

Comment Submitter Name	Comment Submitter Organization	Comment Submitter Council	On Behalf of Name	On Behalf of Organization	On Behalf of Council	Comment Type/Measure Name	Comment
Ms. Rabia Khan, MPH	Centers for Medicare and Medicaid Services	PUR				Comments on the general draft report	The evidence, feasibility, and importance to measure and report remain questionable. Our concerns are as follows: There is a lack of testing and data collection to support the effectiveness of the measure. Therefore, there should be additional testing to support scientific acceptability of the measure and evidence for improved outcomes. The use of paper forms is not feasible. The level of measurement/analysis is general and needs to be narrowed down. Specific settings must be selected, as opposed to the broad level of measurement proposed.

Ms. Carmella Bocchino, MBA, RN	America's Health Insurance Plans	HPL				IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>The proposed NQF measure regarding imaging (mainly via radiography and CT) of the post-traumatic cervical spine stems from the appropriate concern over subjecting patients to unnecessary imaging (and radiation), given that the vast majority of such imaging is currently negative in unselected patients. A more judicious approach in the more selective use of radiology is needed and reliance on evidence-based evaluation for the risk of fracture is the answer, using such algorithms as the Canadian C-Spine Rule and The National Emergency X-Radiography Utilization Study Low-Risk Criteria Studies associated with the mentioned methods developed and confirmed clinical decision rules to avoid unnecessary radiographic studies. These rules provide a simple, yet reliable means to rule out cervical injury with high sensitivity. Although these algorithms were developed for radiography, their applicability to the decision to employ CT as the initial imaging modality seems intuitively sound.</p>
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Ms. Lisa M. Grabert, MPH	American Hospital Association	PRO	Nancy Foster	American Hospital Association	PRO	Comments on the general draft report	<p>We fully understand that it is challenging to choose between two good measures and deem one of them best in class, but if the NQF is to fulfill its mission identifying the measures that should be used by all groups --- regulators, patients, providers, purchasers and others --- to assess the quality of care needed, then such choices must be made. And if the NQF members and others who comment on the recommendations are to do their job of providing important insights to add to the Steering Committees deliberations, then the report must provide a synthesis of the key points the Committee considered in arriving at its recommendations. Unfortunately, this report does not.</p> <p>We urge the NQF to re-craft this report so that it includes the necessary information for consideration by members and then redistribute it for comment.</p> <p>If you have questions, please contact Nancy Foster or Lisa Grabert, both of whom can be reached through 202-638-1100.</p>
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Ms. Lisa M. Grabert, MPH	American Hospital Association	PRO	Nancy Foster	American Hospital Association	PRO	Comments on the general draft report	<p>The report on which we are being asked to comment provides a description of the process undertaken to further look at two competing measures of the appropriateness of imaging following trauma to the cervical spine. However, the report fails to provide the information that is needed by NQF members and other interested parties who are being asked to comment and subsequently vote on this recommendation. To be able to comment, we would need to understand:</p> <p>Why was the Brigham and Womens hospital measure not incorporated into the already endorsed Harborview Medical Center measure?</p> <p>What are the differences between the two and why is it appropriate in the minds of the Steering Committee for both measures to be endorsed as standards when they appear to be measuring substantially the same thing and a determination should be made about which is best in class instead of promulgating competing measures.</p> <p>What does the report mean precisely when it suggests the measures were harmonized?</p> <p>What are the implications for that?</p> <p>Why is the Steering Committee recommending the measure for time limited endorsement?</p> <p>What is needed for it to qualify for full endorsement?</p>
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Ms. Carmella Bocchino, MBA, RN	America's Health Insurance Plans	HPL				Comments on the general draft report	<p>AHIP and the GAO have released reports that document dramatic surge in the use of high tech imaging, rapid growth in spending, and substantial variation in the use of services across regions that suggests not all utilization is necessary or appropriate.</p> <p>NQFs work to develop Imaging Efficiency measures represents an important step in furthering the appropriate use of imaging services. We have two suggestions for expanding this set in the future we recommend the development of a measure that assesses frequency of additional imaging studies recommended by the interpreting physician (i.e. radiologist). This will reduce the overuse of complex imaging. Additionally, we recommend the development of measures that assess the frequency of imaging studies by the ordering or prescribing physician. The present set focuses on the efficiency of the interpreting physician, while much of the overuse of imaging studies are generated by the ordering physician.</p> <p>We are including links to both papers for the project Steering Committee and NQF members to review.</p> <p>Link to AHIP white paper on quality in high tech imaging:</p>
