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Meeting Summary

Patient Safety Standing Committee – Measure Evaluation Web Meeting

The National Quality Forum (NQF) convened the Patient Safety Standing Committee for a web meeting on February 16, 2022, to evaluate five measures for the fall 2021 cycle.

Welcome, Review of Meeting Objectives, Introductions, and Overview of Evaluation and Voting Process

Tamara Funk, NQF director, welcomed the Standing Committee and participants to the web meeting. Ms. Funk also reviewed the meeting objectives. The Standing Committee members each introduced themselves and disclosed any conflicts of interest. One Standing Committee member disclosed a conflict with a measure related to NQF #3633e, NQF #3662e, and NQF #3663e, leading to their recusal from the discussion of those measures. Additionally, Erin Buchanan, NQF senior manager, and Hannah Ingber, NQF manager, reviewed the Consensus Development Process (CDP) and the measure evaluation criteria.

Some Standing Committee members were unable to attend the entire meeting due to early departures and late arrivals. The vote totals reflect members present and eligible to vote. Quorum of 16 for NQF #0689 and NQF #3636 and 15 for NQF #3633e, NQF #3662e, and NQF #3663e were met and maintained for the entirety of the meeting. Voting results are provided below.

Measure Evaluation

During the meeting, the Patient Safety Standing Committee evaluated five measures (one maintenance and four new) for endorsement consideration. A more detailed summary of the Standing Committee's deliberations will be compiled and provided in the draft technical report. A measure is recommended for endorsement by the Standing Committee when greater than 60 percent of eligible voting members select a passing vote option (Pass; High and Moderate; Yes) on all must-pass criteria and overall suitability for endorsement. A measure is not recommended for endorsement when less than 40 percent of voting members select a passing vote option on any must-pass criteria or overall suitability for endorsement. If a measure does not pass a must-pass criterion, voting during the measure evaluation meeting will cease. The Standing Committee will not re-vote on the measures during the post-comment meeting unless the Standing Committee decides to reconsider the measure(s) based on submitted comments or a formal reconsideration request from the developer. The Standing Committee has not reached consensus on the measure if between 40 and 60 percent of eligible voting members select a passing vote option on any must-pass criterion or overall suitability for endorsement. The Standing Committee will re-vote on criteria that did not reach consensus and potentially overall suitability for endorsement during the post-comment web meeting.

Voting Legend:

- *Evidence (Outcome Measures only) and Use:* Pass/No Pass
- *Accepting Scientific Methods Panel (SMP) Rating and Overall Suitability for Endorsement*: Yes/No
- *All Other Criteria:* H – High; M – Medium; L – Low; I – Insufficient; NA – Not Applicable

NQF #0689 Percent of Residents Who Lose Too Much Weight (Long Stay) (Centers for Medicare & Medicaid Services [CMS]/Acumen)

Description: This measure captures the percentage of long-stay nursing home residents with a target Minimum Data Set (MDS) 3.0 assessment (OBRA, PPS, or discharge) that indicates a weight loss of 5% or more of the baseline weight in the last 30 days, or 10% or more of the baseline weight in the last 6 months, which is not a result of a physician-prescribed weight-loss regimen; **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care; **Data Source**: Assessment Data from the MDS 3.0

