be a candidate.

_____**(insert participant or LAR initials)** YES, I am willing to be contacted about other research studies.

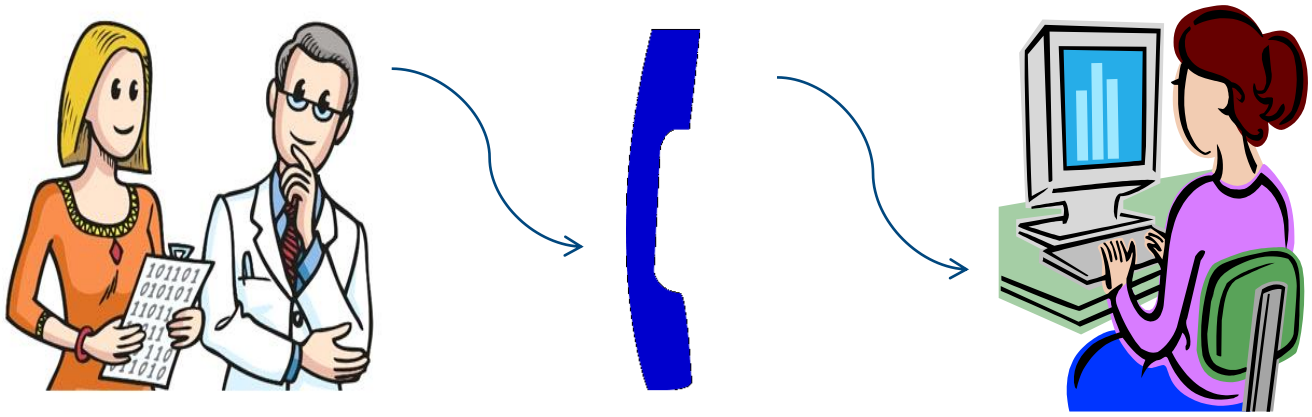
_____**(insert participant or LAR initials)** NO, I am not willing to be contacted about other research studies.

_____
(Authority of Legally Authorized Representative to act on behalf of Subject)

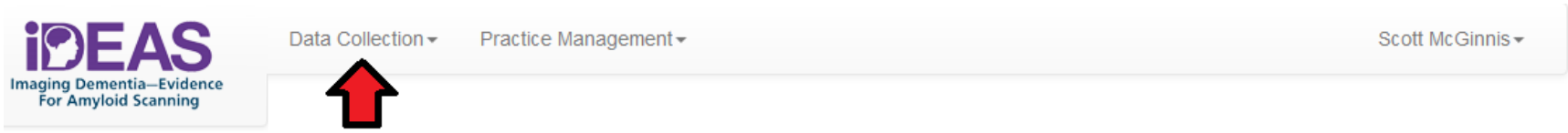
*Authority to act on behalf of another includes, but is not limited to parent, guardian, or durable power of attorney for health care.

Patient Registration

The referring physician or designee consents patient and schedules patient for PET scan and may enroll/register the patient on study



Log in to IDEAS, click on Data collection.



Welcome to the IDEAS Study PET Facility/Referring Physician Practice Data Center

Once the study is open to enrollment, this page will contain information regarding patient enrollment, case report form submission PET as well as image upload procedures.

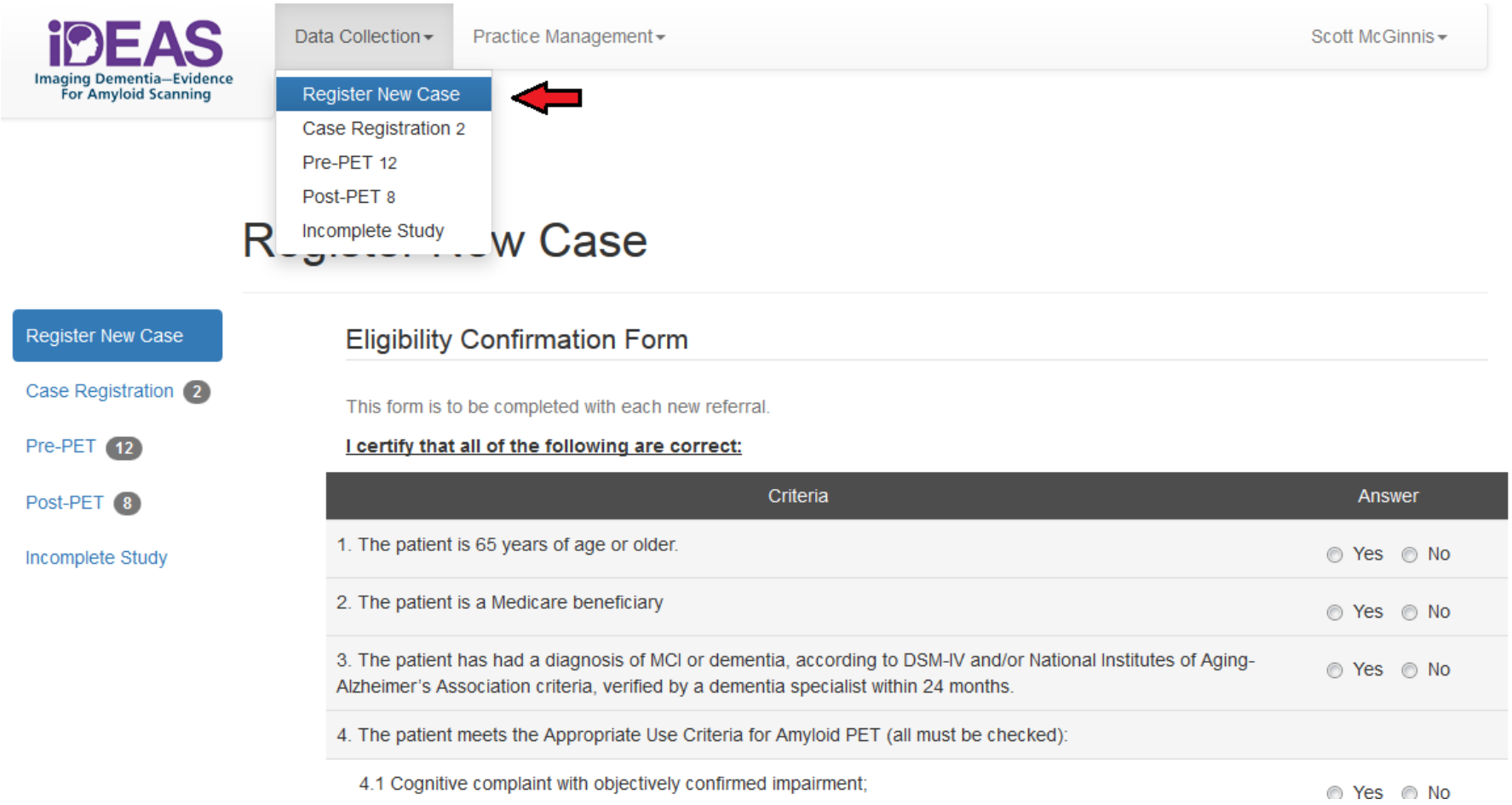
Please Review the IDEAS-Study Referring Physician Site Data Submission timelines below:

- The referring dementia specialist must complete and sign the Pre-PET eCRF prior to the patient having the Amyloid PET scan. The PET scan must be completed within 30 days of the Case Registration.
- Patients must be seen by the referring physician for follow-up ~90 (75-105) days from the date of the PET scan. At that visit, the referring physician will determine the treatments, tests and medications the patient has received since the amyloid PET scan, and decide the patient's management plan going forward. These must be reported on the Post-PET Clinical Assessment Form within 15 days after the follow-up visit. Patients who have had prolonged stays in a skilled nursing unit are exempt from the visit, but the Post-PET Clinical Assessment Form is still due within 120 days after the PET scan. The form is also required for patients who die while on study.

Please Review the IDEAS-Study PET Facility Data and Image Submission timelines below:

- The PET scan must be completed within 30 days of Case Registration. The PET Facility Administrator will be informed via email when the Pre-PET Clinical Assessment Form has been submitted by the referring physician.
- Once the amyloid PET scan has been completed, the PET facility provides documentation by submitting the **Amyloid PET Completion Form** by midnight on the day the scan was performed.

Click on register new case.



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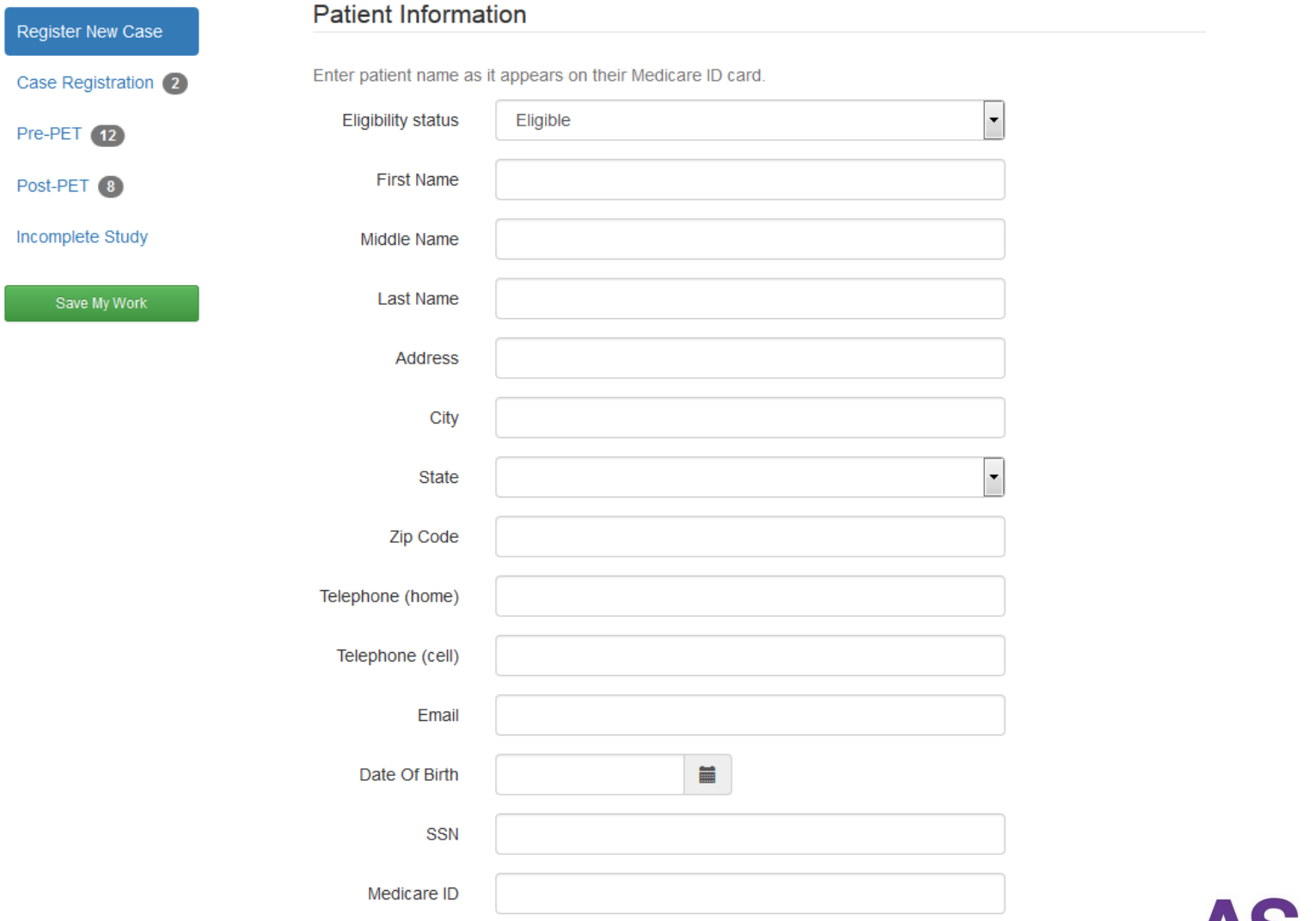
Complete patient information.