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Ms. Jayne Hart Chambers	Federation of American Hospitals	PRO				IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>The report is very short and does not indicate what elements of the measures were harmonized or the process followed. The report does not provide any details of the Steering Committees (SC) deliberations that lead to the recommendation for time-limited endorsement. In fact, we cannot find any records that the SC met after the April meeting. What review was conducted of the harmonized measures IEP-008-10 and NQF#0512? Why are they being harmonized rather than being combined? The SC February 23-24 summary report indicates that the measure developers initially were proceeding down the path of combining the measures. Therefore, it is also difficult to determine why the SC recommends the harmonized measure for time-limited endorsement. Finally, the harmonized measure is on the agenda for the December 15th meeting of the SC, which appears to be a final vote on the measure. Documentation of the SC assessment of the harmonized measure is important to the process.</p> <p>The FAH believes that the process for reviewing and approving measures for endorsement is extremely important and any deviation from the standard consensus development process should be noted. Any clarification of the process and the details of this measure are essential before the field can make an informed decision about the measure. We hope this clarification will be provided prior to the issuance of any voting documents.</p>
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Ms. Jayne Hart Chambers	Federation of American Hospitals	PRO				Comments on the general draft report	<p>The Federation of American Hospitals appreciates the opportunity to comment on the Addendum to the National Voluntary Consensus Standards for Imaging Efficiency: A Consensus Report discussing IEP-008-10, the Appropriate Cervical Spine CT Imaging in Trauma measure. The FAH supports development of quality measures that would help to reduce inappropriate imaging and the alignment of this project with the NPP Priority to assess overuse. While the FAH, in general, is supportive of the harmonization of the Appropriate Cervical Spine CT Imaging in Trauma measures (harmonized NQF#0512 and IEP 008-10, the report posted for comments is not sufficiently detailed to be able to assess the final measure being put forth.</p>
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Dr. Mark S. Antman, DDS, MBA	American Medical Association	HPR	Ardis D. Hoven, MD	American Medical Association	HPR	IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>With respect to the measure recommended by this Addendum report, IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma, we believe the evidence provided for measure reliability and validity may be insufficient. The measure developer cites the guidelines used as a basis for the measure, as well as reference to internal quality improvement initiatives for which they provide no detail, as justification for robust reliability. The AMA does not believe that guidelines or quality initiative programs for which no data is presented should be used as the only sources for justifying the reliability of a measure. We see reliability as a statistical property of a measure namely, does the measure create a consistent result. From this perspective, testing of the measure is needed to obtain information on its reliability. The AMA is also concerned that the measure does not provide any information on validity. The AMA also views validity as a statistical property to determine if the measure answers the question it is intended to measure. Without data on the reliability and validity of the measures based on testing, the AMA is reluctant to support this measure. If available, the AMA encourages the measure developer to provide testing data from the noted quality improvement initiative.</p>
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Dr. Mark S. Antman, DDS, MBA	American Medical Association	HPR	Ardis D. Hoven, MD	American Medical Association	HPR	Comments on the general draft report	<p>The American Medical Association (AMA) is pleased to have the opportunity to comment on the National Quality Forums (NQF) National Voluntary Consensus Standards for Imaging Efficiency: A Consensus Report: Addendum. The AMA continues to support the NQFs efforts to advance the development of measures of healthcare efficiency. As previously stated, we believe that evidenced-based and appropriately specified and tested efficiency measures can help physicians and other healthcare professionals achieve the goal of increasing healthcare quality and safety while being good stewards of finite resources. More specifically, reducing the inappropriate use of imaging services is well aligned with the Overuse priority set forth by the National Priorities Partnership (NPP). As a member of the NPP, the AMA looks forward to continuing to work with others, such as NQF, to seek means for realizing a more safe, effective and efficient healthcare system.</p>