Measure Steward/Developer Representatives at the Meeting

- Cheng Lin
- Sriniketh Nagavarapu

Standing Committee Votes

- **Evidence:** Total Votes-20; Pass-18; No Pass-2 (18/20 – 90 percent, Pass)
- **Performance Gap:** Total Votes-19; H-4; M-13; L-2; I-0 (17/19 – 89 percent, Pass)
- **Reliability:** Total Votes-19; Yes-19; No-0 (19/19 – 100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Reliability: Moderate (Total Votes-11; H-3; M-5; L-3; I-0).
- **Validity:** Total Votes-20; H-1; M-15; L-3; I-1 (16/20 – 80 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The NQF SMP's rating for Validity was "Consensus Not Reached" (Total Votes-9; H-0; M-4; L-5; I-0). Therefore, the Patient Safety Standing Committee did not vote on whether to accept the SMP's rating for Validity.
- **Feasibility:** Total Votes-20; H-15; M-5; L-0; I-0 (20/20 – 100 percent, Pass)
- **Use:** Total Votes-19; Pass-19; No Pass-0 (19/19 – 100 percent, Pass)
- **Usability:** Total Votes-19; H-10; M-9; L-0; I-0 (19/19 – 100 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 19; Yes-18; No-1 (18/19 – 95 percent, Pass)

The Standing Committee recommended the measure for continued endorsement.

This facility-level measure was originally endorsed in 2011 and maintained endorsement in 2015. The measure is publicly reported nationally in Care Compare and the Provider Data Catalog. The Standing Committee noted that the developer provided updated evidence in support of the measure, including new evidence on several actions that nursing home staff and facilities can take to prevent unintended weight loss. The Standing Committee recommended that the measure developer include additional evidence in their next submission on whether the full list of risks associated with weight loss either are or are not modifiable by facilities; ultimately, the Standing Committee had no immediate concerns and voted to pass the measure on evidence. The Standing Committee noted that patients over 85 years of age and White patients had a slightly higher risk of losing too much weight. The Standing Committee voted to pass the measure on performance gap and suggested that the developer present a stratified

analysis of the measure scores for consideration in future reviews, such as by facility characteristics/types, disease areas, and different subpopulations of interest.

The SMP reviewed this measure and passed it on reliability but did not reach consensus on validity. The Standing Committee agreed that the specifications were reasonable after confirming that the measure excludes residents under hospice care or with a life expectancy of fewer than six months, and the reliability testing was strong. The Standing Committee accepted the SMP's rating of moderate for reliability. Based on the SMP's feedback, the Standing Committee discussed whether certain MDS items might warrant a risk adjustment strategy. The developer reported that they reviewed the suggested variables and observed low to moderate correlations between diagnostic options on the MDS and weight loss but none that changed the facility's measure score or rank; therefore, the measure was intentionally not risk-adjusted. The Standing Committee members agreed that risk adjustment would not be appropriate for this measure for conceptual and empirical reasons; however, the Standing Committee did suggest that the developer should examine how their risk adjustment strategy might affect scores at highly specialized facilities (e.g., those that take mechanically ventilated patients). The Standing Committee passed the measure on validity. It did not raise any concerns about feasibility, use, or usability and passed the measure on these three criteria and on overall suitability for endorsement.

NQF #3636 Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel (Centers for Disease Control and Prevention [CDC])

Description: This quarterly measure identifies the average percentage of healthcare personnel (HCP) who have ever received a primary COVID-19 vaccination course among the total number of HCP who regularly work in the facility; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Post-Acute Care; **Data Source**: Varies (National Healthcare Safety Network)

Measure Steward/Developer Representatives at the Meeting

- Daniel Budnitz

Standing Committee Votes

- **Evidence**: Total Votes-18; H-N/A; M-12; L-0; I-6 (12/18 – 67 percent, Pass)
- **Performance Gap**: Total Votes-18; H-11; M-6; L-1; I-0 (17/18 – 94 percent, Pass)
- **Reliability**: Total Votes-18; H-N/A; M-15; L-2; I-1 (15/18 – 83 percent, Pass)
- **Validity**: Total Votes-18; H-8; M-10; L-0; I-0 (18/18 – 100 percent, Pass)
- **Feasibility**: Total Votes-17; H-10; M-7; L-0; I-0 (17/17 – 100 percent, Pass)
- **Use**: Total Votes-16; Pass-16; No Pass-0 (16/16 – 100 percent, Pass)
- **Usability**: Total Votes-17; H-8; M-8; L-0; I-1 (16/17 – 94 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 17; Yes-16; No-1(16/17 – 94 percent, Pass)

