

## NMD Training Boot Camp FAQ

**My group of clinics is new to using the NMD. Is there a link for initial sign up and what is needed to get started?**

You can begin by visiting the NRDR Knowledge base. The "How to Get Started" articles will walk you through the process of registering on the [Application Process page](#).

Don't forget, you can contact [NRDR Support](#) with any questions by placing a ticket in the Knowledge Base. Simply select "Tickets" in the menu bar.



**What is the charge for use of the NMD?**

It is dependent on the number of physicians in your group reading mammograms and the number of facilities where they practice. Many practices are around \$500-\$1k per year. Information about fee structures is located on the NRDR Knowledge Base on the [Registration and Participation Fees page](#).

**Is participation in the NMD mandatory?**

Participation in the registry is voluntary. There is no requirement by CMS for reimbursement like there is for lung cancer screening.

**Are any of the NMD measures included in the CMS Merit-based Incentive Payment System (MIPS)?**

At this time, there are no NMD measures included in MIPS. There were previously several; however, CMS subsequently removed those for MIPS reporting. We are looking at additional measures that we may be able to include in future years from NMD participation.

**How often should I upload my data?**

You can upload at the frequency that is most useful to you. However, to see details of the most recent data in the NMD quarterly reports, you should upload at a minimum of quarterly. We recommend you upload both the previous and current quarter's data to add any follow-up data from the previous quarter.

Getting into a pattern of uploading more frequently familiarizes you with the process and potential errors and allows more time to resolve errors before deadlines. Also, uploading data monthly will be

beneficial in the future when NMD interactive reports are available. The data for the interactive reports will refresh weekly.

**What is the data entry process for biopsies?**

Data entry is done within your own system. Any data, whether screening, follow up, or biopsy info, is uploaded to the NMD by file or through web services. There is no manual data entry for NMD. See the [NMD Data Submission Overview page](#) on the NRDR Knowledge Base for more information.

**When entering biopsy pathology, must we track this all the way through lumpectomy and mastectomy in order for it to be considered complete? Due to neoadjuvant treatments, this becomes difficult.**

Inclusion of this optional data is not necessary, but the more complete each record is, the more complete and accurate the report information will be.

**We have remote screening facilities where patients go to a different facility for biopsies. We let the radiologist know the results, but does this get entered in our tracking system?**

You must enter the biopsy data into the software used to generate your NMD file in order for it to be used in your NMD reports, regardless of where the biopsies are performed or how that data is collected. Submission of the biopsy/pathology results will provide more accurate representation of measures like cancer detection rate.

**We do not have reporting software. Is the only way to participate to manually input all the data?**

No, you can create a file extract from any system or database where you record the data. See the [Create a File Without NMD-Certified Software page](#) on the NRDR Knowledge Base for information on what is involved.

**I am manually inputting all the data into the database. Who would be the best person to help me determine how to do this more efficiently?**

There are multiple ways to upload data, depending on if you have reporting software. We encourage you to review the [NMD Data Submission Overview page](#) on the NRDR Knowledge Base for more information. You can submit an [NRDR Support](#) ticket with any follow up questions.

**How do you check to see what radiologists are in your NMD database?**

Within your account, you can [manage the list of physicians](#) for your facility(ies). You can also look at the [NMD Data Quality report](#) at any point and see which physicians' data were populated.

**We are a small hospital and have four doctors that we share with a larger hospital. How would we access our data?**

This depends on if the physicians are in same group. In the NMD, you are able to overlap physicians across different facilities. Send a ticket to [NRDR Support](#) for more information.

**You mentioned a patient dictionary. Can you tell us how to find that in NRDR?**

NRDR utilizes a Patient Dictionary for each facility to maintain reference data for patients in the CTC, LCSR, and NMD registries.

Corporate Account Administrators, Facility Administrators and Registry Administrators can search for and manage patient records by selecting Manage Patients, under Facility Management, from the NRDR menu. For more information, visit [the Manage Patients page](#) in the NRDR Knowledge Base.

**What is the national benchmark for call back rate?**

It is around 10% with a range of 10-12%. The NMD mean is just under 10%.

**Do you find one RIS system better than another for gathering data? For example MRS vs Penrad, etc.?**

From an ACR staff perspective, we do not have direct experience with systems that would allow us to suggest one over another.

**One of the presenters, Gretchen Merriss from Clinical Radiologists, mentioned three categories her facility uses for quality improvement and monitoring. What are they and what values are used as a goal for each?**

Their internal policy requires them to look at Screening Recall Rate (Abnormal Interpretation Rate), Cancer Detection Rate, and Positive Predictive Value 1 when they are evaluating the interpretation performance of their mammography readers. When any of their radiologists fall outside of the ranges indicated below for three quarters in a row, they are required to attend an [ACR Breast Imaging Boot Camp course](#).

- SRR range: less than 10% but greater than 0%
- CDR range: 2-10 (per 1000)
- PPV1 range: 5-10%

**Are you aware of any VA successfully using NMD?**

Currently no VA healthcare facilities participate in the NMD; however, several VA facilities participate in other registries under the NRDR umbrella.