CALL FOR MEASURES:
NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR IMAGING EFFICIENCY

NQF is initiating a consensus development project seeking outpatient measures focused on the appropriate use of outpatient imaging services, avoidance of redundant and unnecessary exposure to radiation, and reduction of wasteful follow-up procedures. These strategies have the potential to improve both the quality and affordability of health care. Overuse of imaging procedures was identified as a targeted area within the National Priorities Partnership.

To date, NQF has endorsed a limited number of imaging efficiency measures focused on appropriateness of imaging, efficient use and management of imaging diagnostic services, coordination of care and communication among all providers and departments regarding a diagnostic imaging service. NQF will implement this project as a follow-up project to the Outpatient Imaging Efficiency project report that was completed in November 2008. There was a limited set of measures that specifically examined the use of imaging procedures that were unlikely to result in improved patient outcomes. This follow-up project seeks to fill measurement gaps that address overuse of high cost, high risk imaging in the outpatient setting.

To meet the need for additional publicly reported, quality measures that focus on appropriate use of imaging efficiency in outpatient settings, NQF will use its formal Consensus Development Process (CDP) to seek consensus-based endorsement of performance measures, which include, but are not limited to:

- Appropriateness of imaging services, including measures which address potential overuse of certain imaging studies and appropriateness of referrals for specific imaging services, including screening;
- Efficient use and management of imaging diagnostic services (e.g., x-ray, magnetic resonance imaging, and positron emission tomography), which target duplication and overlap of imaging services;
- Negative studies;
- Non-contrast imaging of the same body part using the same imaging modality followed shortly thereafter but on separate occasions with contrast imaging;
- Imaging of adjacent body parts;
- Patient outcomes, including complication or increased health risk related to imaging services, as well as patient outcomes related to the appropriate use of imaging services;

- Coordination of care and communication (including health information and technology) among all providers and departments regarding a diagnostic imaging services, including the timely follow-up of abnormal diagnostic studies.

This "Call for Measures" solicits candidate measures for review, evaluation, and potential endorsement as national voluntary consensus standards for imaging efficiency.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must meet the following general criteria:

- be fully developed for use (e.g., research and testing have been completed);
- be open source or in the public domain[1];
- have an identified measure steward[2]; and
- be intended for both public reporting and quality improvement.

To submit a measure, please complete the following:

- Online Measure Submission Form
  Clicking on this link will redirect you to the webpage for this project, from which you can access the online measure submission form.
- Measure Steward Agreement Form

Please note that no material will be accepted without fully executing the attached *Measure Steward Agreement Form*. All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online measure submission form by 6:00 pm, ET on Wednesday, January 6, 2010. If you have any questions, please contact Ian Corbridge at 202.783.1300 or imagingefficiency2@qualityforum.org . Thank you for your assistance with this project!

[1] NQF requires any organization submitting a measure for endorsement to execute an intellectual property agreement that addresses disclosure of the measure's proprietary components, including but not limited to specifications, risk adjustment methodologies, data collection instrument, data collection or analysis software, and database access. For details, please see our Policy on Endorsement of Proprietary Measures .

[2] NQF requires any measure considered for endorsement to have an identified responsible entity and process to maintain and update the measure on a schedule commensurate with clinical innovation, but at least every 3 years.