The Standing Committee recommended this measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. The measure is publicly reported nationally as part of the National Healthcare Safety Network (NHSN). The Standing Committee discussed whether the evidence provided in the submission supported the contention that measuring coronavirus

disease 2019 (COVID-19) vaccination rates among HCP would lead to an increase in vaccination rates and ultimately a decrease in cases. The developer noted that although systematic reviews of evidence surrounding the vaccination of HCP for COVID-19 were not yet available at the time of the measure's submission, several studies have since been published showing a decrease in case rates in facilities that had high vaccination rates for HCP, and that the reporting of vaccination rates at a facility impacted those rates. A few Standing Committee members expressed concern that members of the public might inappropriately equate low COVID-19 vaccination rates at a facility with poor quality of care at that same facility. Other Standing Committee members countered that while the quality of care provided might be otherwise good, the vaccination status of HCP at that facility can also potentially impact the patients cared for at the facility and should be public knowledge for evaluating care facilities. The Standing Committee acknowledged that the evidence the developer provided was sound, especially considering it was gathered during an emerging global pandemic, and voted to pass the measure on evidence. The Standing Committee noted large gaps in performance between the lowest- and highest-performing nursing homes and a large difference in vaccination rates according to the type of HCP and passed the measure on performance gap.

The Standing Committee expressed some concerns with the optional reporting category of contract personnel included in the denominator, stating that it seems facilities would report this category when it improves their score and not report it when it does not. The developer clarified that the denominator was created to mirror the denominator of NQF #0431, the currently NQF-endorsed influenza vaccination of HCP measure, which also does not require reporting of contract personnel. The Standing Committee stressed that contract personnel have become a much greater percentage of HCP since the pandemic began and urged the developer to consider making this reporting category a requirement in the future. The Standing Committee voted to pass the measure on reliability. The Standing Committee then reviewed the validity testing of the measure, as well as how the developer addressed any potential threats to validity; ultimately, it had no concerns and passed the measure on validity. The Standing Committee discussed whether collecting data for this measure was more feasible during the pandemic when it was critically relevant and whether it would pose a reporting burden at a later date when the threat may have waned. The developer explained that they chose quarterly reporting to mitigate these two extremes and to make reporting less burdensome than weekly but more immediately useful than annually. The Standing Committee voted to pass the measure on feasibility. The Standing Committee expressed no concerns about use and usability and passed the measure on use, usability, and overall suitability for endorsement.

The Standing Committee reviewed one related measure for NQF #3636: NQF #0431 *Influenza Vaccination Coverage Among Healthcare Personnel*. While the denominator for NQF #3636 was harmonized to mirror that of NQF #0431, the data collection time frame for each measure is different. The Standing Committee acknowledged that not enough is yet known about the potential seasonality of COVID-19 infections to make any additional recommendations at this time.

NQF #3633e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Level) (Alara Imaging/University of California, San Francisco (UCSF))

Description: This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible; **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Clinician: Individual;

Setting of Care: Ambulatory Care, Inpatient/Hospital, Outpatient Services; **Data Source**: Electronic health records

Measure Steward/Developer Representatives at the Meeting

- Rebecca Smith-Bindman
- Patrick Romano
- Nathan Mazonson

Standing Committee Votes

- **Evidence**: Total Votes-17; H-1; M-11; L-3; I-2 (12/17– 70 percent, Pass)
- **Performance Gap**: Total Votes-17; H-7; M-9; L-1; I-0 (16/17 – 94 percent, Pass)
- **Reliability**: Total Votes-18; Yes-18; No-0 (18/18 – 100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Reliability: High (Total Votes-11; H-9; M-2; L-0; I-0).
- **Validity**: Total Votes-17; Yes-14; No-3 (14/17 – 82 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Validity: Moderate (Total Votes-11; H-5; M-6; L-0; I-0).
- **Feasibility**: Total Votes-17; H-13; M-3; L-1; I-0 (16/17 – 94 percent, Pass)
- **Use**: Total Votes-18; Pass-17; No Pass-1 (17/18 – 94 percent, Pass)
- **Usability**: Total Votes-18; H-2; M-15; L-1; I-0 (17/18 – 94 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 19; Yes-15; No-4 (15/19 – 79 percent)

The Standing Committee recommended this measure for initial endorsement.

