

# NATIONAL QUALITY FORUM

## CONFERENCE CALL FOR THE NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR THE IMAGING EFFICIENCY STEERING COMMITTEE

July 16, 2010

*Steering Committee Members Present:* Scott Gazelle, MD, PhD, MPH (Co-Chair); Eric Peterson, MD, MPH (Co-Chair); Michael Backus, MBA; Jacqueline Bello, MD; Stephen Cantrill, MD; Howard Forman, MD, MBA; Raymond Gibbons, MD; Richard Griffey, MD, MPH; Patti Raksin, MD; Donald Rucker, MD, MBA; Roger Snow, MD, MPH; Gavin Setzen, MD, FACS, FAAO; Troy Fiesinger, MD, FAAFP

*NQF Staff Present:* Sally Turbyville, MA, MS; Heidi Bossley, MSN, MBA; Ian Corbidge, MPH, RN; Sarah Fanta

*Others Present:* Jeremiah Schuur, Brigham and Women's Hospital; Sharman Stephens, The Lewin Group

### WELCOME AND INTRODUCTIONS

NQF staff provided a project recap and informed the Committee of the comment response process. The Committee elected to review each comment in numerical order; they then addressed comments pertinent to measures not recommended for endorsement. The Committee concluded by discussing general comments submitted to the project.

### PUBLIC AND MEMBER COMMENT REVIEW AND RESPONSE

#### Measure IEP-005-10

Pulmonary CT imaging for patients at low risk for pulmonary embolism (Brigham and Women's Hospital) *Recommended for Time-Limited Endorsement*

The public and Member comments for measure IEP-005-10 were generally supportive with some requests for modifications. Concerns with the measure focused on its use in hospitals that lacked sufficient functional order entry or electronic systems. The Steering Committee shares these concerns and had stipulated that the measure developer must make a paper-based form of the measure available to the public. Because the paper-based form has not been tested, the Committee recommended the measure for time-limited endorsement.

Overall, the consensus of the Committee was that despite potential concerns with the measure, the measure as written and revised represents a strong indicator of imaging efficiency and quality in the healthcare arena. The Committee decided to maintain their recommendation.

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## **Measure IEP-007-10**

Appropriate head CT imaging in adults with mild traumatic brain injury (Brigham and Women's Hospital) *Recommended for Time-Limited Endorsement*

Overall, the public and Member comments for measure IEP-007-10 were supportive, with some requests for modifications. Concerns expressed during the Public Comment were primarily about its use in hospitals that lacked sufficient functional order entry or electronic systems (a similar concern was raised for measure **IEP-005-10**). The Steering Committee shares these concerns and had stipulated that the measure developer must make a paper-based form of the measure available to the public. Because the paper-based form has not been tested the Committee recommended the measure for time-limited endorsement. The Steering Committee stated that delaying the endorsement of the measure solely because the paper-based form has not been fully tested would be a disservice to the public and quality improvement.

Overall, the consensus of the Committee was that despite potential concerns with the measure, the measure as written and revised represents a strong indicator of imaging efficiency and quality in the healthcare arena. The Committee decided to maintain their recommendation for time-limited endorsement.

## **Measure IEP-010-10**

Cardiac imaging for preoperative risk assessment for non-cardiac low-risk surgery (Centers for Medicare & Medicaid Services) *Recommended for Endorsement*

The public and Member comments reflected varying support for measure IEP-010-10. The primary focus of the Committee's discussion concerned comment numbers 58 and 66, to which the developers responded. Specifically, the comments highlighted a concern about the potential for misclassification and small sample sizes. The measure developers responded that while misclassification was possible, the focus of the measure is the outliers. Based on empirical data previously submitted by the measure developer, the Committee determined that, while the numbers are small, the outliers are meaningful to measure.

Overall, the consensus of the Committee was that despite some concerns with the measure, the measure as written and revised represents a strong indicator of imaging efficiency and quality in the healthcare arena. The Committee agreed with the responses to public and Member comments and decided to maintain their recommendation.

