NRDR overview

The ACR National Radiology Data Registry (NRDR®) leads the effort in developing benchmarks and comparisons to help imaging facilities improve quality of patient care with its collection of registries related to a range of radiological procedures. NRDR participants receive access to accurate and objective measures regarding the quality of facility processes and outcomes in comparison to similar facilities nationwide.

Benefits of participation

Radiologists
- Eligible clinicians can meet Centers for Medicare and Medicaid Services (CMS) Merit-Based Incentive Payment System (MIPS) requirements based on satisfactory participation in NRDR, a Qualified Clinical Data Registry (QCDR). To learn more, see next page and visit acr.org/qcdr
- All NRDR registries are certified as PQI projects for Part 4 Credit toward MOC
- National benchmarks and comparisons provide objective assessment of your performance
- May allow you to achieve base score points for the Public Health and Clinical Data Registry Reporting objective for the Advancing Care Information category under MIPS

Physicists
- The Dose Index Registry® (DIR) provides tools to support protocol review at your facility

Technologists
- DIR data provide tools to assess performance and deliver optimal care to patients
- The General Radiology Improvement Database™ (GRID) provides valuable patient-care metrics such as turnaround time and wait time

Radiology administrators/business managers
- National benchmarks identify areas of opportunity for quality improvement
- Customizable marketing toolkit helps demonstrate excellence to stakeholders
- Feedback reports document performance and value for use in contracting

Hospital administrators
- NRDR reports and customizable marketing toolkit help document and advertise excellence
- Participation fee discounts are available for ACR Diagnostic Imaging Centers of Excellence™
Facility benefits

Feedback: Quarterly benchmarking reports facilitate comparison of facility performance to similar facilities regionally and nationwide.

Data privacy: NRDR protects patient, physician and institutional privacy. Patient data are anonymized, security standards are implemented for data transmission and storage, and only aggregated statistics are presented to protect facility privacy.

Standardization: Use of industry-standard data formats and defined data elements offer meaningful comparison and evaluation of processes and outcomes.

Meaningful comparisons: Registry participation includes a diverse range of facilities, allowing for comparisons between similar facilities — academic and community, hospital and freestanding, urban and rural — all over the country.

Interoperability and minimal interruption to workflow: NRDR aims to minimize participant data collection and submission efforts by supporting various automated data upload and transmission mechanisms. Free software is provided by ACR for the DIR and we have a growing list of vendor and third-party software partners.

Personalized assistance: As a NRDR participant, you will receive personalized assistance as needed. Please contact us at 1-800-227-5463, ext. 3535 or nrdr@acr.org.

Learning communities: Frequent webinars and annual NRDR User Group meetings facilitate learning from other facilities as participants share success stories and opportunities.

Customizable marketing tools: As a NRDR participant, you will receive an online NRDR marketing kit which includes customizable press releases and ads, as well as a special seal identifying you as a NRDR participant. Place this seal in a visible area of your practice and use these tools to document the quality of your services and demonstrate your facility’s credentials as a quality leader.

Fulfills requirements: DIR participation may help facilities meet various regulatory requirements such as the Joint Commission requirement for dose recording and analysis, and the CMS-approved Lung Cancer Screening Registry may help facilities receive Medicare CT lung cancer screening payment.

Improve Patient Care: Improving quality of patient care and developing quality management programs are your goals — and ours. With NRDR, you can achieve these goals by benchmarking outcomes and process-of-care measures and targeting specific areas for improvement.

Sign up to participate today at acr.org/nrdr and receive critical measurement tools and important feedback you can’t get anywhere else!
Meeting MIPS requirements with the NRDR QCDR

The ACR NRDR is approved as a QCDR by CMS. Under CMS regulations, eligible clinicians can meet MIPS quality reporting requirements by participating in a QCDR. By using a QCDR to report on the required number of MIPS measures, physicians and group practices can potentially be better placed to obtain a positive adjustment and also avoid negative payment adjustments, which can result from nonreporting or underreporting.

What are the benefits of using a QCDR?

- Supports both individual physicians and physician group practices in meeting MIPS requirements
- Manages submission of MIPS (claims-based) and NRDR (registry-based) non-MIPS measures to CMS
- Utilizes NRDR QCDR measures developed by the ACR, which may be more applicable to the care radiologists provide
- Provides direct assistance with compiling the needed data for quality improvement
- Provides feedback to registry participants at least quarterly
- Allows physicians to review and select measures to report prior to submission to CMS

How to get started using NRDR as a QCDR

Step 1: Consider measures you could report to reach the required number of measures for eligible clinicians or physician group practices. Registry participants can report a combination of NRDR measures and MIPS measures for successful participation. To meet the reporting requirements, the QCDR Measure Selection Tool can assist you in selecting from 60+ available measures.

Step 2: If you are interested in using any of the NRDR measures but are NOT currently submitting data to NRDR, register at acr.org/nrdr to start that process now. If you or a facility at which you practice are currently submitting data to NRDR, monitor your data submission and select any additional registries for reporting MIPS measures.

