

NATIONAL QUALITY FORUM

Comments on Addendum Draft Report IEP-008-10: National Voluntary Consensus Standards for Imaging Efficiency

Comments were discussed by the Steering Committee on December 15, 2010.

#	Comment Submitter	Comment Submitter Organization	Comment Submitter Council	Comment Type/Measure Name	Comment	Proposed Final Response
1a	Ms. Rabia Khan, MPH	Centers for Medicare and Medicaid Services	PUR	Comments on the general draft report	<p>The evidence, feasibility, and importance to measure and report remain questionable. Our concerns are as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The use of paper forms is not feasible.</li> <li>• 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.</li> </ul>	<p><b>NQF/Steering Committee Response:</b> The measure is recommended for time-limited endorsement. Time-limited endorsement requires the Measure Developer to submit complete measure testing results within 12 months of NQF endorsement. The measure and testing data will be re-evaluated at that time.</p> <p><b>Measure Developer Response:</b> Thank you for reviewing the measure and your supportive comments. We have developed the harmonized measure because the clinical decision rules were developed to identify patients who do not need imaging. The decision rules contained in the measure have been validated by large prospective trials as a means of avoiding unnecessary radiography (the Canadian C-spine Rule and the National Emergency X Radiography Utilization Study [NEXUS]), and a strong basis to measure appropriates of C-spine imaging. Although they were developed in the era when plain radiography was the initial imaging modality of choice, they should be appropriate for similarly selected low-risk patients in whom CT is the initial imaging modality. We refer to the four referenced studies that tested the exact specifications of these measures:</p> <ol style="list-style-type: none"> <li>1. Hoffman JR, Mower WR, Wolfson AB, et al., Validity of a set of clinical criteria to rule out injury to the cervical spine in patients with blunt trauma. <i>N Engl J Med.</i> 2000; 343(2):94-99.</li> </ol>
1b	Ms. Rabia Khan, MPH	Centers for Medicare and Medicaid Services	PUR	Comments on the general draft report	<p>The evidence, feasibility, and importance to measure and report remain questionable. Our concerns are as follows:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The use of paper forms is not feasible.</li> <li>• 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.</li> </ul>	<p><b>Comment 1 cont: Measure Developer Response:</b></p> <p>We refer to the 4 referenced studies that tested the exact specifications of these measures:</p> <ol style="list-style-type: none"> <li>2. Stiell IG, Wells GA, Vandemheen KL, et al., The Canadian C-spine rule for radiography in alert and stable trauma patients. <i>JAMA.</i> 2001; 286(15):1841-1848.</li> <li>3. Stiell IG, Clement CM, McKnight RD, et al., The Canadian C-spine rule versus the NEXUS low-risk criteria in patients with trauma. <i>N Engl J Med.</i> 2003; 349(26):2510-2518.</li> <li>4. Stiell IG, Clement CM, Grimshaw J, et al., Implementation of the Canadian C-spine rule:prospective 12 centre cluster randomised trial. <i>BMJ.</i> 2009; 339:(b) 4146.</li> </ol>

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2	Ms. Carmella Bocchino, MBA, RN	America's Health Insurance Plans	HPL	IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	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.	<b>Measure Developer Response:</b> Thank you for reviewing the measure and your supportive comments. We have developed the harmonized measure because the clinical decision rules were developed to identify patients who do not need imaging. The decision rules contained in the measure have been validated by large prospective trials as a means of avoiding unnecessary radiography (the Canadian C-spine Rule and the National Emergency X Radiography Utilization Study [NEXUS]), and as such from a strong basis to measure appropriates of C-spine imaging. Although they were developed in the era when plain radiography was the initial imaging modality of choice, they should be appropriate for similarly selected low-risk patients in whom CT is the initial imaging modality. *We refer to the four referenced studies that tested the exact specifications of these measures: See comment response 1a and 1b.