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Dr. Gail Grant, MD	Cedars-Sinai Medical center	PRO	Barry Pressman, MD, FACR	Cedars-Sinai Medical Center	PRO	IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>It is surprising that radiography is being combined with CT in this measure. (Denominator Statement: Number of adult patients undergoing cervical spine radiography or CT for trauma.) I think that it would be much more powerful to look only at CT, since that is where the costs, both financially and in radiation dosage, are most significant. That being said, I believe that this is an important and appropriate area to evaluate because of the magnitude of the issue in patient numbers and expense, the absence of well accepted criteria, and the potential (and concern) with potential medical liability that drives much of this imaging. The criteria themselves seem very reasonable.</p> <p>Barry D. Pressman, MD, FACR Chair, Department of Imaging S. Mark Taper Foundation Imaging Center Cedars-Sinai Medical Center, Los Angeles</p>
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Dr. Mark S. Antman, DDS, MBA	American Medical Association-Physician Consortium for Performance Improvement	QMRI				IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>With respect to the measure recommended by this Addendum report, IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma, we believe the evidence provided for measure reliability and validity may be insufficient. The measure developer cites the guidelines used as a basis for the measure, as well as reference to internal quality improvement initiatives for which they provide no detail, as justification for robust reliability. The PCPI does not believe that guidelines or quality initiative programs for which no data is presented should be used as the only sources for justifying the reliability of a measure. We see reliability as a statistical property of a measure namely, does the measure create a consistent result. From this perspective, testing of the measure is needed to obtain information on its reliability. The PCPI is also concerned that the measure does not provide any information on validity. The PCPI also views validity as a statistical property to determine if the measure answers the question it is intended to measure. Without data on the reliability and validity of the measures based on testing, the PCPI is reluctant to support this measure. If available, the PCPI encourages the measure developer to provide testing data from the noted quality improvement initiative.</p>
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Dr. Mark S. Antman, DDS, MBA	American Medical Association-Physician Consortium for Performance Improvement	QMRI	Bernard M. Rosof, MD, MACP	Physician Consortium for Performance Improvement	QMRI	Comments on the general draft report	The Physician Consortium for Performance Improvement(r) (PCPI) is pleased to have the opportunity to comment on the National Quality Forums (NQF) National Voluntary Consensus Standards for Imaging Efficiency: A Consensus Report: Addendum. The PCPI continues to support the NQFs efforts to advance the development of measures of healthcare efficiency. As previously stated, we believe that evidenced-based and appropriately specified and tested efficiency measures can help physicians and other healthcare professionals achieve the goal of increasing healthcare quality and safety while being good stewards of finite resources. More specifically, reducing the inappropriate use of imaging services is well aligned with the Overuse priority set forth by the National Priorities Partnership (NPP). As a member of the NPP, the PCPI looks forward to continuing to work with others, such as NQF, to seek means for realizing a more safe, effective and efficient healthcare system.
Ms. Judy Burleson	American College of Radiology	HPR	Judy Burleson	American College of Radiology	HPR	Comments on the general draft report	The report was confusing as to what the final harmonized measure is. Appendix A appears to be the resulting measure because it includes both CT and radiograph. However, in Appendix C the existing endorsed measure from Harborview also shows CT as well as radiograph in the measure description. Very confusing.

Ms. Judy Burleson	American College of Radiology	HPR	Judy Burleson	American College of Radiology	HPR	IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	The ACR supports the utilization of evidence based validated decision tools that guide imaging, such as those included in this measure. This measure is a perfect opportunity to improve clinical practice and reduce radiation exposure without negative clinical consequences. However, the numerator statement is complex at first glance and may be confusing until it is understood that it is merely a restatement of the NEXUS and Canadian C-spine rules. Also, it is not completely clear how to handle or include a patient having both radiographs and CT. Please verify that only the patient is counted, not each exam for that patient. The measure will require chart review unless appropriate reporting codes are developed or an institution uses a computerized radiology order entry system/advanced EHR; this makes the measure more burdensome and reduces current feasibility.
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