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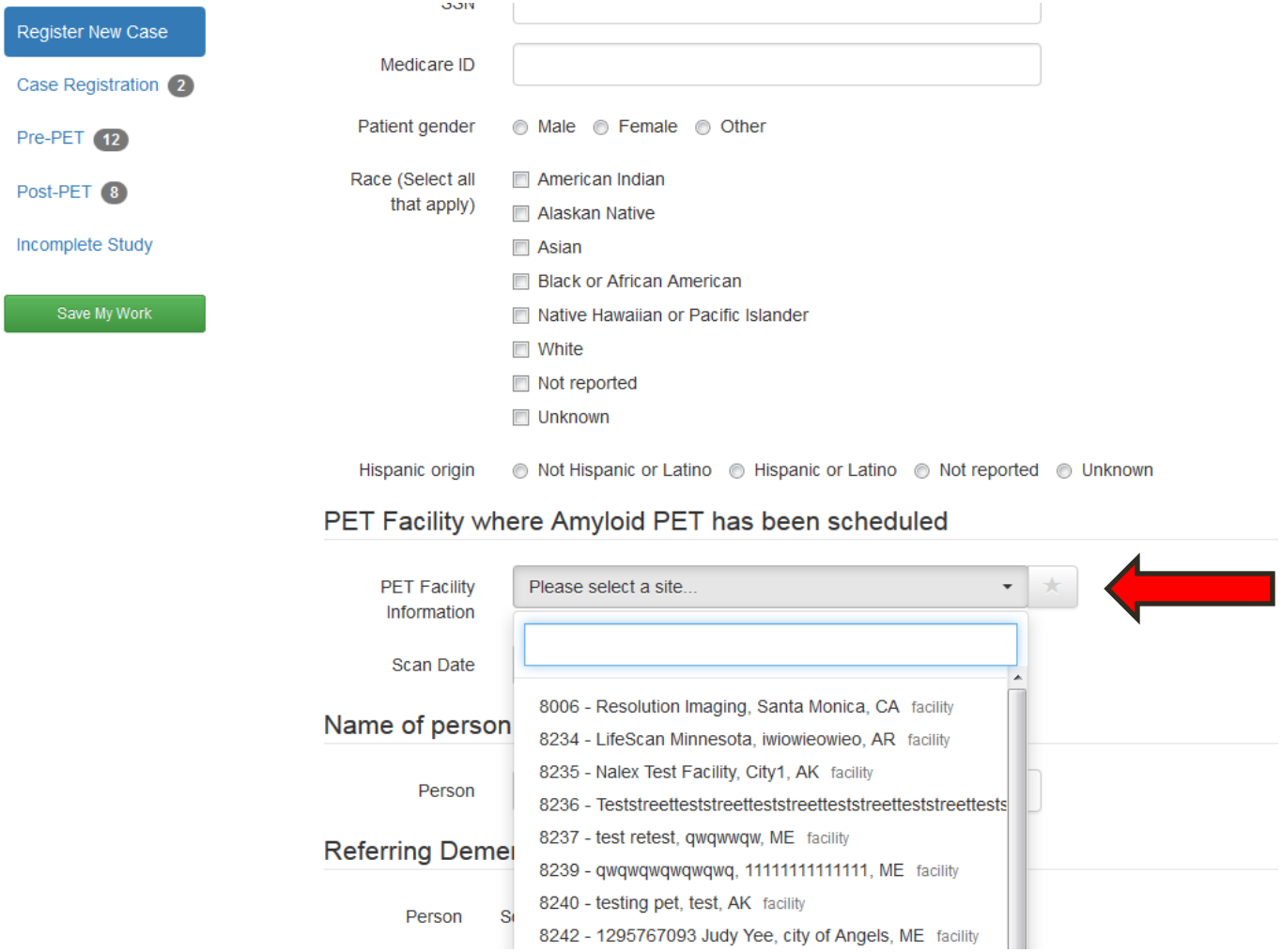
Select location of PET scan.



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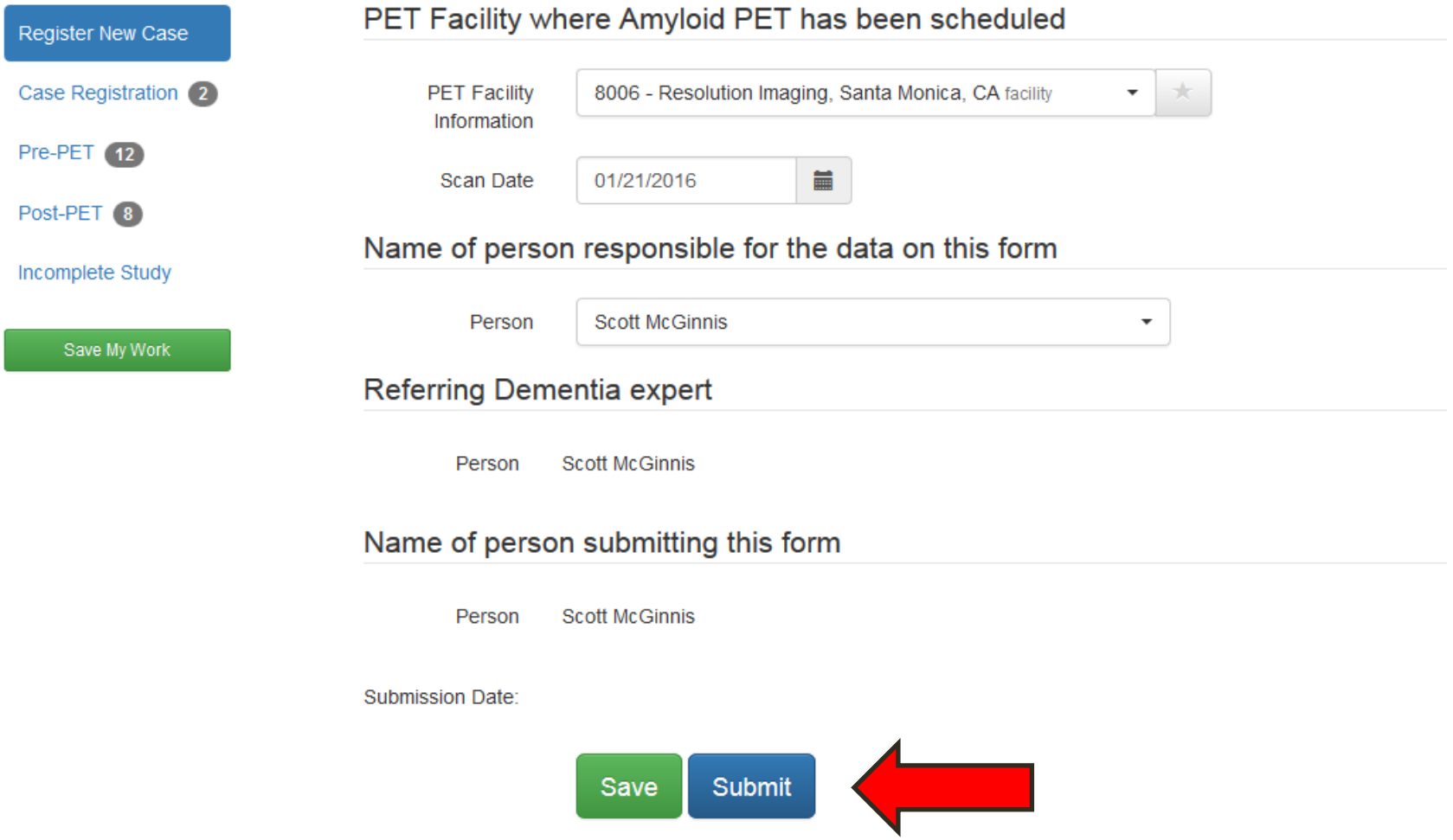
Submit the registration.



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Your case has been registered.

Case #71 Mary Smith, 01/13/1950

Case Registration | Pre-PET

Register New Case

Case Registration 2

Pre-PET 13

Post-PET 8

Incomplete Study

Thank you for enrolling Case 71. We appreciate your contributions to the IDEAS Study.

Please keep these details in mind:

- The dementia specialist physician treating this patient must log into the IDEAS database and complete the Pre-PET Case Report Form for this patient within 7 days from today.
- The Pre-PET form cannot be completed unless the dementia specialist physician certifies the following: "I certify that I have discussed the medical and psychological ramifications of positive and negative amyloid scan results." Please remind the physician of this requirement.
- When the dementia specialist physician has successfully submitted the Pre-PET Case Report Form, the PET Facility you selected from the drop-down menu above will be notified that they may proceed with the scan for this patient.
- The Facility will refuse to perform the scan until they have received verification that the Pre-PET form was submitted successfully within the 7 day limit.
- The patient should return for a follow-up visit with the same dementia specialist physician 75-105 days following the completion of the Amyloid PET scan. The Post-PET form will be due following that visit. Post-PET forms should not be submitted early.

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Once patient has been registered the following email is sent to selected PET Facility as well as Dementia Practice Administrator.

Practice ID#: 2005

Practice Name: Harvard

PET Facility ID#: 8006

PET Facility Name: Resolution Imaging

Patient SSN: *******456

Case #: 58

The above listed case has been registered on the IDEAS Study. The PET scan must be completed within 30 days of case registration. Data required for this case:

- Pre-PET Clinical Assessment Form - Must be entered within 7 days of case registration date.
- Amyloid PET Completion Form - Must be entered within 30 days of case registration date.
- Amyloid PET Report Submission Form - Must be entered within 7 days of the PET scan date.
- Amyloid PET Assessment Form - Must be entered within 7 days of the PET scan date.
- Post-PET Clinical Assessment Form - Must be entered within 15 days of the 90-day follow-up visit.
- PET scan images - Must be submitted via TRIAD within 7 days of the scan unless patient withheld consent for image collection and archive.

Pre- PET Clinical Assessment form becomes available.

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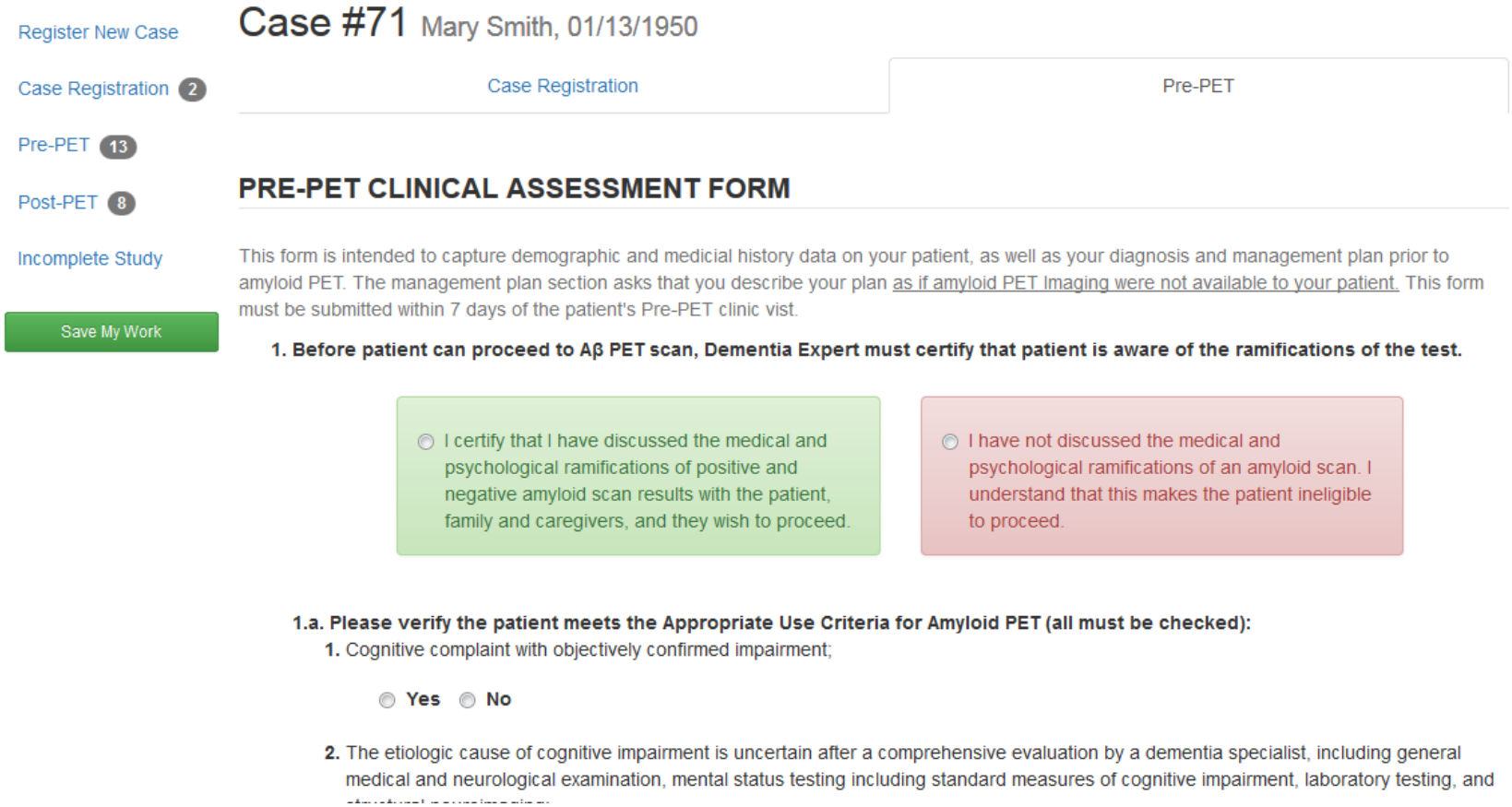
Registration can be completed by administrator or research staff *but*

Pre- and Post-PET CRFs must be completed by the dementia expert

Pre-PET form must be completed prior to the scan.



