Welcome to the meeting. We will begin shortly.

If dialing in by phone, enter #, your Audio PIN, then #

Type your question into the text field under “Questions”
NMD Training Webinar Series

Boot Camp Part 1:
Basics of NMD Data Entry
Learning Objectives

- Recognize how registry data can be used for facility benchmarking and quality improvement.
- Explain the connection between entering accurate, complete, and timely data for maximizing the value of registry participation.
- Upload complete data into the NMD and resolve validation and rejection errors to maximize the value of registry participation.
Moderator

Zach Smith
Sr. Quality Programs Assistant, ACR
Speakers

Robert D. Rosenberg, MD, FACR, FSBI
Chair of NMD Committee
Staff Radiologist, Radiology Associates of Albuquerque
Professor Emeritus, University of NM

Gretchen Merriss
Data Analyst, Clinical Radiologists
Speakers

Lu Meyer
Sr. Quality Program Specialist, ACR

Ryan Keefer
Associate Quality Program Specialist, ACR
Disclosures

- None
Ask Your Questions in the Chat

If dialing in by phone, enter #, your Audio PIN, then #

Type your question into the text field under “Questions”
NRDR Knowledge Base - Poll

How familiar are you with the NRDR Knowledge Base?

A. I use it often
B. I use it occasionally
C. I use it rarely
D. I know about it but have never used it
E. I have not heard about it
Purpose of the Registry: How are the data used?

- Monitoring facility quality and identifying opportunities for improvement
  - Identifying consistency among radiologists
- Demonstrating quality to executive leadership and payers
- Conducting research
Data Elements: Why is it important to report the data?

1. Understand how facility performs
2. See how similar your facility is to other facilities
3. Access data for research

Sample NMD Facility Report

American College of Radiology
Critical Outcomes? PPV’s and CDR

- Necessary data elements
  - Indication for exam, overall assessment (patient level), classification of lesion, cancer staging
- Cancer Detection Rate (CDR)
  - How often did you find cancers?
- Positive Predictive Values (PPV’s)
  - How often are positive studies really cancer?
Use Case: Quality Improvement

- Example 1 – Monitoring individual physician quality
  - Data elements: BIRADS for each study

- Example 2 – Tracking year to year performance
  - Data element assessment: Recall rate – compare current to 1 year ago by radiologist and facility

- Example 3 – Improving cancer detection and staging follow up
  - Data elements: Cancer size and node status after surgery, follow-up biopsy results – % of cancers with staging
Use Case: Demonstrating Quality to Payers and Healthcare Leaders

• Example 1
  • Cancer Detection Rate, recall rate
• Example 2
  • PPV’s recall (PPV1), Bx recommended (PPV2), Bx done (PPV3)
Use Case: Research Studies

- Population health disparities
  - Example: Screening Mammography in African American Women: Should screening frequency and onset be different?
  - Data elements: race, ethnicity, age, weight, patient zip code

- Appropriate age for screening
  - Example: Risk-Based Screening Mammography for Women Aged <40: Outcomes From the National Mammography Database
  - Data elements: age, availability of prior mammograms, family history of breast cancer, personal history of breast cancer, breast density

- Appropriate use of BI-RADS
  - Example: Cancer Yield and Patterns of Follow-up for BI-RADS Category 3 after Screening Mammography Recall in the National Mammography Database

- Tomosynthesis outcomes (future work)
NRDR Data Access and Publications


<table>
<thead>
<tr>
<th>Registry</th>
<th>Approved NRDR Data Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD</td>
<td>Frequency, outcome and compliance of BI-RADS 3 probably benign lesions</td>
</tr>
<tr>
<td>NMD</td>
<td>Variability In The Use Of BI-RADS Assessment Categories: Clinical Practice versus ACR BI-RADS Atlas 5th Edition</td>
</tr>
<tr>
<td>NMD</td>
<td>Factors Associated with Rates of False Negative Results from Mammographic Screening in the NMD</td>
</tr>
<tr>
<td>NMD</td>
<td>Screening African American women</td>
</tr>
<tr>
<td>NMD</td>
<td>Linkage: Radiologists’ characteristics and mammography facility characteristics associated with interpretive performance of screening mammography in NMD</td>
</tr>
<tr>
<td>NMD</td>
<td>Potential Changes in Distribution of BI-RADS Breast Density Categories Following Breast Density Legislation and BI-RADS Atlas Update</td>
</tr>
</tbody>
</table>
Life Cycle of NMD Exam

1. MRN: ABC
   Exam date: 1/1/2020
   Indication: Screening
   Assessment: 0-Addtl imaging
   Other ID: ABC
   Exam date: 1/1/2020
   Indication: Screening
   Assessment: 0-Addtl imaging

2. MRN: ABC
   Exam date: 1/15/2020
   Indication: Diagnostic
   Assessment: 4-Suspicious
   Other ID: ABC
   Exam date: 1/1/2020
   Indication: Diagnostic
   Assessment: 0-Addtl imaging
   Exam date: 1/15/2020
   Indication: Diagnostic
   Assessment: 4-Suspicious
   Classn of Lesion: Malignant

