

February 5, 2021

**Re: Measure Concepts and Measure Development for Future MACRA Episode-Based Cost Measures**

Acumen LLC:

The American College of Radiology (ACR), representing more than 40,000 diagnostic radiologists, radiation oncologists, medical physicists, interventional radiologists, and nuclear medicine physicians, appreciates the opportunity to submit comments for consideration regarding measure concepts and development for future MACRA episode-based cost measures.

The ACR supports Acumen's approach for a transparent and stakeholder-informed process in developing cost measures for non-patient facing clinicians and welcomes discussions on how to approach episode-based measurement. The current cost measures within Merit-based Incentives Payment System (MIPS) are not typically attributed to radiology groups because the current measures structure often assess imaging costs but not radiological care. Care provided by radiologists does not usually fit into a traditional episode framework, and there is no existing measurement of care coordination between radiology teams and other specialties. Given these challenges, we emphasize that Acumen must consider opportunities for developing cost measures that link to existing quality measure topics, such as breast cancer screening and incidental imaging findings.

The ACR suggests developing a breast cancer screening episode-based measure encompassing screening mammography through cancer diagnosis or return to annual screening. This episode is almost entirely under the radiologist's direct control, making it easily attributable to a radiology group. The episode cost window for this measure would span one year.

Additionally, there are well-established quality metrics that breast imaging physicians use to audit the quality of their practice. Previously included in MIPS as Qualified Clinical Data Registry (QCDR) measures, cancer detection rate, recall rate, and true/false positive rates would be a fair balance to a breast cancer screening (BCS) cost measure. The ACR would advocate reintroducing these to MIPS, linked to a BCS cost measure. This suite of measures, including a cost measure, could provide a comprehensive view on the quality and efficiency of diagnostic care in this area to the benefit of patients and could potentially be a candidate for a CMS' MIPS Value Pathway (MVP).


Management and care coordination of imaging incidental findings, incorporating both prevention of unnecessary or repeat testing and assurance that evidence-based follow-up recommendations are completed, are concepts worthwhile to explore as cost measures for radiology. Across an incidental finding episode, prevention of low-value follow-up testing, or a "null event" may be assessed as part of the full episode, similar to a low back pain episode-based cost measure for orthopedics, where surgery was avoided and costs attributed would be limited to evaluation and management codes. For example, an abdominal CT incidental-finding episode may begin with the

CT exam, carry through any downstream management or referrals to specialists, and compare costs of the episode when radiologist recommendations stated “no follow-up necessary” to cases where radiologist guidance was not explicit. Overdiagnosis of benign incidental findings places patients at risk for anxiety and unnecessary harm from diagnostic procedures and treatment. A standardized approach to managing incidental findings is desirable to reduce practice variation, decrease costs, limit the potential for harm from unnecessary therapies (biopsies or surgeries) and alleviate unnecessary patient and physician anxiety. Additionally, MIPS quality measures focused on incidental finding-appropriate recommendations currently exist, providing an opportunity for balance with cost measure(s) for this concept.

As previously stated, a significant challenge that radiologists confront is a lack of opportunity to be recognized for care coordination and the inability to be rewarded for team-based care led by radiologists. We hope that the potential areas of future cost measure development that we have outlined may increase radiologists’ opportunities to participate in value-based care.

The ACR looks forward to continued conversations with Acumen and CMS on current and future cost measure development.

Respectfully submitted,

  
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