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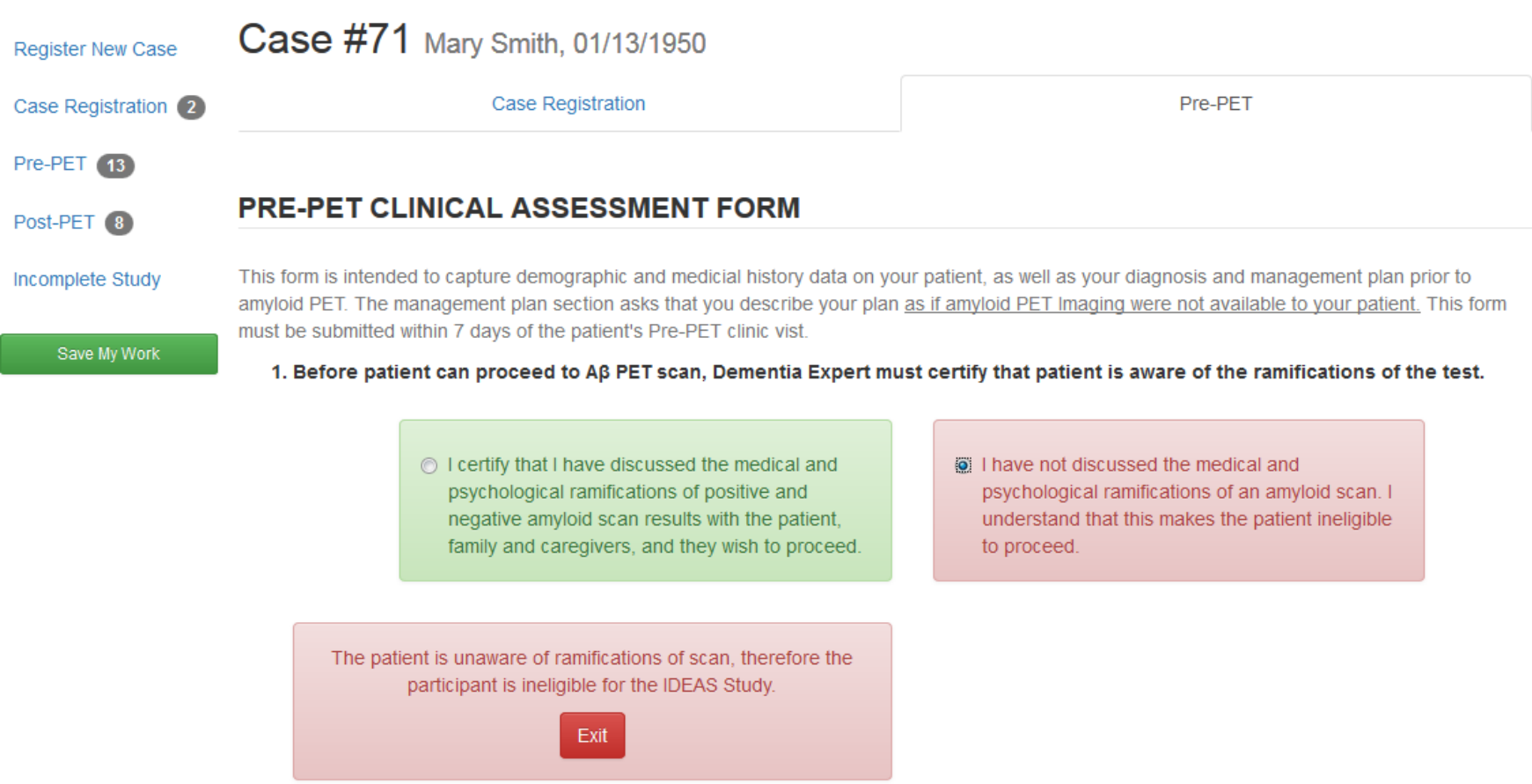
If the medical/psychological ramifications have not been discussed with patient , they will be considered ineligible.



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If ramifications were discussed with patient and AUC was met, continue completing form.

Register New Case

Case Registration 2

Pre-PET 13

Post-PET 8

Incomplete Study

Save My Work

1.a. Please verify the patient meets the Appropriate Use Criteria for Amyloid PET (all must be checked):

1. Cognitive complaint with objectively confirmed impairment;

(●) **Yes** ( ) **No**

2. The etiologic cause of cognitive impairment is uncertain after a comprehensive evaluation by a dementia specialist, including general medical and neurological examination, mental status testing including standard measures of cognitive impairment, laboratory testing, and structural neuroimaging;

(●) **Yes** ( ) **No**

3. Alzheimer's disease is a diagnostic consideration;

(●) **Yes** ( ) **No**

4. Knowledge of amyloid PET status is expected to alter diagnosis and management.

(●) **Yes** ( ) **No**

Patient Demographics

2. Please specify marital status:

- ( ) Married or domestic partnership
- ( ) Widowed
- ( ) Divorced or separated
- ( ) Never married

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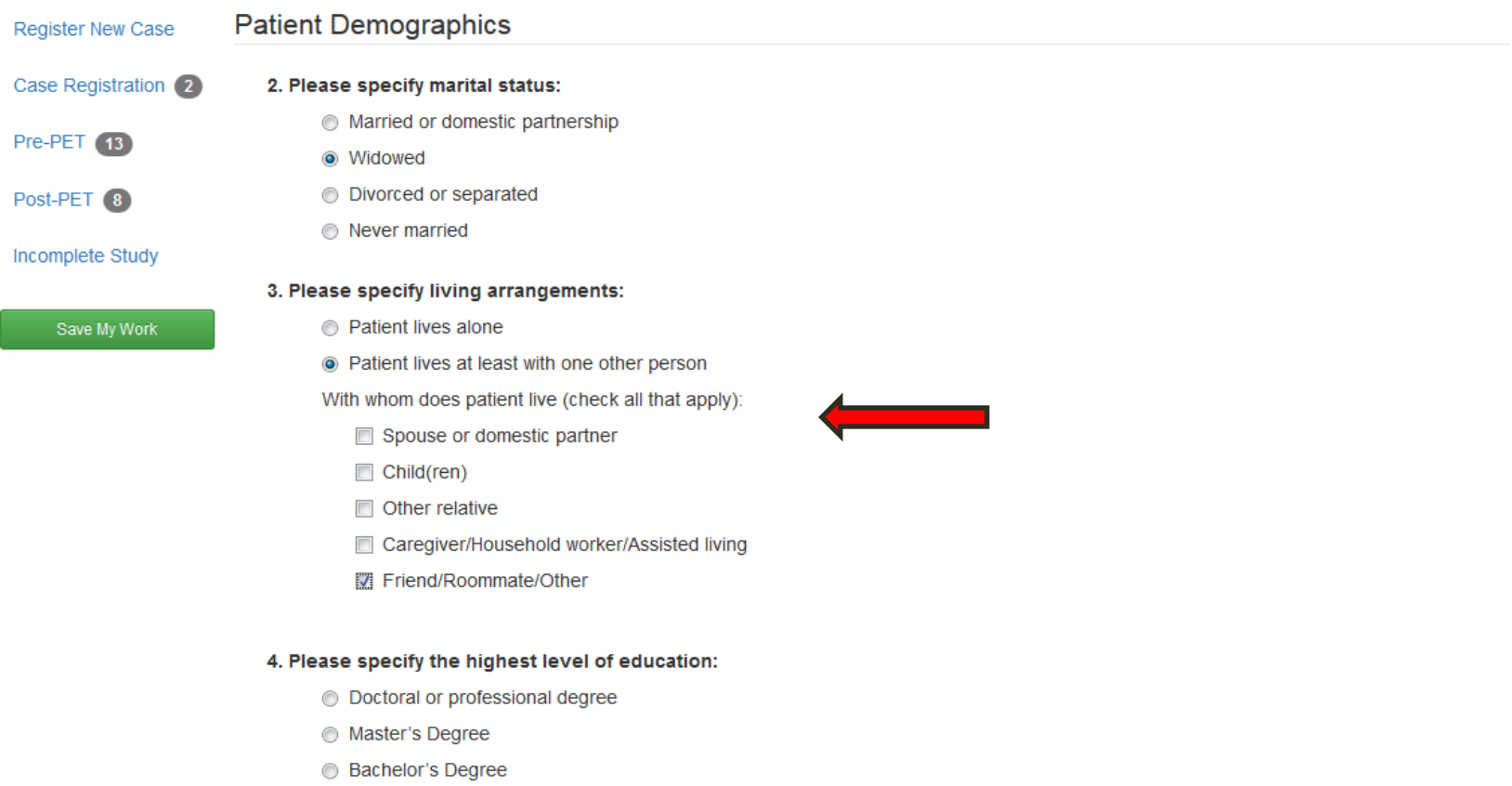
Additional questions may pop up depending on your responses.



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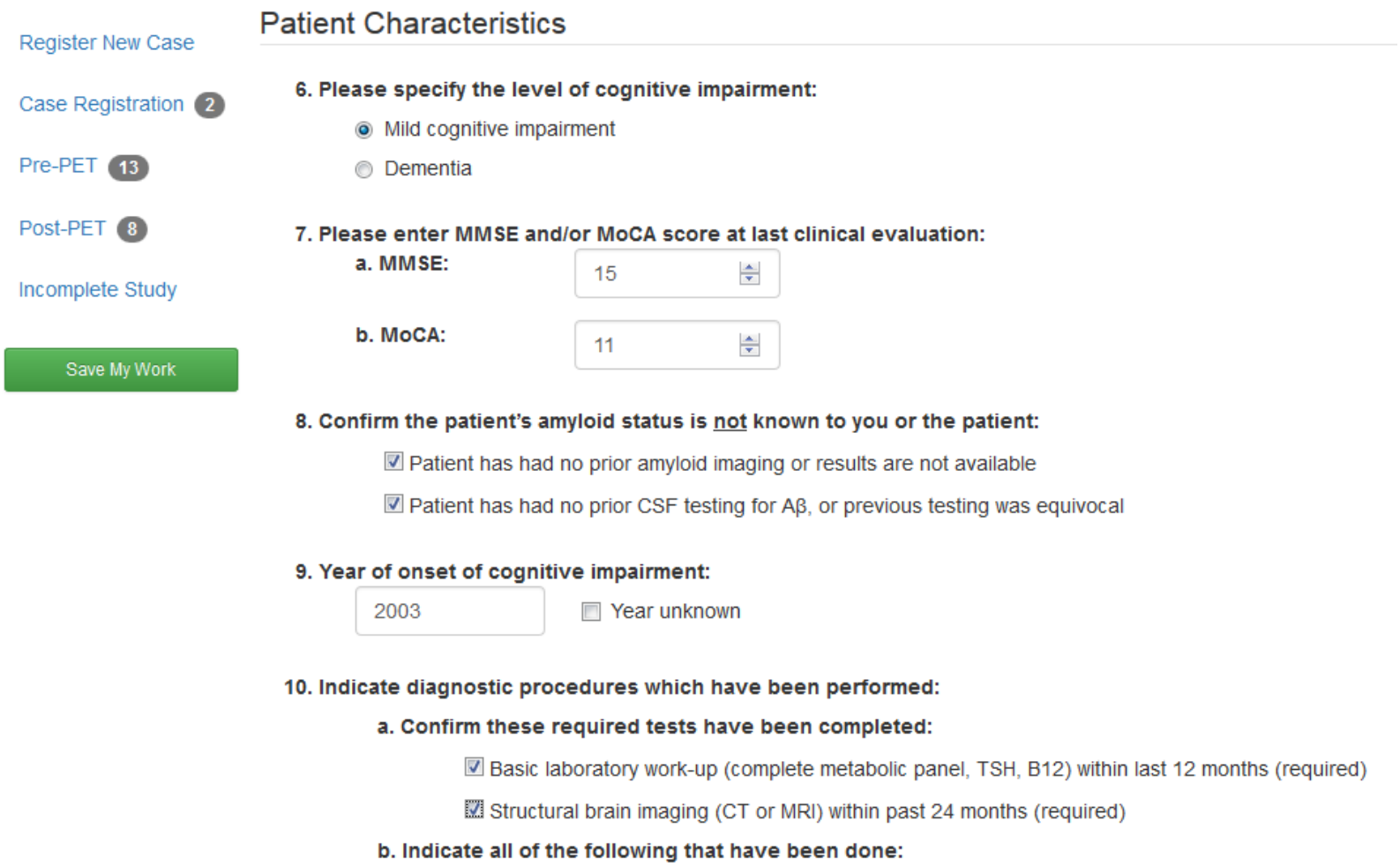
Complete patient characteristics.



