

GRID AAA #3: Clinical Follow-up of an Abdominal Aortic Aneurysm (AAA)

Measure Purpose	This measure is intended to improve health outcomes in patients diagnosed with AAA by ensuring the completion of radiology-recommended clinical follow-up.
Measure Type	Outcome
Measure Level	Individual and Group Levels
Measure Rationale	Abdominal aortic aneurysm (AAA) rupture is a leading cause of death in the US. ¹ The natural history of abdominal aortic aneurysms (AAAs) is progressive enlargement with increasing risk of rupture. The goal of this measure is to avoid aneurysm rupture or emergency repair, which are associated with a high level of mortality and morbidity. ¹ Appropriate follow-up with a clinical expert can facilitate elective repair, which improves outcomes. ¹ Since incidental AAAs are relatively common, their detection and appropriate management are a public health concern. ²
Measure Description	Percentage of patients 18 years and older with a AAA diameter of 2.5 cm or greater <u>with an imaging report that includes</u> an evidence-based recommendation for clinical follow up, who established care with a clinical expert ⁱ within six months of the issue date of the follow-up recommendation.
Denominator	All patients aged 18 years and older with a radiology report documenting a AAA diameter of 2.5 cm or greater and an evidence-based recommendation for clinical follow-up, preferably with a vascular medicine doctor. ⁱ
Numerator	Patients who received clinical follow-up ⁱⁱ , ¹ within six months ⁱⁱⁱ of the issue date of the follow-up recommendation.
Denominator Exceptions	Patients may be excluded from the measure when there is documentation that the follow-up was not completed within six months ⁱⁱ of the issue date of the follow-up recommendation, for reasons such as: <u>Medical reasons:</u> Care no longer needed because of patient’s health status (e.g., palliative care, patient deceased, stable finding by comparison to prior imaging, alternative evidence-based guidance)

	<p><u>Patient reasons:</u></p> <p>Shared decision-making results in the patient declining the recommendation (e.g., patient risk tolerance, patient preference regarding over-diagnosis, expected diagnostic yield, unable to pay for exam)</p> <p>Patients are considered lost to follow-up if patients with clinical follow-up recommendations could not be contacted after reasonable efforts to contact the patients are made by the radiologist.</p>
Guidance	<p>This measure is based on the 2018 Society for Vascular Surgery practice guideline on the care of patients with AAA. This citation provides additional details regarding the clinical management of patients' lifestyles and risk factors, as well as evidence-based imaging follow-up intervals can be found in this citation.³</p>
Definitions	<ul style="list-style-type: none"> i. The goal of this measure is to assure that patients are managed clinically, which includes lifestyle counseling, managing risk factors, and management of follow-up imaging. Follow-up care can be managed by various providers, such as primary care or internal medicine, but vascular surgeons may be best suited. ii. The clinical follow-up is an encounter with a clinical provider for ICD code 2023 ICD-10-CM Diagnosis Code I71. iii. This follow-up interval was chosen arbitrarily.
References	<ol style="list-style-type: none"> 1. Aggarwal, S., Qamar, A., Sharma, V., Sharma, A. <i>Abdominal aortic aneurysm: A comprehensive review</i>. Experimental & Clinical Cardiology, 2011; 16 (1), p. 11-15. 2. Singh, M.J. <i>Abdominal Aortic Aneurysm</i>. https://vascular.org/patients-and-referring-physicians/conditions/abdominal-aortic-aneurysm. Accessed February 10, 2023. 3. Chaikof, E.L., et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. Journal of Vascular Surgery. 2018; 67(1): p. 2-77.e2.