



DXA Quality Measure Development
Technical Expert Panel (TEP) Meeting Summary
January 11, 2023

Panel Attendees: Nadja Kadom, MD (Chair); Tyler Prout, MD; Kesav Raghavan, MD; Akriti Khanna, MD; Bonna Rogers-Neufeld, MD

Panel Member Absence: Samuel Einstein, PhD

Staff Attendees: Judy Burleson, MHSA; Samantha (Sam) Shugarman, MS; Zach Smith, Brendon Alves

Welcome

Dr. Kadom thanked the technical expert panel (TEP) for joining today's meeting. Panelists acknowledged no new conflicts of interest associated with this project since the panel's meeting in October.

Measure Concept Review

With Brendon displaying the document, Sam informed the panel that they would discuss the draft measure narrative comprising revisions from the October 31, 2022, panel meeting, additional edits by Drs. Einstein and Prout, and questions and comments posed by Drs. Kadom and Raghavan.

Measure Specification Discussion

In light of an ACR staff conversation with the Centers for Medicare and Medicaid Services (CMS) staff and contractor, Sam emphasized the importance of linking the current process measure to an outcome(s). The following summarizes the TEP's discussion on the measure component revisions.

Measure title. Panelists decided that highlighting the measure's link to the desired outcome more accurately describes the measure's narrative specifications and connection to the outcome. As such, the TEP agreed to update the title to "DXA: Improving Diagnosis of True Changes in Bone Mineral Density Exams."

Measure purpose. Revisions to the measure's purpose now detail its role in improving patient outcomes.

Measure type. Judy explained to the TEP that if the Metrics Committee determines that the measure should enter the NQF endorsement process, designating that the measure's process links to the outcomes is a priority. Given the role of the numerator action/process on the associated outcome, Dr. Kadom suggested changing the measure type to an intermediate outcome measure.

Measurement rationale. The TEP approved the revisions with updates included in the rationale since they last met.

Measure description. Revisions to the description are included in the denominator discussion section.

Denominator. Due to discrepancies in the ages included in the measure's description (21 years) and denominator (18 years), most of the panel agreed to broaden the ages captured in the denominator since this measure examines DXA precision, not clinical indications that differ between adults and children. Sam suggested that if the panel has lingering questions about whether age should be specified, that question could be posed in the public comment survey. Per Dr. Rogers, should age be included in the denominator and focus on adults, it should address patients aged 20 and older.

Kesav remarked that it might be challenging to know when a patient receives a serial scan within a one-year timeframe, in which practices are expected to report the measure. Dr. Kadom suggested changing the language from “serial” to “follow-up” images so it’s clear that there is at least one prior study available for comparison.

Numerator. Dr. Prout offered to review and edit the measure language to align with commonly used DXA terminology following today’s meeting. He also mentioned consulting with other bone mineral density (BMD) experts during his editing process.

Denominator Exceptions. The TEP had no objections or additions to the current exception language.

Guidance. Panelists agreed that the International Society for Clinical Densitometry’s (ISCD) 2019 Adult Official Position on Precision Assessment be incorporated into the measure description and with the language from the statement annotated in the guidance section.

References. Sam reminded the panel that all the evidence collected and used to support the measure is uploaded to the DXA file on Google Drive. During today’s meeting, Dr. Prout sent Sam and Brendon the “ISCD Executive Summary of the 2019 ISCD Position Development Conference on Monitoring Treatment, DXA Cross-calibration and Least Significant Change, Spinal Cord Injury, Peri-prosthetic and Orthopedic Bone Health, Transgender Medicine, and Pediatrics and the previously mentioned position on precision assessment. These references will be appropriately uploaded to the DXA file.

Next Steps:

1. Sam will edit and share a clean version of the DXA measure’s narrative specifications, as discussed during today’s meeting, with Dr. Prout and post it to Google Drive.
2. Sam will verify that we have the most current version of the evidence and references within the Google Drive.
3. Sam will share the document with Dr. Tyler Prout. Thereafter, he will share with a few BMD experts he knows to help him tighten up the document and add proper language.
4. Once Dr. Prout updates the draft, Drs. Kadom and Raghavan will determine if the committee will review the measure draft via email or if another meeting will convene.
5. Sam will work with Drs. Kadom and Raghavan about the measure into the 30-day public comment period.

Meeting adjourned.