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3	Ms. Lisa M. Grabert, MPH, on behalf of 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. 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>	<p><b><i>NQF/Steering Committee Response</i></b>: The Steering Committee requested that two measures, IEP-008-10 "Appropriate cervical spine CT imaging in trauma" and NQF#0512 "Percentage of patients who do not have neck pain, distracting pain, neurological deficits, reduced level of consciousness, or intoxication," be harmonized, or in this case combine. The new measure (IEP-008-10 -Appropriate cervical spine radiography and CT imaging in trauma) if endorsed, will replace the currently endorsed measure (NQF#0512).</p> <p>The report is an addendum to the existing main imaging report and provides a hyperlink to the main imaging report. NQF staff will further clarify the addendum report.</p>

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4	Ms. Lisa M. Grabert, MPH, on behalf of 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 Women's hospital measure not incorporated into the already endorsed Harborview Medical Center measure? 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? What are the implications for that?</p> <p>*Why is the Steering Committee recommending the measure for time limited endorsement? What is needed for it to qualify for full endorsement?</p>	<p><i>NQF/Steering Committee Response:</i> The Steering Committee requested that two measures, IEP-008-10 "Appropriate cervical spine CT imaging in trauma" and NQF#0512 "Percentage of patients who do not have neck pain, distracting pain, neurological deficits, reduced level of consciousness, or intoxication," be harmonized, or in this case combine. The new measure (IEP-008-10 -Appropriate cervical spine radiography and CT imaging in trauma) if endorsed, will replace the currently endorsed measure (NQF#0512).</p> <p>The report is an addendum to the existing main imaging report and provides a hyperlink to the main imaging report. NQF staff will further clarify the addendum report.</p>

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5	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. 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. We are including links to both papers for the project Steering Committee and NQF members to review. Link to AHIP white paper on quality in high tech imaging:<a href="http://www.ahip.org/content/default.aspx?docid=24057">http://www.ahip.org/content/default.aspx?docid=24057</a> Link to GAO report on imaging services in Medicare Part B: <a href="http://www.gao.gov/new.items/d08452.pdf">http://www.gao.gov/new.items/d08452.pdf</a></p>	<p><i>NQF Response:</i> Thank you for your comments.</p>

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6	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. 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>	<p><i>NQF/Steering Committee Response:</i> The Steering Committee requested that two measures, IEP-008-10 "Appropriate cervical spine CT imaging in trauma" and NQF#0512 "Percentage of patients who do not have neck pain, distracting pain, neurological deficits, reduced level of consciousness, or intoxication," be harmonized, or in this case combine. The new measure (IEP-008-10 -Appropriate cervical spine radiography and CT imaging in trauma) if endorsed, will replace the currently endorsed measure (NQF#0512). The report is an addendum to the existing main imaging report and provides a hyperlink to the main imaging report. NQF staff will further clarify the addendum report.</p>

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7a	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. 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>	<p><i>NQF/Steering Committee Response</i>: The Steering Committee requested that two measures, IEP-008-10 “Appropriate cervical spine CT imaging in trauma” and NQF#0512 “Percentage of patients who do not have neck pain, distracting pain, neurological deficits, reduced level of consciousness, or intoxication,” be harmonized, or in this case combine. The new measure (IEP-008-10 -Appropriate cervical spine radiography and CT imaging in trauma) if endorsed, will replace the currently endorsed measure (NQF#0512).</p> <p>The report is an addendum to the existing main imaging report and provides a hyperlink to the main imaging report. NQF staff will further clarify the addendum report.</p>

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7b	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. 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>	<p>Comment 7 Cont. Response to Comment <i>Measure Developer Response</i>: In response to your comment, let us detail the process. The group from BWH developed a new measure to address "Appropriate Cervical Spine CT Imaging in Trauma." At the first panel meeting the Steering Committee recommended that this measure be harmonized with an existing NQF measure that addressed appropriate cervical spine radiography in trauma developed by Harborview/University of Washington (UW). During the spring and summer BWH and UW/Harborview Measure Developers had several calls and decided that harmonizing the measure by combination was appropriate. The measure under review is the product of this.</p>



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8	Ms. Jayne Hart Chambers	Federation of American Hospitals	PRO	Comments on the general draft report	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.	<i>NQF Response:</i> The report is an addendum to the existing main imaging report and provides a hyperlink to the main imaging report. NQF staff will further clarify the addendum report.