3. MRN: ABC
   Exam date: 1/15/2020
   Indication: Diagnostic
   Assessment: 4-Suspicious
   Classn of Lesion: Malignant
   Other ID: ABC
   Exam date: 1/1/2020
   Indication: Screening
   Assessment: 0-Addtl imaging
   Exam date: 1/15/2020
   Indication: Diagnostic
   Assessment: 4-Suspicious
   Classn of Lesion: Malignant
Life Cycle of NMD Exam

Distribution of PPV3
January 2019 - December 2019

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
<th>(Num-Den)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All exams</td>
<td>15.32%</td>
<td>(1,453/9,482)</td>
</tr>
<tr>
<td>Recall rate</td>
<td>5.51%</td>
<td>(43/780)</td>
</tr>
<tr>
<td>PPV1</td>
<td>22.36%</td>
<td>(36/161)</td>
</tr>
<tr>
<td>PPV2</td>
<td>28.57%</td>
<td>(36/126)</td>
</tr>
<tr>
<td>Biopsy recommended</td>
<td>1.70%</td>
<td>(161/9,482)</td>
</tr>
<tr>
<td>Biopsy performed</td>
<td>3.55%</td>
<td>(337/9,482)</td>
</tr>
<tr>
<td>Biopsy result: Negative</td>
<td>69.35%</td>
<td>(215/310)</td>
</tr>
</tbody>
</table>
Life Cycle of NMD Exam

Each data point represents 12-month period ending December 31st.
# Upgrading to Version 3.0 – Diagnostic Imaging

## New Variables Collected in 3.0

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD file version number</td>
<td>Modality</td>
</tr>
<tr>
<td>NRDR facility ID</td>
<td>Use of tomosynthesis</td>
</tr>
<tr>
<td>Laterality of audit data</td>
<td>Additional imaging</td>
</tr>
<tr>
<td>Combination examination</td>
<td>Tissue composition</td>
</tr>
<tr>
<td>Standard screening mammo and US imaging</td>
<td>Amount of fibroglandular tissue</td>
</tr>
<tr>
<td>Physician identifier 2 and 3</td>
<td>Background parenchymal enhancement</td>
</tr>
<tr>
<td>Physician-level assessment - left and right breast and patient-level</td>
<td></td>
</tr>
<tr>
<td>First examination ever</td>
<td>Primary tumor</td>
</tr>
<tr>
<td>Time since previous examination</td>
<td>Regional lymph nodes</td>
</tr>
<tr>
<td>Family history of breast cancer, other than first-degree relative</td>
<td>Distant metastases</td>
</tr>
<tr>
<td>History of ovarian cancer</td>
<td>Nodes removed</td>
</tr>
<tr>
<td>Previous biopsy - proven hyperplasia with cellular atypia</td>
<td>Nodes positive</td>
</tr>
<tr>
<td>Previous lobular carcinoma in situ</td>
<td></td>
</tr>
</tbody>
</table>
Certified Software Partners for 3.0

Certified Software Partners Approved for NMD 3.0/3.1/3.2

Certified Software Partners Approved Conditionally for NMD 3.0/3.1/3.2
2.0 to 3.0 Transition Process

• Talk with your team about benefits of transitioning

• Contact your vendor to find out what is required

• Set up with vendor may be required before you can start sending 3.0 data to NMD
Upgrading to Version 3.0 – Poll 1

How likely are you to move to version 3.0 in the next 12 months?

A. Likely
B. I’m not sure
C. Unlikely
D. I already use Version 3.0/3.1/3.2
Upgrading to Version 3.0 – Poll 2

What is your biggest barrier to moving to version 3.0? (Select all that apply.)

A. Expense
B. Time/data input burden
C. Lack of expected return on investment
D. Lack of institution support
E. Systems/software issues
Preventing Common Data Errors

- Missing NPIs
- Patient ID conflicts
  - Patient has multiple IDs
  - Different patients have the same ID
- Dates not in valid date format (mm/dd/yyyy)
- Periods/commas in name fields
Value of “Good” Data

- Garbage in, garbage out
- Incomplete or erroneous data means:
  - Reports unable to provide facility measures
  - Reports provide inaccurate data
- Examples - pathology
  - What was the cancer size on the surgical pathology report?
  - What was the axillary lymph node status at surgery?
Engaging with NMD

- NRDR Knowledge Base
  - [https://nrdrsupport.acr.org/support/home](https://nrdrsupport.acr.org/support/home)
  - FAQ of questions from today will be sent after webinar

- Provide NMD feedback through our survey!
  - [https://app.smartsheet.com/b/form/7613389ae5d947b2a2ae0c9877980e7f](https://app.smartsheet.com/b/form/7613389ae5d947b2a2ae0c9877980e7f)

- Join us for **Boot Camp Part 2: NMD Data Submission and Reports** on August 26 @ 2pm EDT
  - Register: [https://attendee.gotowebinar.com/register/4835794384525407248](https://attendee.gotowebinar.com/register/4835794384525407248)
CE Credit Claiming

CE Credit claiming instructions will be sent to you via email from alacount@acr.org following the activity, by Friday, September 4, 2020. Please click on the link and follow the instructions in the email to claim your credit, complete the activity evaluation, and receive your certificate. All evaluations and credit claiming requests must be completed no later than 11:59 EDT, Wednesday, November 26, 2020.

For questions regarding the credit claiming of this activity, please contact Alexis LaCount: alacount@acr.org.