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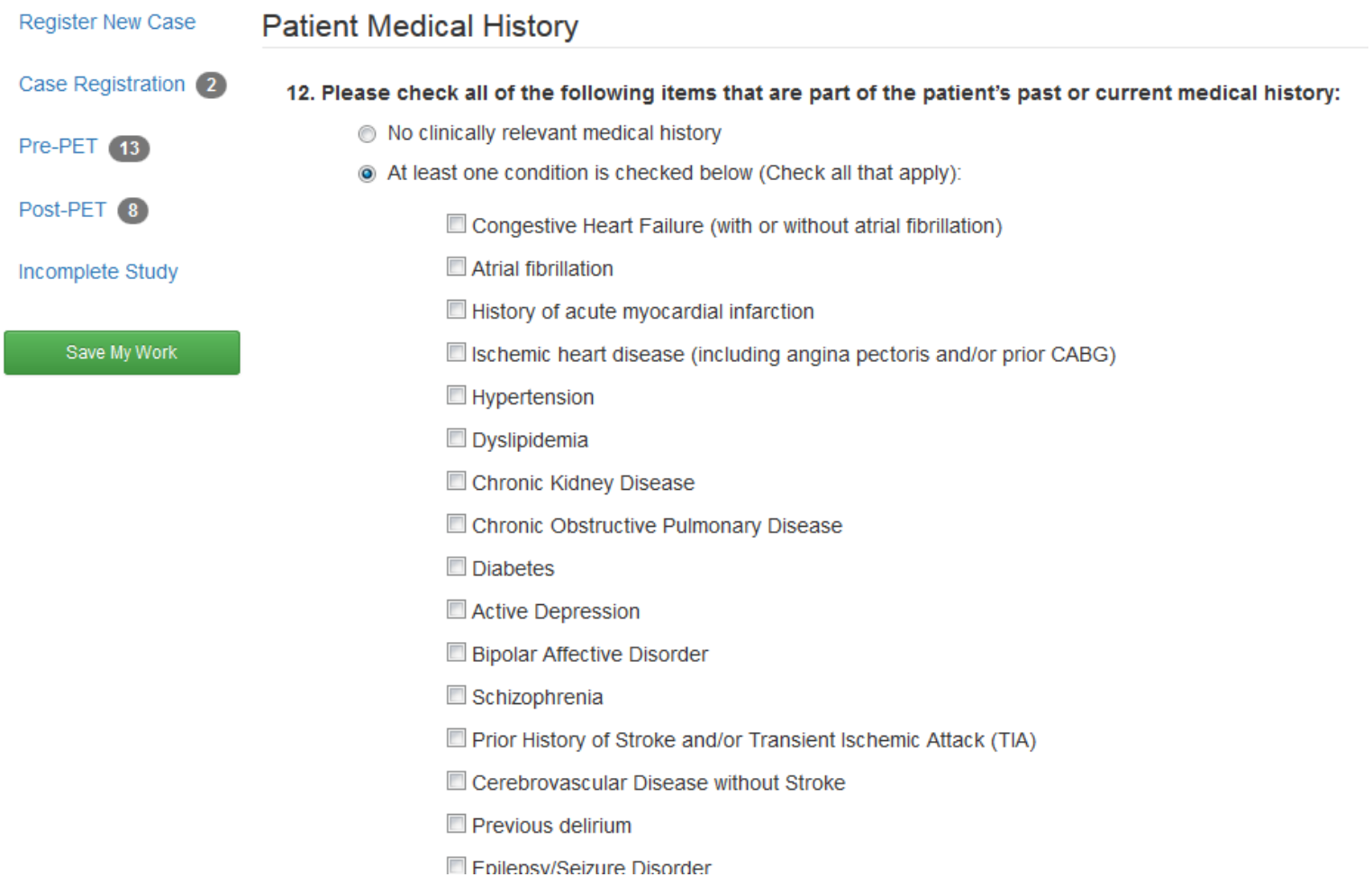
Complete medical history.



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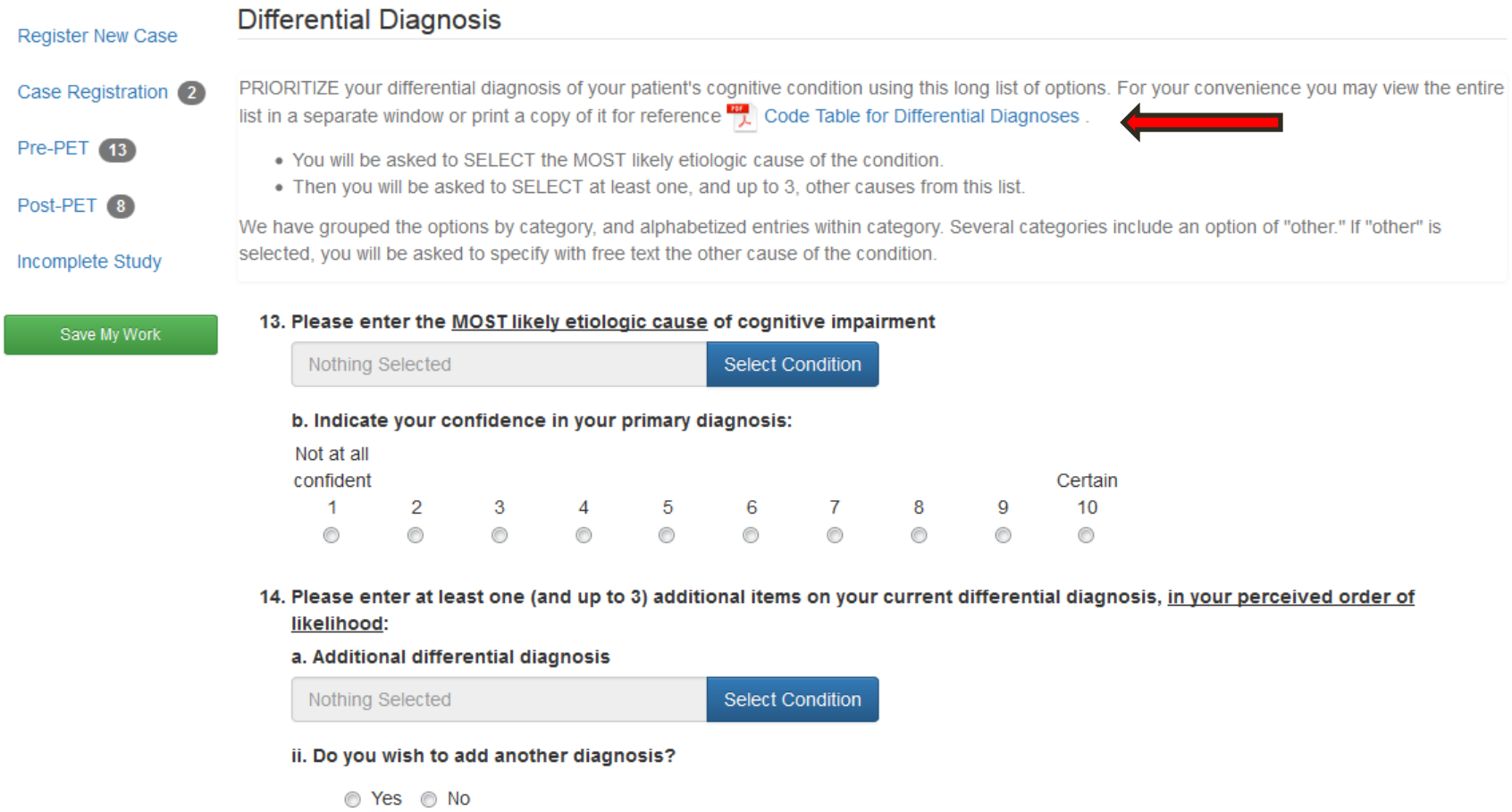
You may print a copy of the differential diagnosis code table for reference.



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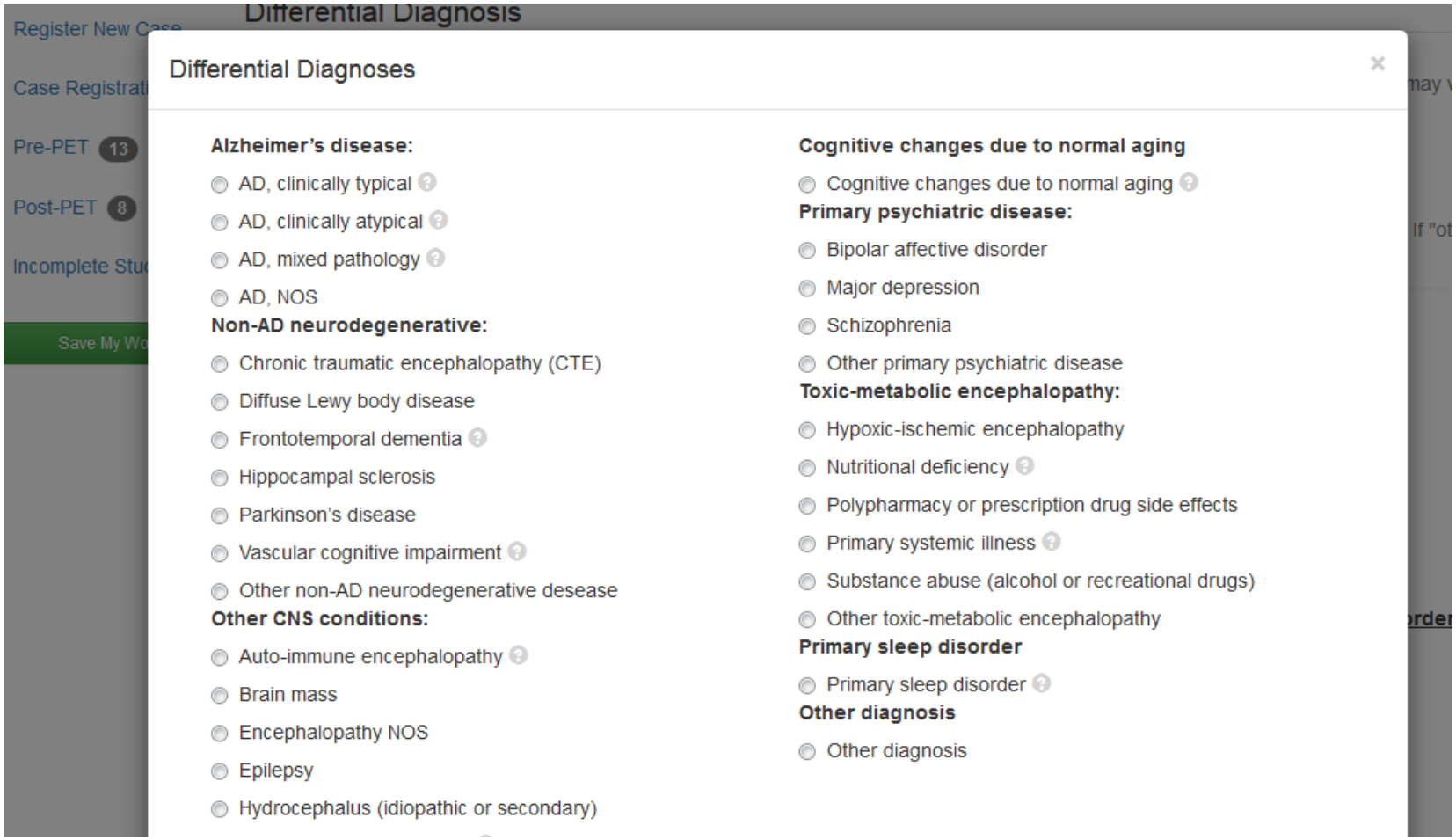
This screen will become available once you click on select condition. You make your selection here.