This individual clinician-level measure was newly submitted for endorsement. During the discussion on evidence, the Standing Committee expressed concern that much of the data in the studies came from a pediatric population. In response, the developer explained that while the systematic reviews of radiation dosing and computed tomography (CT) scans all focus on children, many papers focus on adults, which similarly shows that patients with an increased exposure to CT scans have an increased risk of developing cancer. The Standing Committee passed the measure on evidence. It also agreed that there was room for improvement and that disparities existed, specifically for those living with a higher level of poverty. The Standing Committee passed the measure on performance gap.

The SMP reviewed this measure and passed it on reliability and validity. The Standing Committee asked for clarity on how the reliability thresholds were determined and their impact on the measure. The developer clarified that the vast majority of radiologists perform at least the minimum number of scans; therefore, the threshold results in the exclusion of very few radiologists from the measure. The Standing Committee voted to accept the SMP's rating of high for reliability. The Standing Committee also discussed several topics related to the validity of the measure. It also discussed whether the developer had considered additional clinical care factors outside of body mass index that might affect dosing, to

which the developer responded by stating that no other factors had a strong impact on the measure, and none were significant enough to warrant risk adjustment. The developer also addressed the possibility of misclassification in creating their dosing strata within CT categories but stated that they worked extensively with clinicians and radiologists to understand the dosing needs for various types of patients and erred on the side of allowing for the possibility of a higher dose where they were asked to by clinical experts. The Standing Committee also asked whether any validity issues emerged based on provider attribution and specifically asked the developer how attribution is assigned. The developer explained that for the current measure at the individual clinician level, the radiologist who bills for the exam is responsible for quality. The Standing Committee had no further questions and voted to accept the SMP's rating of high for validity.

The Standing Committee questioned what the effect might be of having only one vendor who can pull these data. The developer replied that they created this vendor organization to respond to a request from CMS to manage nationwide implementation and reporting because no other alternative had presented itself. The developer added that the measure specifications are publicly available, and all collected data are already in the electronic health record (EHR), billing claims, or other frequently used data systems. Therefore, the fact that only one vendor currently can report this measure does not preclude other vendors from also doing so. In addition, clinicians and hospitals can report on the measure at no cost using a web interface. The Standing Committee had no other concerns with feasibility or use and voted to pass the measure on both criteria.

The Standing Committee asked how frequent the need was for additional scans due to low quality. The developer replied that in a quality study using a sample of 700+ scans, which included an overrepresentation of low-dose scans (in which poor image quality would be most likely), only 3 percent were considered low quality, and another 8 percent were considered moderate quality and still unacceptable. The developer noted the need to pay attention to this issue as a possible unintended consequence of encouraging lower-dose scans, further noting that they intend to monitor it closely once the measure is implemented and adjust the thresholds if needed. The Standing Committee passed the measure on usability and overall suitability for endorsement.

A summary of the discussion of measures related to NQF #3633e can be found below, following the summary of discussion and voting for NQF #3663e.