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9	Dr. Mark S. Antman, DDS, MBA, on behalf of 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>	<p><b>Measure Developer Response:</b> There is extensive data on which to base a decision regarding the reliability and validity of the two clinical decision rules which the measure is based upon (Canadian C-spine and NEXUS). These are not guidelines, but specified decision rules whose specifications are included in the measure. Please see attached references.</p> <ol style="list-style-type: none"> <li>Hoffman JR, Mower WR, Wolfson AB, et al., Validity of a set of clinical criteria to rule out injury to the cervical spine in patients with blunt trauma. <i>N Engl J Med</i>. 2000; 343(2):94-99.</li> <li>Stiell IG, Wells GA, Vandemheen KL, et al., The Canadian C-spine rule for radiography in alert and stable trauma patients. <i>JAMA</i>. 2001; 286(15):1841-1848.</li> <li>Stiell IG, Clement CM, McKnight RD, et al., The Canadian C-spine rule versus the NEXUS low-risk criteria in patients with trauma. <i>N Engl J Med</i>. 2003; 349 (26):2510-2518.</li> <li>Stiell IG, Clement CM, Grimshaw J, et al., Implementation of the Canadian C-spine rule:prospective 12 centre cluster randomised trial. <i>BMJ</i>. 2009; 339:(b) 4146.</li> </ol>

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10	Dr. Mark S. Antman, DDS, MBA, on behalf of 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>	<p><i>NQF Response</i> : Thank you for your comment.</p>

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11	Dr. Gail Grant, MD, on behalf of 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. Barry D. Pressman, MD, FACR Chair, Department of Imaging S. Mark Taper Foundation Imaging Center Cedars-Sinai Medical Center, Los Angeles</p>	<p><b>NQF Response :</b> The Steering Committee specifically recommended that one measure include both imaging modalities.</p> <p><b>Measure Developer Response:</b> The rationale for looking at CT in addition to radiography is that this measure is aimed at the initial imaging for patients with low risk trauma. The initial test is at the discretion of the providers (emergency medicine and trauma). A measure that only addressed radiography or CT would miss similar patient who underwent the other imaging type. Additionally the measure is a harmonization of a current NQF measure addressing radiography and a newly proposed measure addressing CT in the same patient population.</p>

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12	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>	<p><b>Measure Developer Response:</b> 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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13	Dr. Mark S. Antman, DDS, MBA, on behalf of Bernard M. Rosof, MD, MACP	American Medical Association-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.	<i>NQF Response</i> : Thank you for your comment.
14	Ms. 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.	<i>NQF Response</i> : Thank you for your comment; NQF staff will clarify the addendum and attachments. The combined measure includes both CT and radiography.

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15	Ms. Judy Burleson	American College of Radiology	HPR	IEP-008-10: Appropriate Cervical Spine Radiography and CT Imaging in Trauma	<p>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.</p>	<p><b>Measure Developer Response:</b> To clarify this measure counts the patient who undergoes either a plain radiograph or a CT of their C-Spine as the initial C-Spine imaging modality. A patient who undergoes both tests would be excluded if they "Underwent prior cervical spine radiograph (three view or more)." Which is interpreted as inadequate to fully assess fracture.  OR "Underwent prior imaging concerning or diagnostic for injury of the cervical spine requiring further imaging." A patient who underwent both imaging tests is counted only once.</p>

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Comments were discussed by the Steering Committee on December 15, 2010.

Comment Submitter Organization	
America's Health Insurance Plans	

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Comment Submitter Organization	
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American Medical Association	

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American Medical Association- Physician Consortium for Performance Improvement	
American College of Radiology	

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Comment Submitter Organization	
American College of Radiology	