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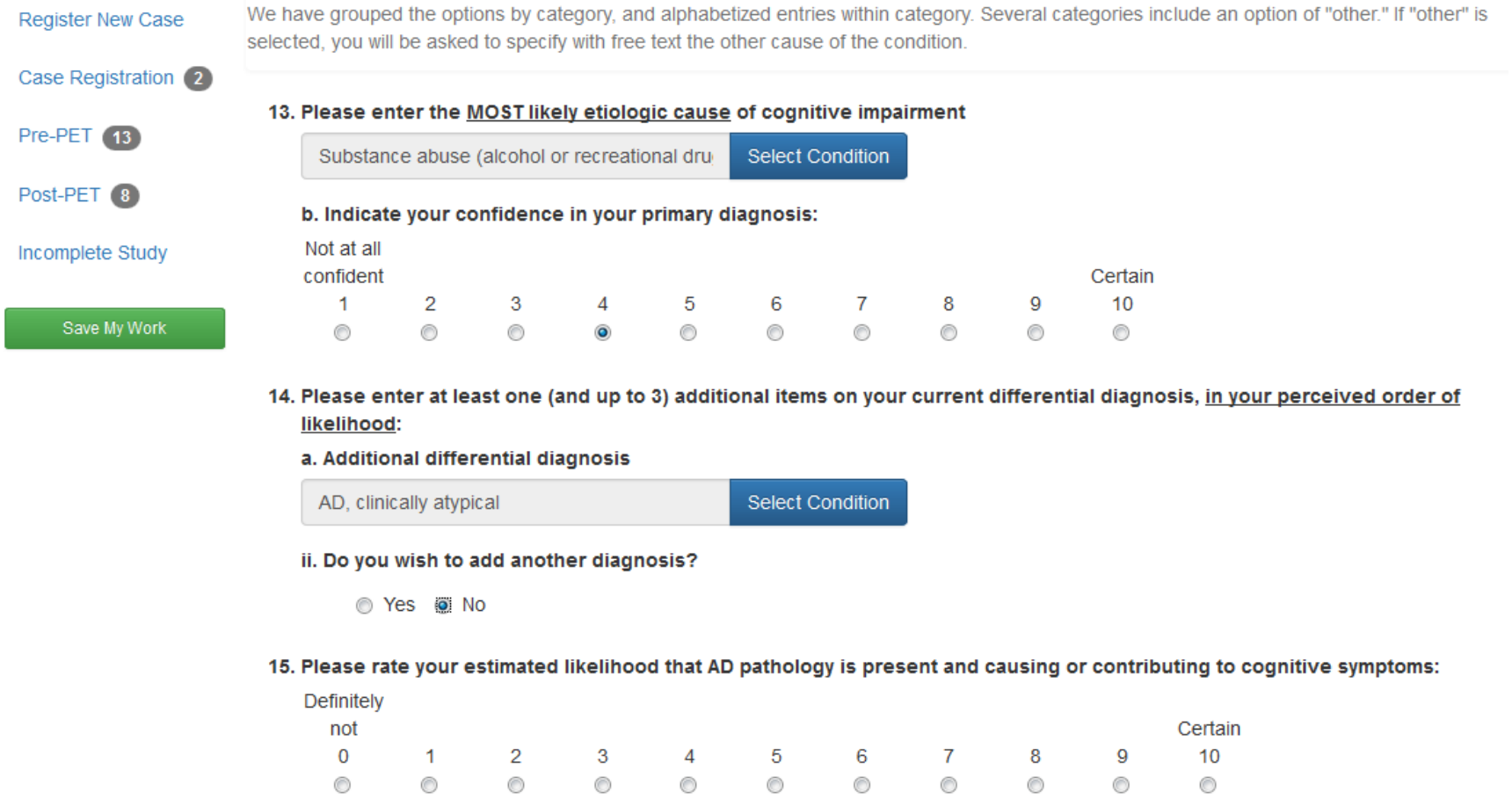
Select at least 2 conditions.



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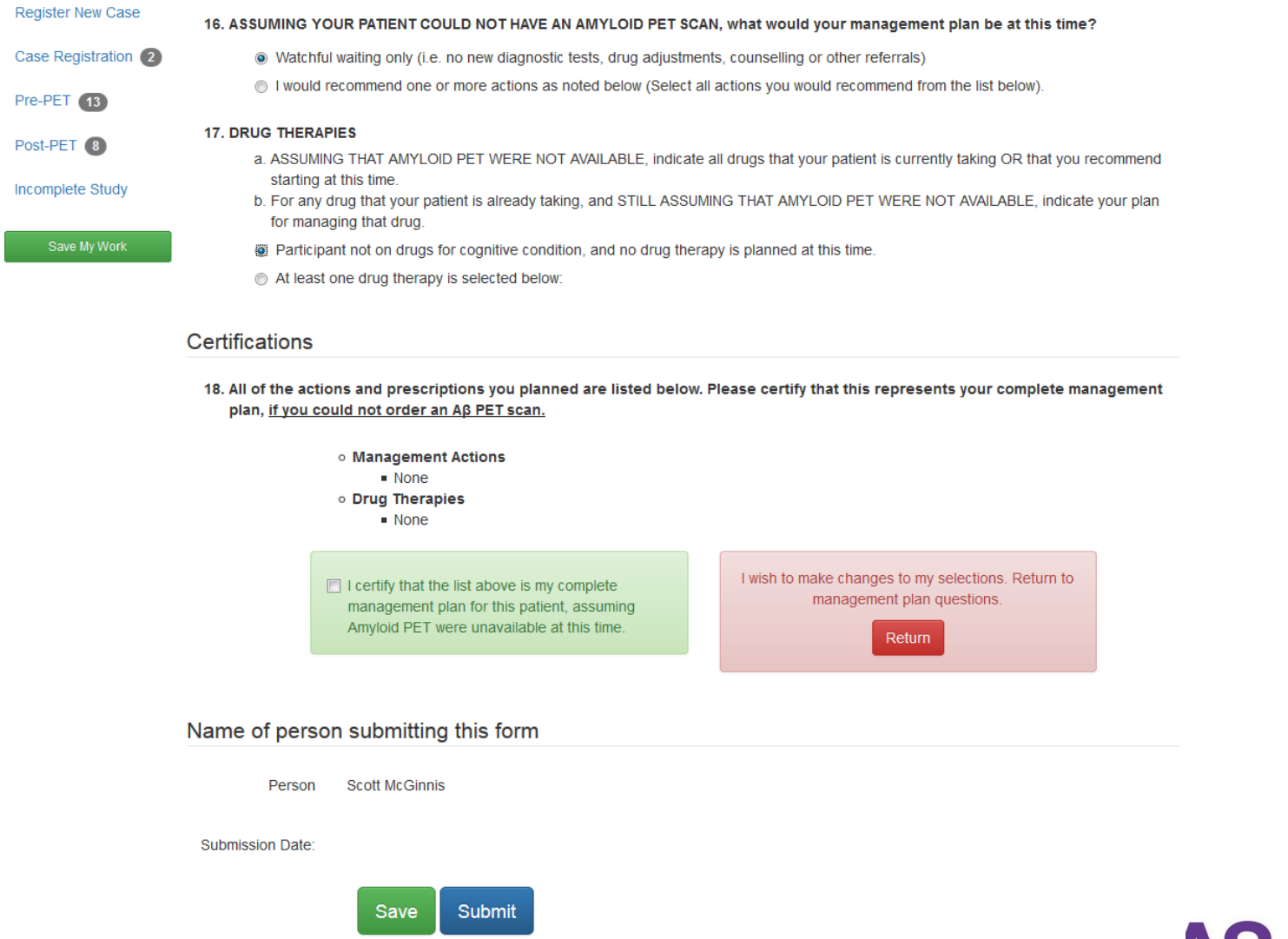
Continue to management plan.



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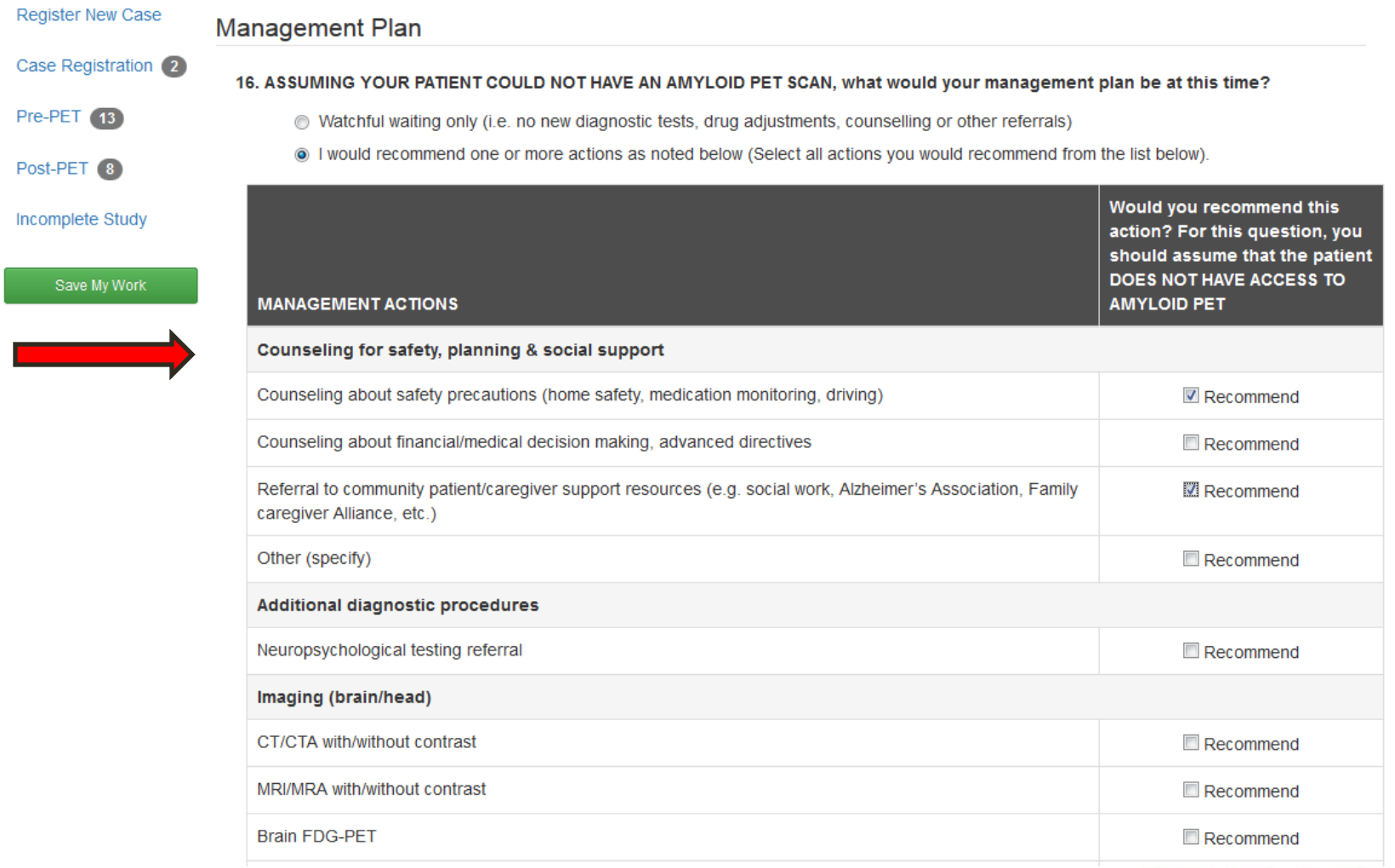
If you have actions to recommend, the following table appears.



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Pre-PET Management: A World Without Amyloid PET

- Pre-PET management plan should include all your recommendations based on available clinical data, *assuming amyloid PET was not available.*
- We recognize that in practice some recommendations will be deferred until amyloid status is determined.

If you have drug therapies to recommend or which the patient is currently taking, the following table appears so you may record them.

Register New Case

Case Registration 2

Pre-PET 13

Post-PET 8

Incomplete Study

Save My Work

17. DRUG THERAPIES

a. ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time.

b. For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing that drug.

○ Participant not on drugs for cognitive condition, and no drug therapy is planned at this time.

