



**American College of Radiology
Closing the Loop Quality Measures Technical Expert Panel
April 17, 2020 Web Meeting Summary**

Meeting attendees:

TEP Members: David Seidenwurm, MD, FACR (Co-Chair); Nadja Kadom, MD (Co-Chair); Christopher Moore, MD (Interim Co-Chair); David Andrews, PhD; Mary Barton, MD, MPP; Andrew Baskin, MD; Tessa Cook, MD, PhD; Terri Ann DiJulio; Margaret Richek Goldberg, PhD, MA; Stella Kang, MD, MSc; John Lam, MD, MBA, FACS; Greg Loyd, MA, MPAS,PA-C; Linda Peitzman, MD, FAACP; Robert Pyatt, Jr., MD, FACR; Kesav Raghavan, MD; Mary Streeter, MS, RRA, RT(R)(CT); Banu Symington, MD, MACP; Sharon Taylor, Ben Wandtke, MD, MS; Jessica Zerillo, MD, MPH

TEP Members Unable to Attend: Arjun Venkatesh, MD, MBA, MHS (Co-Chair)

ACR Staff: Judy Burleson, MHSA; Mythreyi Chatfield, PhD; Samantha Shugarman, MS; Michael Simanowith; Jo Tarrant; Nancy Fredericks; Karen Orozco, CHES; Zachary Smith; Kay Zacharias Andrews

PCPI Staff and Others: Neha Agrawal, MPH; Yvette Apura, RHIA; Jamie Lehner, MBA, CAPM; Sam Tierney, MPH; Heather Tinsley, MSPH; Heidi Bossley (Independent Consultant)

Welcome and introductions

The web meeting began with a welcome from ACR staff and the Co-Chairs. Ms. Shugarman took roll and requested that panelists announce new disclosures since the March 3, 2020, TEP Orientation Webinar. Two of the panelists made new disclosures; none presented a conflict of interest regarding the measure development discussion for today's meeting.

Measure concept review

Dr. Seidenwurm reviewed the overarching measure concept, explaining how it will meet the goals and objectives of the Gordon and Betty Moore Foundation (Moore Foundation) [Diagnostic Excellence Initiative](#) funding award. Dr. Seidenwurm shared the background and context for this work, including the gaps in care and in measures that the project intends to address.

To ensure that the measure is well specified and meets the needs of patients and clinicians, the TEP discussed the working definition of incidental findings (IFs). Beginning with the statement, "A radiologic discovery noted in a final radiology report. Findings may be described as either non-critical or critical, but are unrelated to the reason for ordering the initial examination. Follow-up recommendations for IFs may be notated in the report"; some panelists were concerned that the current definition is too broad and would be made more effective by focusing more narrowly on the risk associated with the finding and the need for follow-up.

They also noted the subjectivity regarding IFs, positing that different follow-up may be recommended by different radiologists for the same IF/imaging study. Given their personal experience with missed diagnoses, a patient representative expressed concern with limiting the focus of the measure to findings indicative of follow-up recommendations. As a result, panelists emphasized the importance of following

evidence-based recommendations. However, they also acknowledged the lack of evidence-based guidelines available for informing clinicians on follow-up care. The TEP also agreed that care coordination is an essential part of the overall workflow.

Ms. Burleson framed the new measure concept's place in the national quality landscape. She informed the TEP that several existing Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS) quality measures focus on appropriate follow-up care recommendations for incidental imaging findings. Dr. Seidenwurm underscored that the Closing the Follow-Up Loop project represents an exciting shift in focus from the previously developed measures that address following up too often, rather than not enough or ensuring that evidenced-based recommended follow-up occurs, which is the focus of this measure.

Resource information session and discussion

Clinical loops review

Dr. Kadom presented the Closing the Results Follow-Up Loop Clinical Flowchart, which will serve as the conceptual framework for this work. She described how the flowchart could be utilized to identify additional metrics along the clinical pathway. The flowchart generated a discussion regarding the scope of the measure development project.

In particular, there was a question as to whether the scope is limited to only address those that have imaging follow-up resultant of an IF, or if it would also include other types of follow-up care recommendations (e.g., labs, biopsy, etc.). Several panelists agreed with the idea of assessing a broader focus, referencing some efforts in the state of Pennsylvania (PA) (Act 112).

