



QUALITY IS OUR IMAGE

Summary

American College of Radiology

Closing the Loop Quality Measures Technical Expert Panel (TEP)

Thursday, February 11, 2021

Web Meeting #7

Meeting attendees

TEP Members: David Seidenwurm, MD, FACR (Co-chair); Nadja Kadom, MD (Co-Chair); Chris Moore, MD (Co-Chair); David Andrews, PhD; Mary Barton, MD, MPP; Andrew Baskin, MD; Terri Ann DiJulio; Margaret Richek Goldberg, PhD, MA; John Lam, MD, MBA, FACS; Greg Loyd, MA, MPAS,PA-C; Robert Pyatt, Jr., MD, FACR; Kesav Raghavan, MD; Ben Wandtke, MD, MS;

TEP Members Unable to Attend: Tessa Cook, MD, PhD; Stella Kang, MD, MSc; Linda Peitzman, MD, FAACP; Mary Streeter, MS, RRA, RT(R)(CT); Banu Symington, MD, MACP; Sharon Taylor; Jessica Zerillo, MD, MPH

ACR Staff: Judy Burluson, MHSA; Nancy Fredericks; Karen Orozco, CHES; Mike Simanowith, MD; Samantha Shugarman, MS; Zachary Smith

Others: Heidi Bossley (Independent Consultant)

Welcome and Introductions

The meeting began with a welcome from ACR staff and the co-chairs. Zach Smith proceeded with a TEP roll call, requesting panel members to identify any relevant disclosures since the January 28, 2021 meeting. No panelists had updates to their disclosures.

Comment Discussions Per Measure

Measure 6: Communications of IFs to the patient

- **Should the measure be expanded to include other methods of communication?**

The TEP decided that the measure would not be overly prescriptive since communication methods may vary according to local and state requirements and the facility or groups' practices. The ACR Practice Parameter for [Communication of Diagnostic Imaging Findings](#) designates the term "nonroutine communication," for communication other than sending reports. Panelists agreed that the measure's guidance would reflect the practice parameter. Revisions to the measure's guidance include recognizing multiple communication methods, like texting or phone calls, to directly communicate to the patient, underscoring that the methods should be consistent with local and state requirements.

- **Should the measure be rewritten to focus on the entity performing the technical service rather than the referring physician?**

The TEP began discussing the measure's attribution at the end of the January 28, 2021 meeting. At that time, some panelists said that communication responsibility should be at the health care system or facility level. Others noted that individual physicians should maintain some accountability

for communicating with the patient. One proposal recommended removing the individual clinician or entity responsible from the measure so that practices could coordinate this work locally.

A sub-set of panelists confirmed their support for such revisions to the measure. They emphasized that they were concerned with the accuracy and timeliness with which the patient receives the information. The panel addressed the public's comments on the burden imposed by this measure via radiologists' workload by requiring radiologists to spend additional time on patient engagement (e.g., answering patients' questions).

Following their facility's notifying patients of the radiology report through the patient portal, a panelist described that a "handful" of patients contacted the radiologist with questions about their reports. However, patients and radiologists identified that those discussions were productive. The measure intends to ensure that communication to the patient occurs regardless of the individual clinician or entity responsible. The TEP decided to remove "referring physician" from the numerator and confirmed that the measure's technical specifications capture data at the facility-level.

- **Should the 30-business-day window be expanded?**

The TEP engaged in a brief discussion regarding the 30-business-day window designated for communication to the patient following the imaging exam. Panelists supported retaining the 30-business-day interval.

Measure 7: Tracking and reminder system for incidental findings

Panelists addressed the public's comments regarding the implementation of tracking software. According to the TEP's co-chair consensus, most practices already have a tracking and reminder system in place for mammography. This measure would expand the reminder system to other patient populations. The TEP supported the co-chairs' rationale.

Measure 8: Patients' cancer detection rate with follow-up imaging

- **Should this measure's numerator only focus on positive results?**

Several panelists described concerns associated with the measure requiring additional detailed specifications before considering its use for accountability purposes. The TEP addressed the means for tracking positive and negative cancer findings. During this discussion, they talked about the unintended consequence of misaligning positive cancer detection rates with the quality of the care provided (i.e., reporting high cancer detection rates does not indicate poor care).

Panelists discussed if revisions to the measure should focus on the surveillance of long-term tracking for those who received follow-up or how many follow-ups and biopsies were required to confirm the cancer diagnosis. Some flagged the amount of data collection required for this measure and its negative impact feasibility. Others noted that it would be inappropriate to hold an individual or facility responsible for cancer detection rates. However, the TEP agreed that should tracking systems cross-reference to other cancer results data sources (e.g., biopsy results), this measure could be implemented for surveillance purposes and understand whether follow-up is worthwhile.

The TEP discussed whether they should reconsider the tracking system structural measure in this measure set, determining that they would continue to work on Measure 8 as a surveillance or research measure. Any reporting through a registry would be voluntary.

Additional TEP Questions and Discussion

Panelists requested clarification of the TEP's decision (made during the January 27, 2021 meeting) to retain the "evidence-based source for follow-up" data element within Measure 4: *Evidence documentation and specificity of follow-up imaging recommendations for incidental findings*. Although ACR staff reminded the TEP that the previous decision was to keep the measure as drafted, panelists continued to express concerns regarding this numerator component. Explaining that it would highlight the importance of capturing the evidence base for follow-up recommendations as a separate measure.

ACR staff cited that during this measure set's alpha testing semi-structured interviews, a site requested guidance for situations when the follow-up recommendation does not include a time interval due to the lack of an evidence-based source. The TEP agreed that a time interval is essential for tracking purposes and that these recommendations require more specificity and actionability. The TEP decided that the evidence-based source should become a separate measure rather than contained in Measure 4.

ACR staff confirmed that a 'cancer diagnosis' is not explicitly stated within the measure's exclusions. Others acknowledged that the language across the measures was inconsistent (e.g., age ranges). The TEP also agreed to include a streamlined definition for *actionable incidental findings* beyond what is covered in the measures' guidance. As such, the following was proposed: "a mass or lesion not related to the reason for imaging that represents a possible neoplasm or non-neoplastic finding for which follow-up is recommended." The co-chairs agreed to review the measure set to ensure that the language is consistent during their next call.

TEP addressed if anatomical locations should remain limited to head, neck, and chest or if it should include musculoskeletal actionable incidental findings as well as whether additional imaging, such as x-rays, should be included in the broader measures (i.e., Measures # 1, 4, 5, 6, 7, and 8). Some were concerned that the anatomical restriction of the measures would not allow any extremities incidental findings. By including extremities incidental findings, panelists described their concerns with the measures becoming too broad and therefore too difficult to implement. Others noted that implementing the measures might be more straightforward if all follow-up imaging appointments are treated the same way. The TEP's co-chairs agreed to address this during their next meeting.

The meeting adjourned following the review of the measure set's development, including alpha and beta testing, HIT vendor input, and the open-ended comment period. The next TEP meeting is not yet determined.
