

Qualified Clinical Data Registry (QCDR) Measures Supported 2018

! = High priority measure.

NON - MIPS Measure	Measure Title	Measure Description	NQS Domain	Measure Type	NRDR Database	Inverse Measure *
ACRad 1	CT Colonography True Positive Rate	Percentage of exams with confirming colonoscopies for a ≥10mm polyp detected by CTC (True Positive Rate)	Effective Clinical Care	Outcome	CT Colonography Registry	
ACRad 3	Screening Mammography Cancer Detection Rate (CDR)	The fraction of all screening mammograms that are interpreted as positive (abnormal) and have a tissue diagnosis of cancer within 12 months (expressed per 1000 exams, not as a percentage)	Effective Clinical Care	Outcome	National Mammography Database	
ACRad 5 !	Screening Mammography Abnormal Interpretation Rate (Recall Rate)	The percentage of screening mammograms interpreted as positive (abnormal)	Efficiency and Cost	Outcome	National Mammography Database	✓
ACRad 6	Screening Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended)	The percentage of screening mammograms where biopsy was recommended that have a tissue diagnosis of cancer within 12 months	Effective Clinical Care	Outcome	National Mammography Database	
ACRad 7	Screening Mammography Node Negativity Rate	The percentage of invasive cancers detected at screening mammography that are node negative	Effective Clinical Care	Outcome	National Mammography Database	
ACRad 8	Screening Mammography Minimal Cancer Rate	The percentage of cancers detected at screening mammography that are invasive carcinoma ≤ 10 mm or DCIS	Effective Clinical Care	Outcome	National Mammography Database	
ACRad 15 !	Report Turnaround Time: Radiography	Mean radiography RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 16 !	Report Turnaround Time: Ultrasound (Excluding Breast US)	Mean Ultrasound RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓

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ACRad 17 !	Report Turnaround Time: MRI	Mean MRI RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 18 !	Report Turnaround Time: CT	Mean CT RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 19 !	Report Turnaround Time: PET	Mean PET RTAT	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 25 !	Report Turnaround Time: Mammography	Mean mammography report turnaround time (RTAT)	Communication and Care Coordination	Outcome	General Radiology Improvement Database	✓
ACRad 21	Lung Cancer Screening Cancer Detection Rate (CDR)	The percentage of screenings of lung cancer that were interpreted as positive (Lung-RADS category 3 or 4) and result in a tissue diagnosis of cancer within 12 months.	Effective Clinical Care	Outcome	Lung Cancer Screening Registry	
ACRad 22	Lung Cancer Screening Positive Predictive Value (PPV)	The percentage of screenings for lung cancer with abnormal interpretation (Lung-RADS 3 or 4) that result in a tissue diagnosis of cancer within 12 months.	Effective Clinical Care	Outcome	Lung Cancer Screening Registry	
ACRad 23 !	Lung Cancer Screening Abnormal Interpretation Rate	The percentage of screening lung cancer interpreted as positive (Lung-RADS Category 3 or 4).	Efficiency and Cost	Outcome	Lung Cancer Screening Registry	✓

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ACRad 26 !	Appropriate venous access for hemodialysis	Percentage of patients undergoing tunneled (longterm) catheter access for hemodialysis via subclavian access as compared to internal jugular access	Patient Safety	Process	Interventional Radiology Registry	✓
ACRad 28 !	Rate of early peristomal infection following fluoroscopically guided gastrostomy tube placement	Percentage of patients with peristomal gastrostomy infection no more than 14 days following initial tube placement	Patient Safety	Outcome	Interventional Radiology Registry	✓
ACRad 29 !	Rate of percutaneous nephrostomy tube replacement within 30 days secondary to dislodgement	Number of percutaneous nephrostomy tubes requiring replacement of a percutaneous nephrostomy tube secondary to dislodgement within 30 days of initial placement	Patient Safety	Outcome	Interventional Radiology Registry	✓
ACRad 30 !	Rate of Inadequate Percutaneous Image-Guided Biopsy	The percentage of percutaneous image-guided (US, CT, fluoro) biopsy procedures performed in which sampling was inadequate for diagnosis on the final pathology report	Patient Safety	Intermediate Outcome	Interventional Radiology Registry	✓
ACRad 31 !	Percent of CT Abdomen-Pelvis exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level	Percent of CT Abdomen-Pelvis exams with contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level. Note: Calculated at facility/TIN level and assigned to all NPIs who read CT under that TIN	Patient Safety	Outcome	Dose Index Registry	

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ACRad 32 !	Percent of CT Chest exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level	Percent of CT Chest exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level. Note: Calculated at facility/TIN level and assigned to all NPIs who read CT under that TIN	Patient Safety	Outcome	Dose Index Registry	
ACRad 33 !	Percent of CT Head/Brain exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level	Percent of CT Head/Brain exams without contrast (single phase scan) for which Dose Length Product is at or below the size-specific diagnostic reference level. Note: Calculated at facility/TIN level and assigned to all NPIs who read CT under that TIN	Patient Safety	Outcome	Dose Index Registry	