The TEP discussed when to engage the patient in the follow-up recommendation process. A panelist described their experience with the ACR innovation grant, which is evaluating sharing the results of imaging studies with patients and, explaining the mixed response from patients, some found that the radiologist overstepped the role of the PCP/referring physician. In contrast, others found it was important to receive the information directly from their radiologist. Many TEP members agreed that it is the patients' right to be made aware of the imaging studies' results. PA's Act 112 was mentioned during this part of the discussion, as it includes requirements to notify patients of study findings, but not with the elevated level of detail that is required for a referring provider to receive and derive treatment options. The limited detail in the imaging study findings provided to patients in PA is done to protect the patients from learning high-level clinical detail, which may result in unintended consequences of a patient not knowing what to do with the information they receive. Some TEP members agreed that patient engagement is key after communicating imaging study findings with the referring physician, which may represent the closed-loop. When thinking through the pros and cons of when and how much information to share with the patient, a panelist commented that provider satisfaction and burden are reasons some radiologists/practices are troubled by specific approaches to follow-up metrics.

Strawman measure statement

Dr. Kadom introduced the draft measure statement for the TEP as an example of how to approach the concept and begin refining the details of a future measure. The draft statement will be the focus of the discussion on the April 28th TEP web meeting.

Stakeholder surveys

Dr. Kadom described the plans to conduct key-stakeholder surveys— first addressing patients, radiologists, and other clinicians, and a later survey health information technology (HIT) vendors, once the data needs are evident. A panelist cautioned against waiting too long to design and disseminate the vendor survey, emphasizing that the survey be conducted with vendors at a point in time when the information is used to refine the technical specifications and ensure improved implementation. Draft versions of the surveys will be sent by email to the panelists by the close of business (COB) on Monday, April 18, 2020. The TEPs' comments on the surveys will be collected and used to revise the patient, radiologist, and other clinician surveys before broad swath dissemination in May 2020.

Environmental scan summary

Zach Smith described ACR's efforts regarding the project's environmental scan. He explained the current iterative search and review process that will serve, when complete, as the foundation for the measure development work. The TEP agreed it would be beneficial to learn the existing best practices, such as local practice guidelines, local community reports, white papers, in addition to ongoing projects and state laws. Dr. Moore asked the TEP to send known relevant references to the ACR team. The purpose is not only to confirm that the appropriate literature search terms are applied but to spot check where particular subject areas and search terms have been omitted but should be used. One TEP member commented that among the challenges of finding best practices is the ill-defined standard of care. Another panelist suggested that as part of the environmental scan, legal precedent be examined to better understand the expectations and responsibilities, particularly of the referring provider. The TEP ended this part of the discussion agreeing that a significant burden is placed on the ordering physician and patient when it comes to follow-up care.

Open Discussion

The TEP chairs invited the panelists to share additional thoughts and comments not yet expressed on the measure topic. The co-chairs and staff agreed that the following list generated by the TEP would be more closely examined:

- How to handle self-referrals resulting from radiology recommendations, and whether these referrals pose legal implications
- The challenge in communicating patient information across health care systems because of the Health Insurance Portability and Accountability Act (HIPAA) protecting patients' health information and imposing barriers to clinician information sharing
- Technological innovations associated with sharing information among institutions and possibly some departments within the same institution, e.g., Apple iOS applications
- The potential for future changes in telemedicine resulting from the national response to COVID-19
- Improved patient handoffs by clinicians and the inaccurate assumption that the loop is closed once information is shared with patients
- Ensuring that the *Other Clinician Survey* focuses on the needs/issues facing other clinician respondents
- Patients' financial hardship as a barrier to accessing recommended follow-up care

Summary and next steps

Ms. Shugarman reminded the TEP that their next meeting would be a web-based conference on April 28, 2020. During that time, they will discuss the draft measure in greater detail. She also asked for

comments on the key-stakeholder surveys by April 27, 2020, and flagged that new scheduling surveys will be sent by COB on Monday, April 20, 2020, to help schedule the upcoming TEP (in-person or web) meetings. The co-chairs thanked the TEP for their thoughtful participation and insightful discussion.