Step 3: Learn more about registration, data submission and report generation by viewing Resources to Help You Participate at acr.org/qcdr.

Getting started

To enroll, follow these four steps in order (visit acr.org/nrdrprocess for more information).

1. Complete a New Facility Registration form
2. Submit a signed NRDR Participation Agreement
3. Submit data to selected databases
4. Submit payment

After completing the enrollment process, you will receive a confirmation email providing all the information needed to gain access to the registry (for details on each registry, see pp. 8–13*).

Compliance with HIPAA

To participate in NRDR, your facility must sign a participation agreement with the ACR, including a Business Associate Agreement, which provides assurance that protected health information will be appropriately safeguarded. The agreement is available on the NRDR website at nrdr.acr.org.

*Note: Participation details for the National Oncologic PET Registry (NOPR) are different from other NRDR registries. Please visit the NRDR website listed above and click on NOPR for details.

How NRDR works

Cyclic, data-driven improvement process

- Facility and physicians submit data
- Facility receives periodic national benchmarking reports
- Facility analyzes results
- Facility develops and implements improvement plan

Transmit data to NRDR
Receive semi-annual national benchmarking report
Cyclic Quality Improvement Process
Develop and implement improvement plan
Analyze results
NRDR fees
- Participating facilities pay a one-time registration fee of $500
- Annual participation fees are scaled to the number of imaging physicians and sites
- Number of imaging physicians is a proxy for practice size (see tables below)
- Registration is required for each site of a multilocation facility
- Fees cover participation in all registries described in this brochure
- If using NRDR for the 2017 MIPS reporting year, ACR members pay a yearly fee of $199 per physician; the nonmember fee is $1,299 per physician

Annual participation fee for facilities with five or fewer sites*

<table>
<thead>
<tr>
<th>Number of imaging physicians</th>
<th>1-5 sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>$500</td>
</tr>
<tr>
<td>6-15</td>
<td>$750</td>
</tr>
<tr>
<td>16-25</td>
<td>$1,000</td>
</tr>
<tr>
<td>26-35</td>
<td>$1,250</td>
</tr>
<tr>
<td>36-45</td>
<td>$1,500</td>
</tr>
<tr>
<td>46-55</td>
<td>$1,750</td>
</tr>
<tr>
<td>&gt; 55</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Annual participation fee for facilities with six or more sites*

<table>
<thead>
<tr>
<th>Number of imaging physicians</th>
<th>6-15 sites</th>
<th>16-25 sites</th>
<th>26-35 sites</th>
<th>36-45 sites</th>
<th>46-55 sites</th>
<th>&gt;55 sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>$1,000</td>
<td>$2,500</td>
<td>$4,000</td>
<td>$5,500</td>
<td>$7,000</td>
<td>$8,500</td>
</tr>
<tr>
<td>6-15</td>
<td>$1,250</td>
<td>$3,000</td>
<td>$4,500</td>
<td>$6,000</td>
<td>$7,500</td>
<td>$9,000</td>
</tr>
<tr>
<td>16-25</td>
<td>$1,500</td>
<td>$3,500</td>
<td>$5,000</td>
<td>$6,500</td>
<td>$8,000</td>
<td>$9,500</td>
</tr>
<tr>
<td>26-35</td>
<td>$1,750</td>
<td>$4,000</td>
<td>$5,500</td>
<td>$7,000</td>
<td>$8,500</td>
<td>$10,000</td>
</tr>
<tr>
<td>36-45</td>
<td>$2,000</td>
<td>$4,500</td>
<td>$6,000</td>
<td>$7,500</td>
<td>$9,000</td>
<td></td>
</tr>
<tr>
<td>46-55</td>
<td>$2,250</td>
<td>$5,000</td>
<td>$6,500</td>
<td>$8,000</td>
<td>$9,500</td>
<td></td>
</tr>
<tr>
<td>&gt; 55</td>
<td>$2,500</td>
<td>$5,500</td>
<td>$7,000</td>
<td>$8,500</td>
<td>$10,000</td>
<td></td>
</tr>
</tbody>
</table>

*Annual fee is based on the number of imaging physicians practicing at a facility and the number of sites included in that facility. For facilities participating in NMD, LSCR, IR or CTC only (not DIR or GRID), the fee is calculated based on number of physicians performing the activity relevant to the registry.

Complimentary participation for DICOE facilities
NRDR participation is free to all ACR Diagnostic Imaging Centers of Excellence™ (DICOE). To take advantage of this offer, simply write, “DICOE facility” in the Additional Information box in the New Facility Registration form. For more information about earning the DICOE designation, visit acr.org/DICOE.
Lung Cancer Screening Registry (LCSR)

Meet quality reporting requirements and receive Medicare CT lung cancer screening reimbursement with the CMS-approved ACR LCSR. With a registry structure based on Lung-RADS®, LCSR collects data on patients, physicians and outcomes of screening. Data elements are available online at acr.org/LCSDataElements.

