

NATIONAL QUALITY FORUM

Proposed Measures to be Submitted Imaging Efficiency (11/19/09)

No.	Title	Measure Steward
1	Adequacy of data for cardiac imaging orders - Assessment of the completeness of data contained within test requisition for stress SPECT MPI and stress echo. Data contained should be sufficient to be used to assess utilization patterns and in the determination of test appropriateness	American College of Cardiology
2	Stress imaging for low risk patients- Determination of frequency of stress SPECT MPI and stress echo performed in low-risk patients, which constitute a high percentage of all inappropriate tests. Value would be calculated as a percentage of all ordered studies.	American College of Cardiology
3	Stress imaging after PCI- Evaluation of use of stress SPECT MPI and stress echo performed after PCI, with reference to timing of test after PCI and symptom status.	American College of Cardiology
4	Diagnostic Mammography Positive Predictive Value 2 (PPV2 - Biopsy Recommended)- The percentage of diagnostic mammograms recommended for biopsy or surgical consult (BIRADS Category 4 or 5) that result in a tissue diagnosis of cancer within 12 months.	American College of Radiology
5	Screening Mammography Positive Predictive Value 2 (PPV2 – Biopsy Recommended) - The percentage of screening mammograms with abnormal interpretation (BIRADS Category 0, 4 or 5) that result in a tissue diagnosis of cancer within 12 months.	American College of Radiology
6	Cancer Detection Rate (CDR) - The percentage of screening mammograms interpreted as positive (BIRADS Category 4 or 5, or 0) that had a tissue diagnosis of cancer within 12 months.	American College of Radiology
7	Abnormal Interpretation Rate (Recall Rate) - The percentage of screening mammograms interpreted as positive (BIRADS Category 0, 4, or 5).	American College of Radiology
8	Colonic Perforation Rate during Computed Tomography Colonography (CTC) - Percentage of screening or diagnostic CTC exams in which perforation is detected.	American College of Radiology
9	CTC True Positive Rate - Percentage of exams with confirming colonoscopies for a ≥10mm polyp detected by CTC	American College of Radiology
10	CTC Extracolonic Findings- Percentage of exams resulting in recommendations for clinical correlation or additional imaging on the basis of the CTC report.	American College of Radiology
11	Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT) - The proposed hospital outpatient facility-level measure looks at the use of Brain CT and Sinus CT studies performed simultaneously (i.e., on the same date at the same facility).	Centers for Medicare & Medicaid Services
12	Use of Computed Tomography (CT) in Emergency Department (ED) for Atraumatic Headache – The proposed hospital outpatient measure looks at the use of computed tomography of the brain for emergency department patients with a primary diagnosis of a headache.	Centers for Medicare & Medicaid Services
13	Use of Imaging (Stress Echocardiography, SPECT MPI and Stress MRI) Studies for Perioperative for Low-Risk Non Cardiac Surgery Stress Assessment- The proposed hospital outpatient facility-level measure seeks to calculate relative use of stress echocardiography, stress MRI, and SPECT MPI prior to low-risk non-cardiac surgical procedures.	Centers for Medicare & Medicaid Services
14	Use of Stress Echocardiography, SPECT MPI, and Cardiac Stress MRI Post Coronary Artery Bypass Graft Procedures (CABG) - The proposed hospital outpatient facility-level measure seeks to estimate relative use of stress echocardiography, stress MRI, and SPECT MPI in asymptomatic patients within five years after a CABG procedure (excluding those studies performed within the first 6 months following the CABG procedure).	Centers for Medicare & Medicaid Services
15	Mammography Follow-Up Rates- This hospital outpatient facility-level measure calculates the percentage of patients with mammography screening studies that are followed (within 45 days) by diagnostic mammography or ultrasound of the breast study in the hospital outpatient facility setting.	Centers for Medicare & Medicaid Services
16	Use of Contrast: Abdomen Computed Tomography (CT) - This hospital outpatient facility-level measure calculates the percentage of CT abdomen studies that are performed with and without contrast (combined studies) out of all abdomens studies performed (those with contrast, those without contrast, and combined studies performed both with and without contrast).	Centers for Medicare & Medicaid Services
17	Appropriate Head CT Imaging in Adults with Mild Traumatic Injury - Percent of adult patients undergoing head CT for trauma who presented within 24 hours of a non-penetrating head injury with a Glasgow coma score (GCS) >13 who have a documented indication consistent with guidelines prior to imaging.	Partners HealthCare

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18	Appropriate Cervical Spine CT Imaging in Trauma - Percent of adult patients undergoing cervical spine CT scans for trauma that have a documented evidence-based indication prior to imaging (Canadian C-Spine Rule or the NEXUS Low-Risk Criteria).	Partners HealthCare
19	Appropriate Pulmonary CT Imaging for Pulmonary Embolism - Percent of patients undergoing CT pulmonary angiogram for the evaluation of possible PE who have a documented indication consistent with guidelines prior to CT imaging.	Partners HealthCare
20	Appropriate Head CT Imaging in Adults with Acute Atraumatic Headache - Percent of adults undergoing head CT for acute, atraumatic headache that have a documented indication consistent with clinical guidelines.	Partners HealthCare
21	Efficient use of head CT scans in children younger than 2 years at very low risk of Clinically-important brain injuries after head trauma. Numerator – Number of children < 2 years deemed at very low risk by prediction rule who receive a head CT. Denominator – Number of children younger than 2 years of age presenting within 24 hours of blunt head trauma with Glasgow Coma Scale scores of 14 or 15 who meet the following 6 criteria: normal mental status, no scalp hematoma except frontal, no loss of consciousness or loss of consciousness for less than 5 seconds, non-severe injury mechanism, no palpable skull fracture, and acting normally according to the parents.	American Academy of Pediatrics Committee on Pediatric Emergency Medicine
22	Efficient use of head CT scans in children between 2 and 18 years at very low risk of clinically-important brain injuries after head trauma. Numerator – Number of children between 2 and 18 years deemed at very low risk by prediction rule who receive a head CT. Denominator – Number of children between 2 and 18 years of age presenting within 24 hours of blunt head trauma with Glasgow Coma Scale scores of 14 or 15 who meet the following 6 criteria: normal mental status, no loss of consciousness, no vomiting, non-severe injury mechanism, no signs of basilar skull fracture, and no severe headache.	American Academy of Pediatrics Committee on Pediatric Emergency Medicine