NQF #3662e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician Group Level) (Alara Imaging/UCSF)

Description: This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible; **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Clinician: Group/Practice; **Setting of Care**: Inpatient/Hospital, Outpatient Services; **Data Source**: Electronic health records

Measure Steward/Developer Representatives at the Meeting

- Rebecca Smith-Bindman
- Patrick Romano
- Nathan Mazonson

Standing Committee Votes

- **Evidence**: Total Votes-18; H-0; M-16; L-0; I-2 (16/18 – 89 percent, Pass)
- **Performance Gap**: Total Votes-18; H-8; M-10; L-0; I-0 (18/18 – 100 percent, Pass)
- **Reliability**: Total Votes-18; Yes-18; No-0 (18/18 – 100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Reliability: High (Total Votes: 11; H-8; M-3; L-0; I-0).
- **Validity**: Total Votes-19; Yes-16; No-3 (16/19 – 84 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Validity: Moderate (Total Votes-11; H-7; M-4; L-0; I-0).
- **Feasibility**: Total Votes-18; H-11; M-7; L-1; I-0 (18/19 – 94 percent, Pass)
- **Use**: Total Votes-19; Pass-18; No Pass-1 (18/19 – 94 percent, Pass)
- **Usability**: Total Votes: 18; H-2; M-15; L-1; I-0 (17/18 – 94 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 18; Yes-15; No-3 (15/18 – 83 percent)

The Standing Committee recommended the measure for endorsement.

This clinician group-level measure was newly submitted for endorsement. The Standing Committee noted that the evidence provided for NQF #3662e was the same as that provided for NQF #3633e; the performance gap information was very similar as well. The Standing Committee had no further concerns or discussion beyond what had been addressed during the previous measure discussion and passed the measure on both evidence and performance gap.

The numerator, denominator, and exclusions for NQF #3662e were identical to those of NQF #3633e. The Standing Committee asked for confirmation of whether the threshold for the number of scans performed to achieve sufficient reliability for inclusion in the measure was the same for the clinician group level as it was for the individual clinician level, which the developer did confirm. At the group level, this would exclude very few, if any, practices. The Standing Committee had no concerns and accepted the SMP's rating of high for reliability. The data element validity testing was conducted at the individual clinician level and was identical to NQF #3633e, as were the face validity results. The Standing Committee again questioned whether there might be some attribution concerns that persist at the group level, or whether the group level mitigated most of the concerns it had with attribution at the clinician level. Ultimately, the Standing Committee accepted the SMP's rating of high for validity.

The Standing Committee reiterated that the feasibility, use, and usability were essentially the same for NQF #3662e as what was previously reviewed and discussed for NQF #3633e and passed NQF #3662e on all three criteria and overall suitability for endorsement.

A summary of the discussion of measures related to NQF #3662e can be found below, following the summary of discussion and voting for NQF #3663e.

NQF #3663e Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility Level) (Alara Imaging/UCSF)

Description: This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient and hospital outpatient care settings are eligible; **Measure Type**: Outcome: Intermediate Clinical Outcome; **Level of Analysis**: Facility Level; **Setting of Care**: Ambulatory Care, Inpatient/Hospital, Outpatient Services; **Data Source**: Electronic health records

Measure Steward/Developer Representatives at the Meeting

- Rebecca Smith-Bindman
- Patrick Romano
- Nathan Mazonson

Standing Committee Votes

- **Evidence**: Total Votes-17; H-1; M-14; L-1; I-1 (15/17 – 88 percent, Pass)
- **Performance Gap**: Total Votes-17; H-7; M-10; L-0; I-0 (17/17 – 100 percent, Pass)
- **Reliability**: Total Votes-16; Yes-16; No-0 (16/16 – 100 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Reliability: High (Total Votes-11; H-9; M-2; L-0; I-0).
- **Validity**: Total Votes-16; Yes-15; No-1 (15/16 – 94 percent, Pass)
    - This measure was deemed as complex and was evaluated by the NQF SMP.
    - The Standing Committee accepted the NQF SMP's rating for Validity: High (Total Votes-11; H-6; M-5; L-0; I-0).
- **Feasibility**: Total Votes-17; H-12; M-4; L-1; I-0 (16/17 – 94 percent, Pass)
- **Use**: Total Votes-17; Pass-16; No Pass-1 (16/17 – 94 percent, Pass)
- **Usability**: Total Votes-17; H-2; M-14; L-1; I-0 (16/17 – 94 percent, Pass)

Standing Committee Recommendation for Endorsement: Total Votes: 17; Yes-15; No-2 (15/17 – 88 percent)

The Standing Committee recommended the measure for initial endorsement.