◉ At least one drug therapy is selected below:

DRUG DESCRIPTION	ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time.	For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing that drug.
AD Symptomatic Drugs		
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)	○ Currently taking ○ Recomended	
Memantine	○ Currently taking ○ Recomended	
Neuropsychiatric drugs impacting cognition		
Anti-depressants, mood stabilizers	○ Currently taking ○ Recomended	
Anti-psychotics	○ Currently taking ○ Recomended	

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An additional question will appears for any drugs you reported the patient is currently taking.

Register New Case

Case Registration 2

Pre-PET 13

Post-PET 8

Incomplete Study

Save My Work

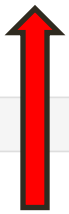
17. DRUG THERAPIES

a. ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time.

b. For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing that drug.

- ○ Participant not on drugs for cognitive condition, and no drug therapy is planned at this time.
- ◉ At least one drug therapy is selected below:

DRUG DESCRIPTION	ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate all drugs that your patient is currently taking OR that you recommend starting at this time.	For any drug that your patient is already taking, and STILL ASSUMING THAT AMYLOID PET WERE NOT AVAILABLE, indicate your plan for managing that drug.
AD Symptomatic Drugs		
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)	◉ Currently taking ○ Recomended	◉ Continue ○ Adjust ○ Stop
Memantine	○ Currently taking ○ Recomended	
Neuropsychiatric drugs impacting cognition		
Anti-depressants, mood stabilizers	○ Currently taking	



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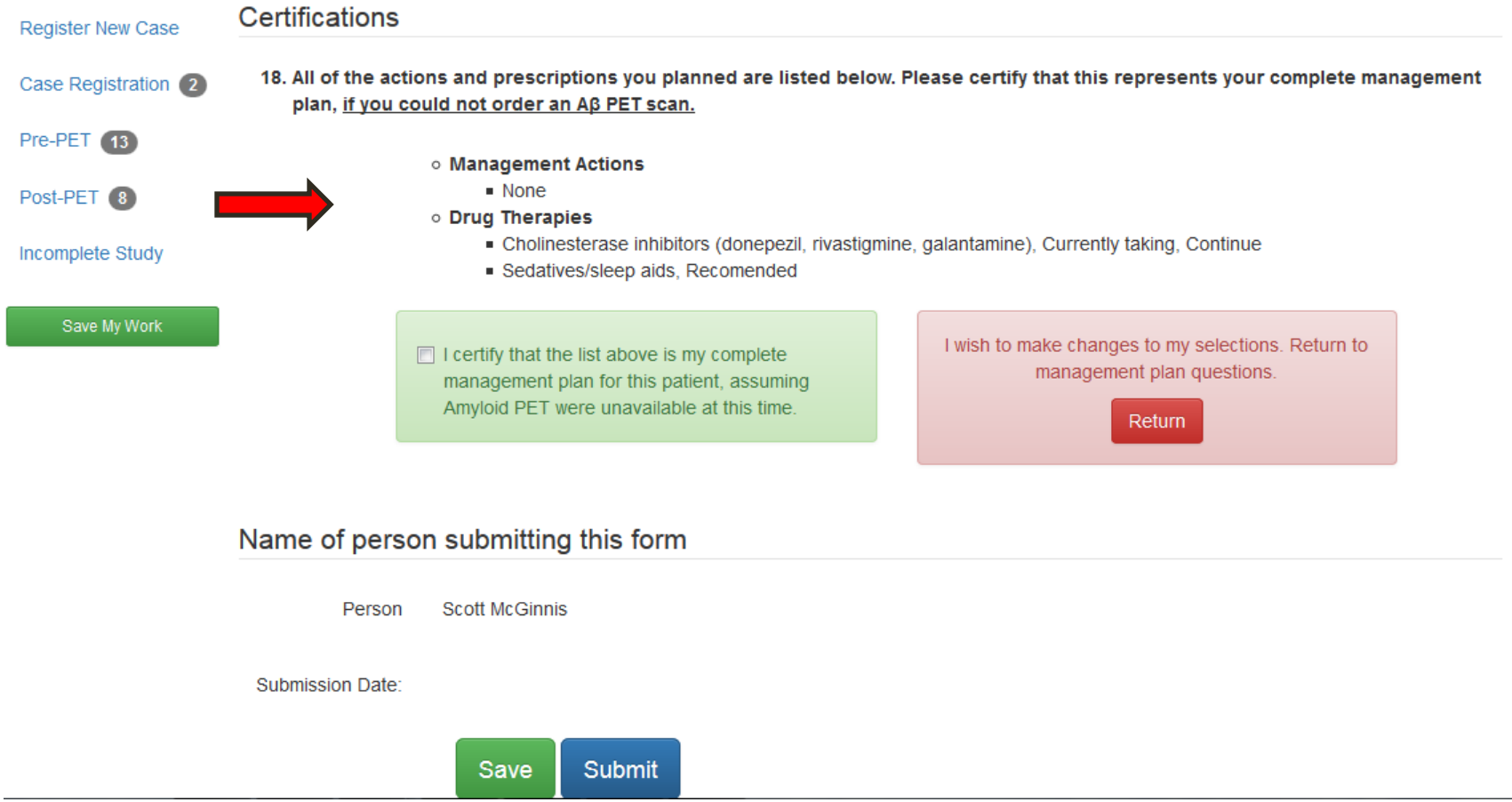
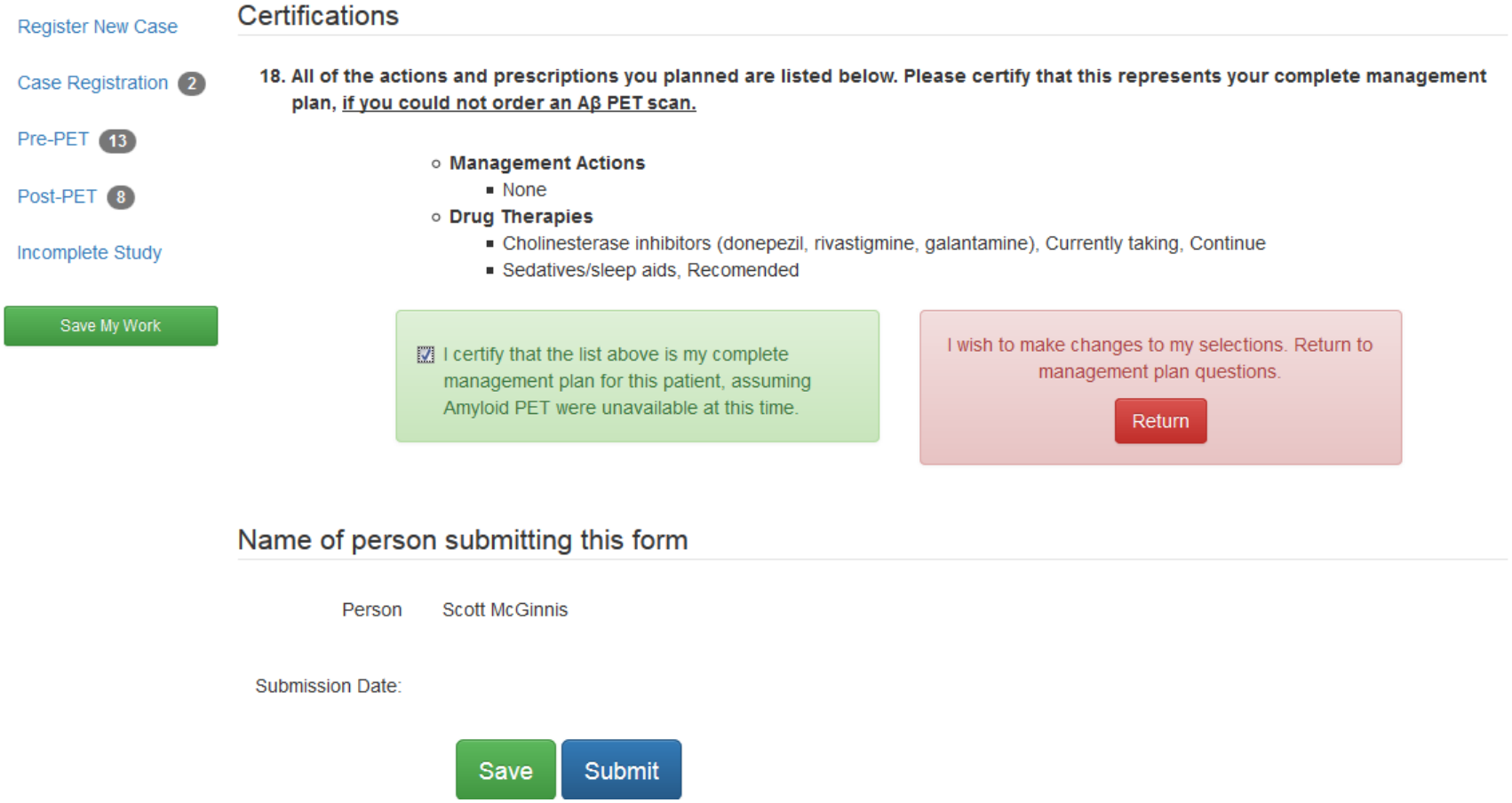
Once you have completed the management and drug therapy sections following appears showing what your selected responses are.



At this point you may either certify and submit the form or decide to make changes. If you select return, you will be taken back to the management and drug therapy sections.