Benefits of LCSR

• Quickly and efficiently meet Medicare reporting requirements to receive Medicare CT lung cancer screening payment
• Monitor and demonstrate the quality of CT lung cancer screening in your practice through periodic feedback reports
• Fulfill MIPS reporting requirements and possibly complete an ABR PQI project
• Compile quality information to help improve and refine lung cancer screening care over time at the national level

Data transmission

• Ask your electronic health record vendor and reporting vendors if they can support data submission to the ACR Lung Cancer Screening Registry
• Alternatively, use our easy-to-use web-based data entry forms to submit your data

NEW! Interventional Radiology Registry (IR)

The national quality registry for interventional radiology, led by the Society of Interventional Radiology (SIR) and the ACR, is designed to promote quality of care for patients undergoing interventional radiology procedures. This registry supports performance improvement using structured reporting templates.

Benefits of IR

• Compare your results to regional and national benchmarks for quality improvement
• Collect performance measures for image-guided interventional procedures
• Receive reports based on aggregated benchmarks to facilitate patient safety and quality improvement efforts
• Potentially provides ability to fulfill reporting requirements for the CMS MIPS program and complete PQI projects for ABR MOC Credit

Data transmission

• Visit sirweb.org for more information on structured reporting templates. These will help with data submission to the ACR-SIR Interventional Radiology Registry.
Dose Index Registry® (DIR)
Monitor CT dose index levels by comparing your facility's CT dose indices to similar facilities regionally and nationwide.

Benefits of DIR
• Size-specific dose index measures for fair and meaningful comparison
• Quarterly DIR reports to support protocol review (see sample reports below)
• Identification of protocols that may need analysis or modification
• Facility reports at any time to identify trends and outliers
• Satisfies upcoming Joint Commission requirements for radiation dose monitoring
• Fulfill MIPS reporting requirements and possibly complete ABR PQI project

Data transmission
• After registration and submission of the participation agreement, download the free software tool to automatically receive, anonymize and securely transfer dose index data to the registry (beyond this initial setup, only a small amount of manual intervention is required)
• Data may be sent from new and old scanners as well as PACS
• Send dose information and localizer images to DIR to facilitate size adjustment of dose indices
• Contact ACR support staff to guide you through the software installation process
• After data transmission, map procedure names to a standard lexicon using an online interface

DIR-certified software partners
An alternative to sending data directly from the scanner or PACS is to use a DIR-certified software partner. Check the NRDR website for a current list of certified partners at acr.org/nrdpartners.

National Mammography Database (NMD)
NMD is a quality improvement tool that leverages the data already collected under Mammography Quality Standards Act federal mandate and generates reports that exceed the FDA's audit data collection requirements.

NMD 3.0 is now available based on the ACR BI-RADS® Atlas (5th edition). For NMD-Certified™ Software Partners, visit acr.org/nmd.

Benefits of NMD
• Semiannual audit data at the facility and physician level, accompanied by benchmarks and comparisons to peer facilities
• Preliminary reports on exams with less than 365 days of follow-up to facilitate timely corrections and modifications (see sample reports below)
• Certified as a PQI project for ABR MOC programs
• Fulfill MIPS reporting requirements

Data transmission
After registration and submission of the participation agreement:
• Ask your mammography reporting software vendor for an NMD-certified version of your software. If you have a proprietary software tool, contact us to get certified
• Designate a staff person to periodically upload data to the registry using the one-click upload functionality

Complimentary participation for BICOE facilities
NMD participation is free to all Breast Imaging Centers of Excellence (BICOE) during first 3-year cycle. To take advantage of this offer, simply write, “BICOE facility” in the Additional Information box in the New Facility Registration form.
CT Colonography Registry (CTC)
CTC allows your facility to benchmark its performance against peers for quality improvement in three process and three outcome measures, including:
- Rate of adequacy of diagnostic and screening CTC examination
- Rate of colonic perforation
- True positive rate

Benefits of CTC
- Semiannual reports to document data-driven quality improvement (see sample reports below)
- Meets the criteria of a certified PQI project for ABR MOC programs
- Fulfill MIPS reporting requirements

General Radiology Improvement Database (GRID)
GRID can help your facility establish benchmarks for quality improvement by collecting general practice radiology measures and comparing them to similar facilities.

Benefits of GRID
- Semiannual comparison reports on turnaround times, patient wait times, incident rates, and many other process and outcome measures
- Certified as a PQI project for ABR MOC programs
- Documents quality of performance to competitors in similar markets for contract negotiations (see sample reports below)
- Fulfill MIPS reporting requirements

Data transmission
- Data may be submitted through web services, electronic upload or web-based forms
- After registration and submission of the NRDR Participation Agreement, designate a person in your practice to enter data into forms or create data files that meet the specifications of electronic upload
- Work with your radiology information system, reporting or workflow tool vendors to generate queries on data at your facility
Register today!

acr.org/nrdr | 1-800-227-5463, ext. 3535