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## **Measure IEP-013-10**

Use of brain computed tomography (CT) in the emergency department (ED) for atraumatic headache (Centers for Medicare & Medicaid Services) *Recommended for Endorsement*

Overall, the public and Member comments to measure IEP-013-10 reflected disagreement with or lack of support for the measure. The Committee was concerned with the absence of public comments supporting the measure while noting that a majority of the comments not in support of the measure came from emergency medicine clinicians who would be directly affected by this measure. Based on previous discussions about this measure and the public comments, the Committee acknowledged the potential for unintended consequences. The Committee decided to conduct a revote online for the measure at a later date. The Committee was provided a summary of past deliberations and specific comments concerning this measure. The Committee's decision will be reflected in the draft report during NQF member voting.

## **Measure IEP-014-10**

Cardiac stress imaging not meeting appropriate use criteria: preoperative evaluation in low-risk surgery patients (American College of Cardiology) *Recommended for Endorsement*

Overall, the public and Member comments for measure IEP-014-10 were favorable. The Committee agreed to the request in comment number 54 from the American College of Radiology to add stress MRI and CTA to the measure. In fact, based on previous Committee input the developer had already added stress MRI and CTA to the measure. The measure developer and the Committee agreed that the additions are unlikely to substantially change the measure due to the low volume of the two added procedures.

The Committee agreed with the responses to public and Member comments and decided to maintain their recommendation.

## **Measure IEP-015-10**

Cardiac stress imaging not meeting appropriate use criteria: routine testing after percutaneous coronary intervention (PCI) (American College of Cardiology) *Recommended for Endorsement*

The public and Member comments for measure IEP-015-10 were supportive of the measure with minor requests for modification. Discussion regarding comments for this measure was similar to that for IEP-014-10. Specifically, the Committee addressed the comment suggesting the addition of stress MRI and CTA to the measure and affirmed those additions had already been made.

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The Committee was agreeable to the responses to public and Member comments and decided to maintain their recommendation.

## **Measure IEP-016-10**

Cardiac stress imaging not meeting appropriate use criteria: testing in asymptomatic, low-risk patients (American College of Cardiology) *Recommended for Endorsement*

The public and Member comments to measure IEP-016-10 were mixed, with some in support of the measure with modifications and others concerned about the variability in how physicians assess risk. The Committee affirmed both stress MRI and CTA had been added to the measure. Comment number 45 expressed concerns that physicians often overestimate a patient's risk with respect to the actual calculated risk. The Steering Committee agreed that the measure may underestimate the magnitude of the problem, but determined the measure was important and valid. NQF staff is following up with the developer to further respond to comment number 45, providing evidence which supports the measure and the concept that there is sufficient data to evaluate risk in patients.

The Committee agreed with the proposed responses to public and Member comments and decided to maintain their recommendation.

## **MEASURE EVALUATION FOR THE NEWLY COMBINED RADIOGRAPH AND CT MEASURE**

### **Measure IEP-008-10**

Appropriate cervical spine radiography and CT imaging in trauma (Brigham and Women's Hospital) *Recommended for Time-Limited Endorsement*

During the Steering Committee's in-person meeting in February 2010, the Committee requested that measure IEP-008-10 be combined with an existing NQF endorsed<sup>®</sup> measure (NQF #0512). These two measures assessed the same population but for different procedures. The measure developers for each measure worked together and submitted a newly combined measure: *Appropriate cervical spine radiography and CT imaging in trauma.*

The primary reviewers for the original measure provided the Committee with an in-depth review of the newly combined measure, addressing each of the four NQF evaluation criteria. The reviewers evaluated the measure on each evaluation criteria as follows:

Measure importance: Complete

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Scientific acceptability: Partial (with most sub-criteria completely met)

Usability: Complete

Feasibility: Partial

The Steering Committee acknowledged that the e-paper source data collection tool and the combined measure had not been tested.

The Committee reiterated their previous statements that by requesting the combination of a radiography and CT measure they are in no way supporting or recommending one imaging modality over the other. The Committee thanked the developers for their work in combining the two measures and will vote electronically on the newly submitted measure.

## NEXT STEPS

The Imaging Efficiency project will open for Public and Member vote on **Monday, August 2<sup>nd</sup>** until **Wednesday, September 1<sup>st</sup> at 6:00 pm ET**.