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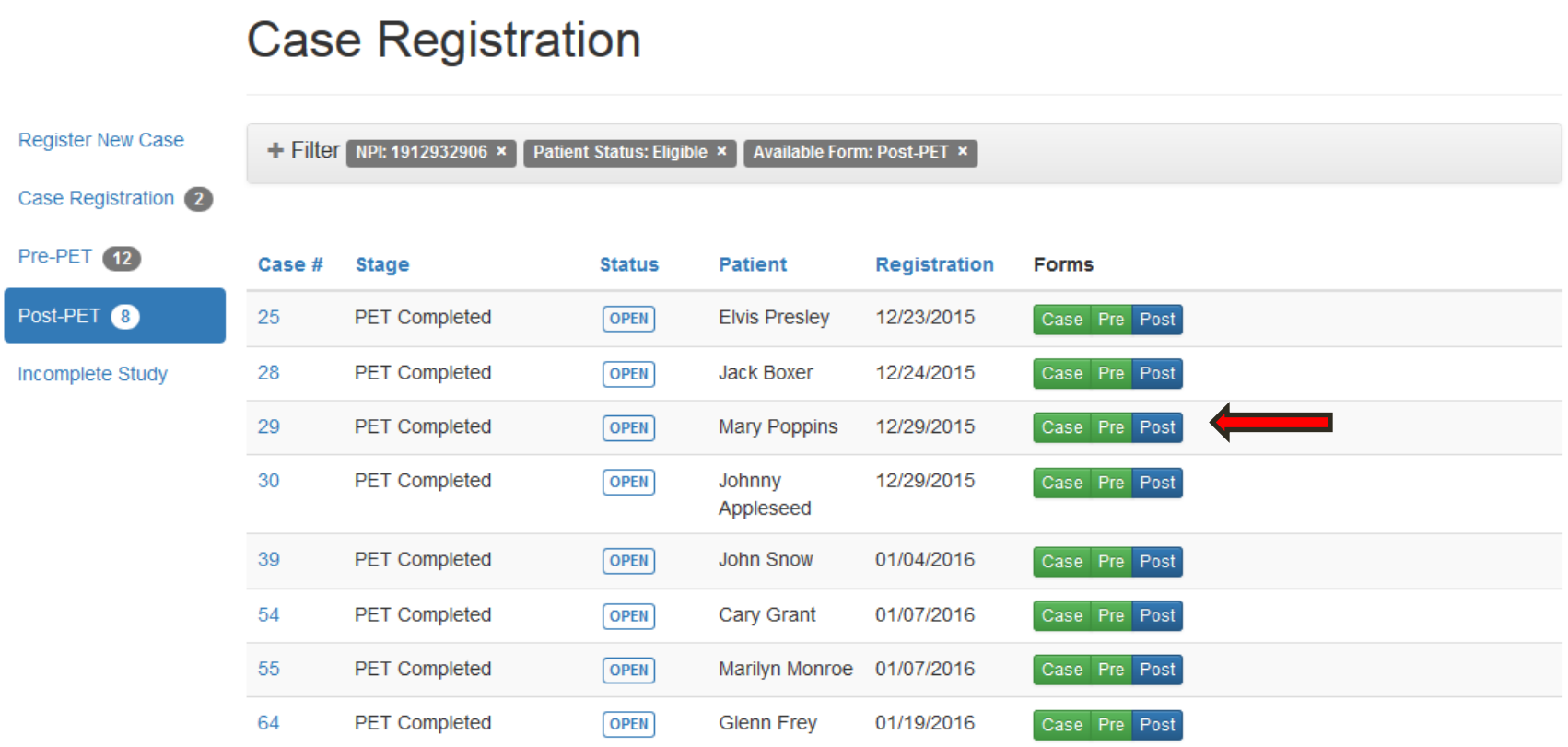
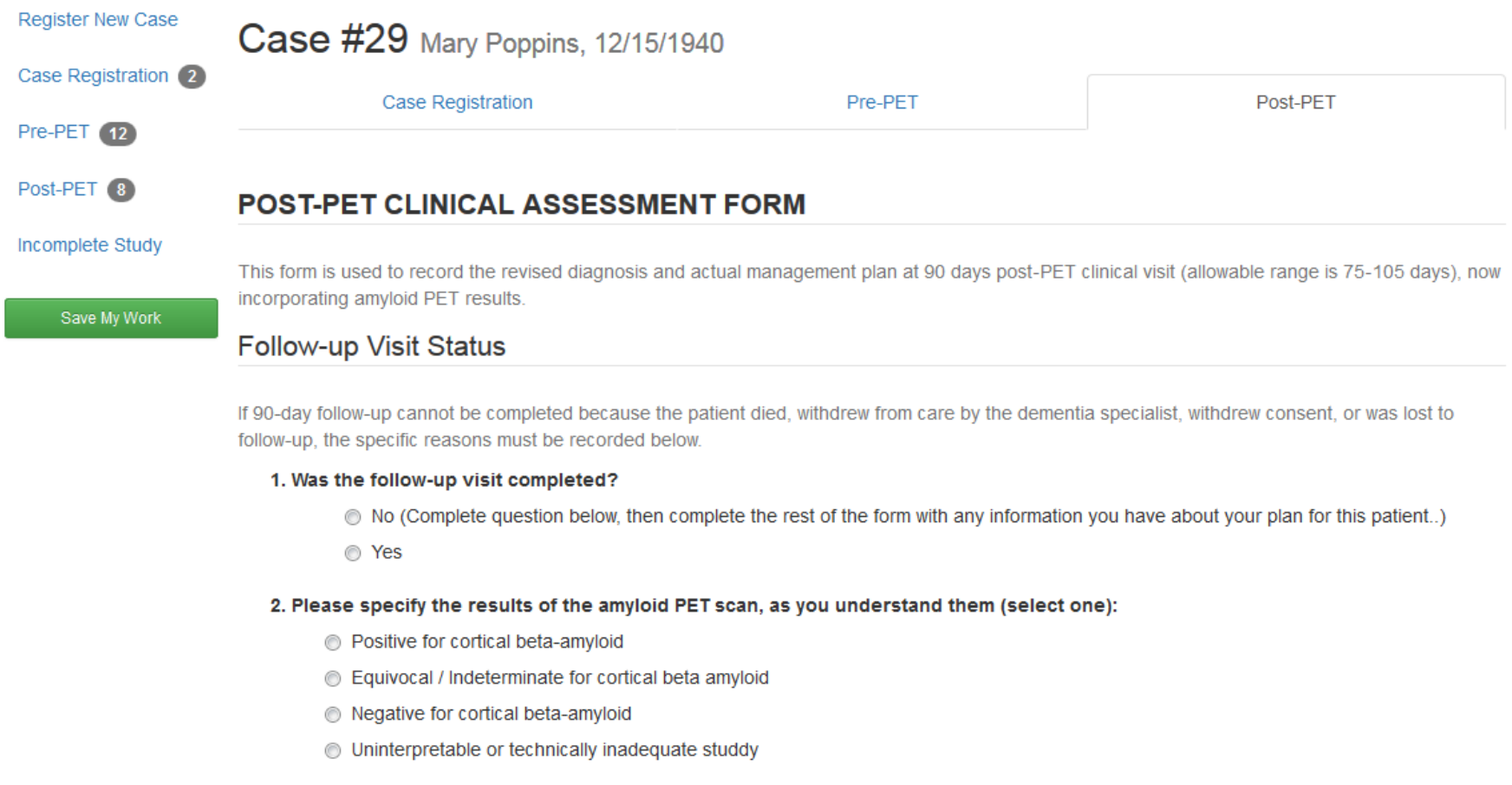
Coordination Between Dementia Expert, PET Facility and ACRIN

- PET facility notified via email when pre-PET form done and scan can be scheduled
- Dementia expert notified via email when PET facility completes scan and associated forms
- Dementia expert notified via email when post-PET form is available online

Select the Post-PET form for the case.



Complete follow-up status.



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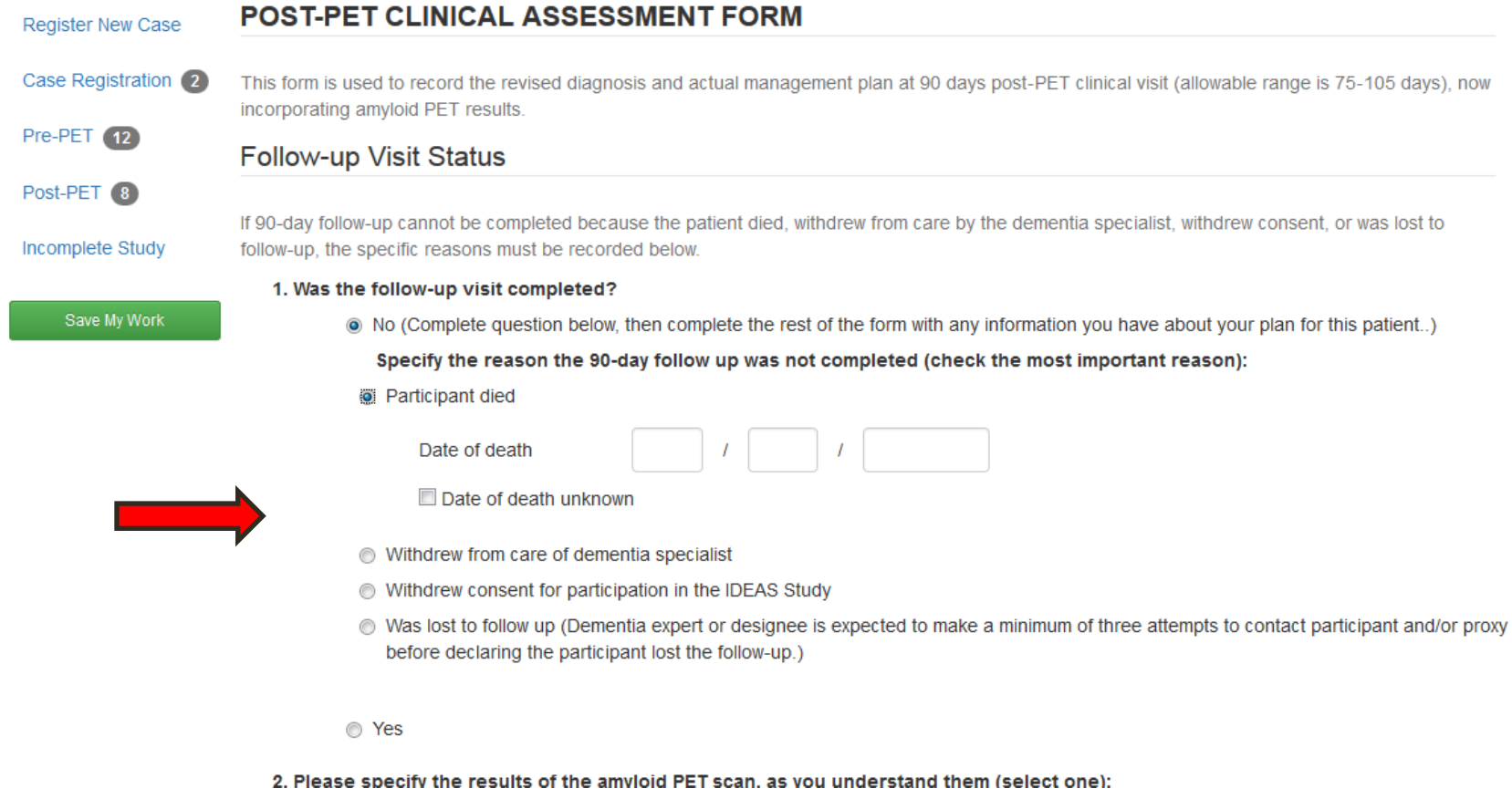
If follow- up visit not completed select most important reason.



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If any adverse effects reported please list them here.

Days since PET scan 21

If days since PET scan < 75 or > 105, indicate the reason(s) follow-up visit was not completed within the expected timeframe, and then complete the rest of the form:

- [x] Patient or caregiver was unable to make arrangements to return within window
- [ ] Patient developed intercurring illness that prevented return within window
- [ ] Dementia specialist was unavailable within window
- [ ] Other, specify

2. Please specify the results of the amyloid PET scan, as you understand them (select one):

- (•) Positive for cortical beta-amyloid
- ( ) Equivocal / Indeterminate for cortical beta amyloid
- ( ) Negative for cortical beta-amyloid
- ( ) Uninterpretable or technically inadequate studdy

3. Did the patient, family or proxy report any adverse effects due to learning amyloid scan result?

- ( ) No (Skip to question 4)
- (•) Yes (Please describe the adverse effects of learning results of amyloid PET scan)

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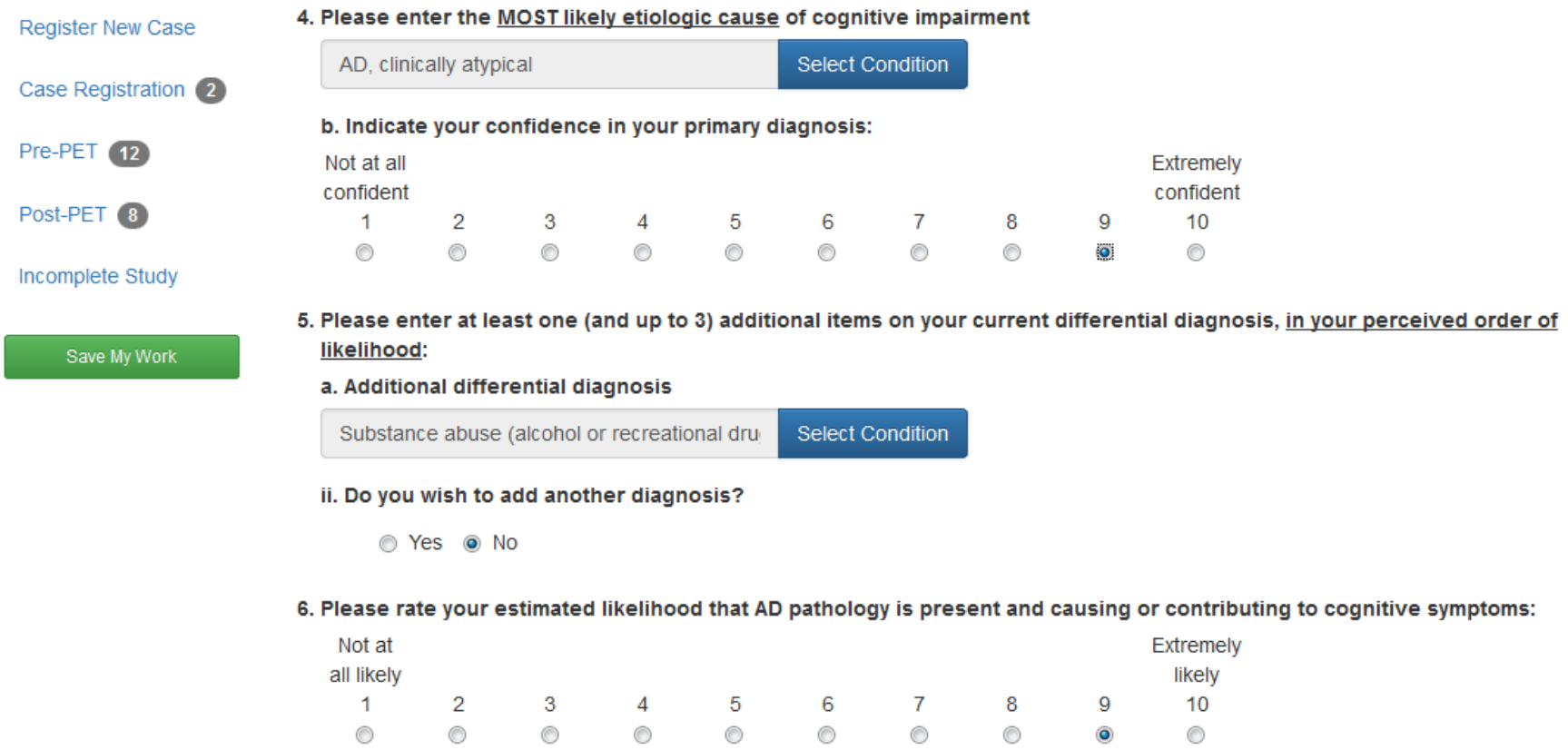
Complete differential diagnosis.