This facility-level measure was newly submitted for endorsement. The Standing Committee noted that the evidence and opportunity for improvement for NQF #3663e were the same as for NQF #3633e and NQF #3662e and voted to pass the measure on evidence and performance gap.

During the discussion on reliability, the Standing Committee noted that at the hospital level, the developer obtained CT scans during inpatient hospitalizations and conducted a split-sample analysis, for which the intraclass correlation coefficient was very high (greater than 0.99 within each hospital). The Standing Committee noted that this measure also applies to outpatient scans and asked the developer

to comment on whether there are any technical differences between the two settings worth noting. The developer clarified that the indications would not be identical, and inpatient settings would likely have more trauma and stroke scans, but that the results were identical. The Standing Committee had no further questions and voted to accept the SMP's rating of high for reliability. Likewise, the Standing Committee had no questions or concerns about the measure's validity and voted to accept the SMP's rating of high for validity.

The Standing Committee noted that the information provided for NQF #3663e regarding feasibility, use, and usability was identical to what had been provided for NQF #3633e and NQF #3662e and was previously discussed by the Standing Committee. It had no concerns and passed the measure on all three criteria and on overall suitability for endorsement.

Following this recommendation for endorsement, the Standing Committee held a discussion about measures related to NQF #3633e, NQF #3662e, and NQF #3663e, the three adult radiology measures. It first discussed how these three measures relate to each other. The Standing Committee questioned whether the facility level sufficiently captured the necessary quality data and might alone be sufficient, or whether the individual-clinician and group measures might be combined and then harmonized with the facility-level measure, thus creating two total measures. The developer stated that each measure captures an important component of responsibility and care quality, and one cannot be prioritized over the other two. The developer added that no additional work is needed to assemble the data between the various levels of analysis addressed by these three measures; therefore, they permit attribution at different levels using the same amount of effort. The Standing Committee acknowledged these comments and requested that the developer continue to examine whether these measures could be further harmonized or combined as they review the real-world data collected before the measures undergo maintenance review.

The Standing Committee reviewed two additional related measures to NQF #3633e, NQF #3662e, and NQF #3663e: NQF #2820 *Pediatric Computed Tomography (CT) Radiation Dose* and NQF #3621 *Composite Weighted Average for CT Exam Types.* The Standing Committee asked whether NQF #2820 could be incorporated into the three adult radiology measures. The developer stated their plans to update NQF #2820 to further harmonize it with the current measures for future maintenance reviews. The Standing Committee had no additional comments about NQF #3621.

Public Comment

Three members of the public made comments before the close of the meeting. The first public commenter, who represented the American College of Radiology (ACR), raised concerns about whether these measures will produce consistent and credible results regarding the quality and safety of radiology care. They questioned whether measure users will understand the results and find them useful for quality improvement and decision making. The commenter also questioned whether the measures' data can be readily available for measurement without undue burden. The second commenter, who represented the American Association of Physicists in Medicine (AAPM), expressed the following concerns: The measures are not based on the consensus of the scientific community, and they do not rely on objective methods to assess the quality of an image procedure. The third and final commenter echoed the concerns of the earlier commenters and added that the subjective preference of the radiologist described in the measures is not the same as image quality.

NQF staff and the Standing Committee co-chairs thanked the commenters for their comments.

Next Steps

NQF will post the draft technical report containing the Standing Committee's discussion and recommendations on March 30, 2022, for public comment for 30 calendar days. The continuous public commenting period with member support will close on April 28, 2022. NQF will reconvene the Standing Committee for the post-comment web meeting on June 3, 2022.