



The Scenario

- You are a urologist part of a large group practice affiliated with (or employed by) a large hospital/health system
- You have recognized several of your own and your practice's patients with a history of nephrolithiasis following up after an ED visit(s) at your affiliated hospital with at least 1, if not more than 1 CT report during their episode of acute renal colic



The Scenario

- You are familiar with the emerging literature about the value of US first for the diagnosis of nephrolithiasis in the ED, particularly in patients with a history of the disease
- You are concerned about how the apparent CT first practice pattern may impact the patient, you as the provider, the hospital, and the overall health care system
- As the urologist responsible for QI efforts in your practice/department, you decide you are going to further investigate this issue





The Problem

- What is the problem?
 - Overuse?
 - Underuse?
 - Inappropriate use?
 - Variation?
 - Harms?
 - Costs?
 - Alternatives?