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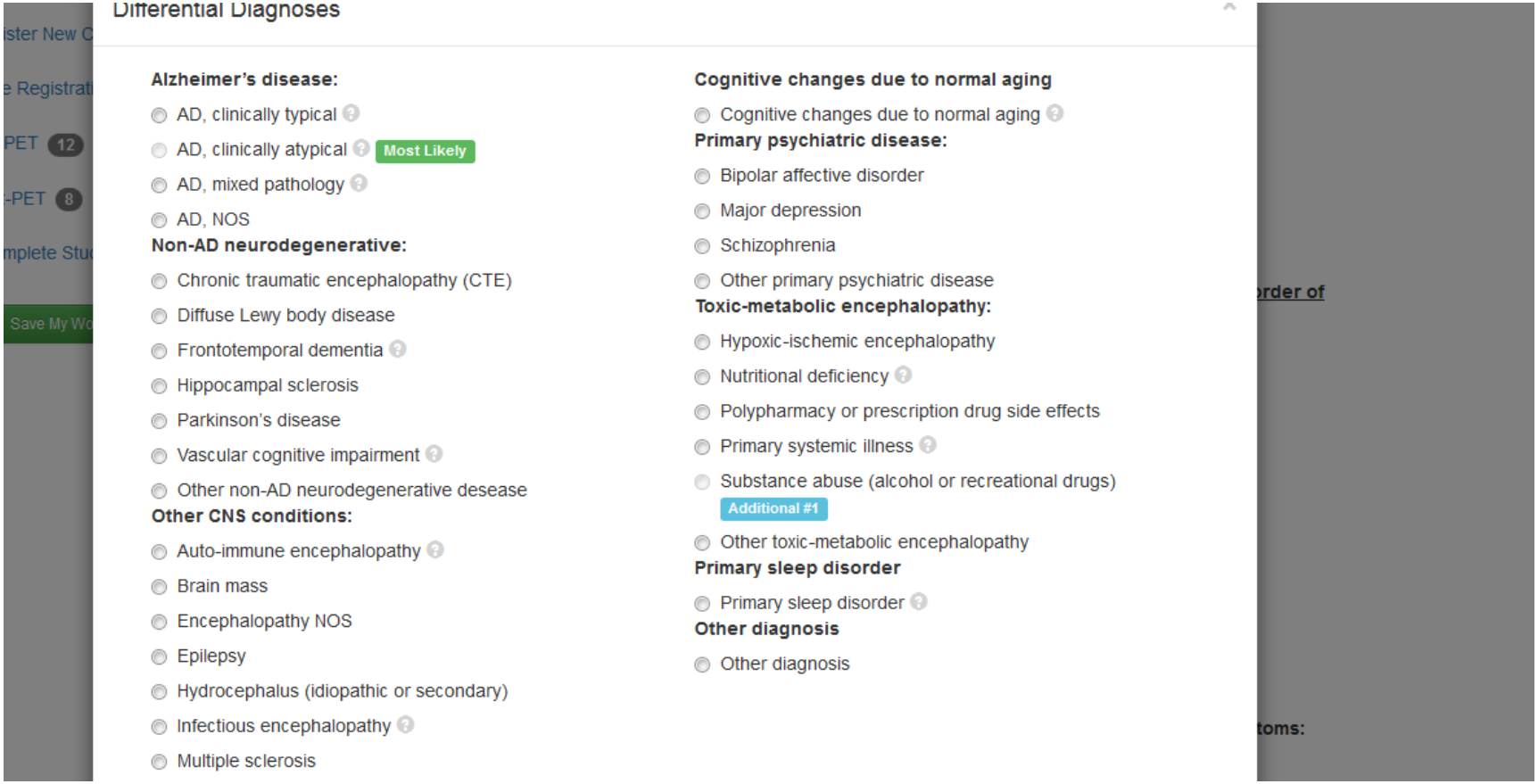
See your selections.



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Complete the Management Plan post scan.

Register New Case

Case Registration 2

Pre-PET 12

Post-PET 8

Incomplete Study

Save My Work

Management Plan

7. Please indicate any actions that are part of your current management plan, AND report the status of all items that you had indicated on the Pre-PET Clinical Assessment form (highlighted). For items not selected on the Pre-PET form, indicate all actions that 1) have been implemented, 2) are currently recommended and are pending, and 3) you recommended, but which your patient deferred or refused. List all items you would recommend, regardless of patient preference.

- ○ The Pre-PET management plan was watchful waiting, and that continues to be the plan. No new diagnostic tests, drug adjustments, counseling or referrals have occurred since the PET scan, and none are planned now.
- ○ The Pre-PET management plan was watchful waiting, but there have been new actions implemented or recommended.

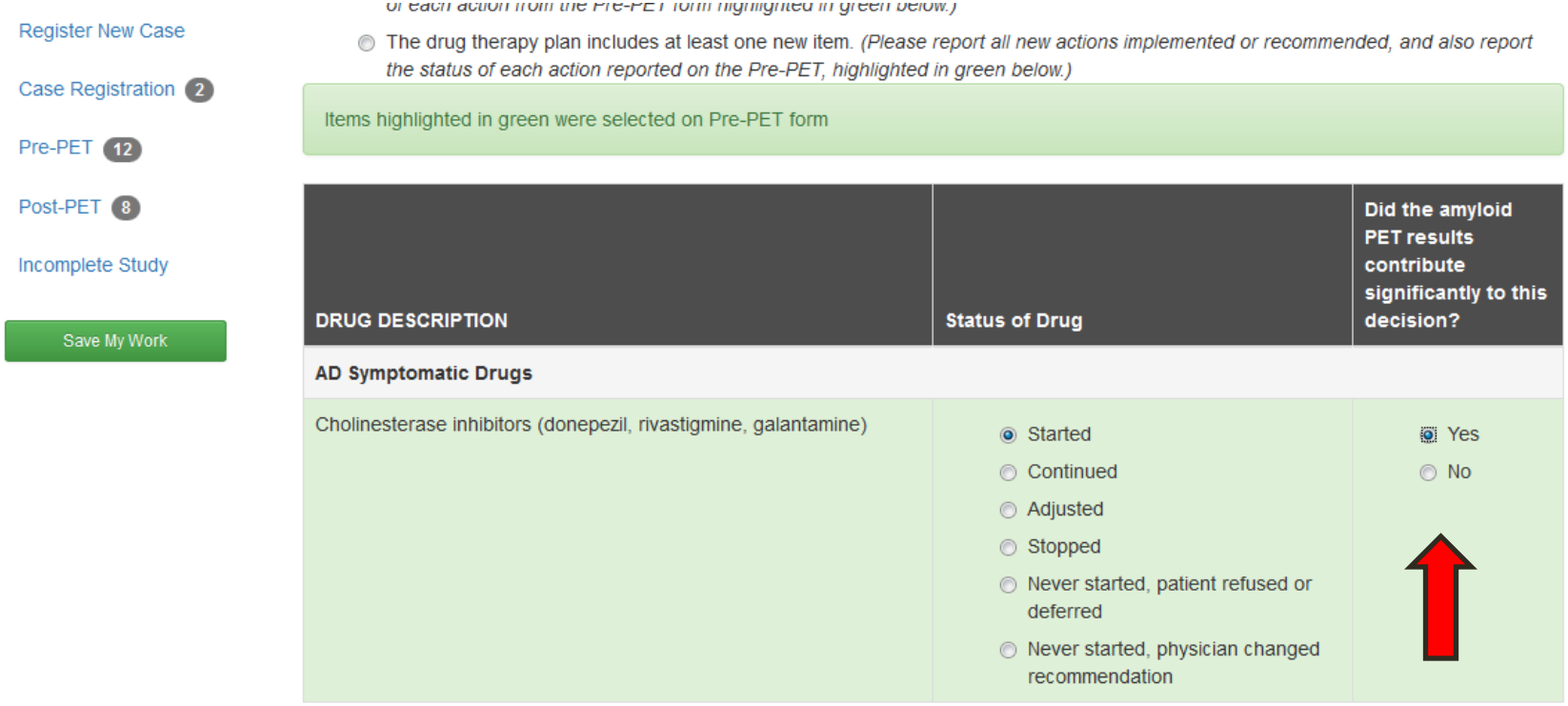
8. Check all drugs therapies for your patient's cognitive condition that are currently recommended or which were recommended prior to the PET(highlighted). For each of these, indicate a) the current status of the therapies, and b) if status changed since PET, whether the change is due to the PET results

- ○ Drug therapy was not the plan but now is.
- ◉ No drug therapies other than ones reported on the Pre-PET form have been implemented or recommended. *(Please report the status of each action from the Pre-PET form highlighted in green below.)*
- ○ The drug therapy plan includes at least one new item. *(Please report all new actions implemented or recommended, and also report the status of each action reported on the Pre-PET, highlighted in green below.)*

Items highlighted in green were selected on Pre-PET form

DRUG DESCRIPTION	Status of Drug	Did the amyloid PET results contribute significantly to this decision?
AD Symptomatic Drugs		
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)	○ Started ○ Continued ○ Adjusted ○ Stopped ○ Never started, patient refused or deferred ○ Never started, physician changed recommendation	

Note additional question regarding Amyloid PET results.



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Verify your selections.

9. A list of the Management Actions and Medications you selected on the Pre-PET form, the status of those actions as indicated above, and additional actions selected above appear in the boxes below. Please certify that these represent your complete

Pre-PET Actions/Drugs	Status of Pre-PET Actions/Drugs
Cholinesterase inhibitors (donepezil, rivastigmine, galantamine)	Started

New Post-PET Actions/Drugs	Status of Post-PET Actions/Drugs

☑ I certify that the list above is my complete management plan for this patient, and that the status of items I had selected on the Pre-PET form are accurate.

I wish to make changes to my selections. Return to question 7.

Return

Name of person submitting this form

Person Scott McGinnis

Submission Date:

Save Submit

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Case Reimbursement Information

ACR®
American College of Radiology

alzheimer's association®
THE BRAINS BEHIND SAVING YOURS.®

Case Reimbursement

Case Report Form (CRF) Data Collection Timelines and Per Case Payment

Form	Completed By:	Due Date Requirements	Payment
Case Registration Form	Dementia Specialist or Registrar	After consent	$0
Pre-PET Form (Medical History and Clinical Assessment Form)	Dementia Specialist (must log into website and complete on line)	No more than 30 days before amyloid PET scan	$225
Post-PET Form (Clinical Assessment Form)	Same Dementia Specialist as Completed Pre-PET Forms	Fifteen 15 days after completion of the Post-PET 90-Day Visit (The Post-PET Form will be required only for the first 11,050 participants.)	$525

Indirect Cost Rate Policy

The IDEAS Study Referring Physician Site Agreement has been budgeted with a maximum recommended 25% indirect cost, or overhead, rate to amplify the direct cost funding available to the dementia specialist practice. Acceptance of this maximum indirect cost rate is appreciated, but not mandatory. Total reimbursement dollars per case, assuming submission of all case report forms, is capped at $750. No additional funding is available should the actual overhead rate at a participating site exceed the 25% indirect cost rate.

Case Reimbursement

- Via Bank of America directly into site banking account

- Monthly frequency

Case Reimbursement

(not available until March)

- Secure user role in the IDEAS database for site financial staff
- Site submits:
  - W9 information (electronically)
  - Bank routing/account number
- Direct payment into account, no checks

Security Enhancement for Site Registration

- www.ideas-study.org
- Instructions/screenshots on Jan 7 from IDEAS-Study
- ACR ID and temporary password sent to all users on Jan 14 from ACR Support
- May be in SPAM
- Using temporary password provided, user needs to establish a permanent password

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IDEAS-Study@acr.org
IDEAS-Study.org

IDEAS Steering Committee
Inaugural Meeting, June 18, 2015

ACR® American College of Radiology

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