

NATIONAL QUALITY FORUM

CONFERENCE CALL FOR THE STEERING COMMITTEE OF THE NATIONAL VOLUNTARY CONSENSUS STANDARDS FOR PATIENT SAFETY MEASURES

March 21, 2011

Committee Members Present: William A. Conway, MD (Co-chair); Lisa J. Thiemann, CRNA, MNA (Co-chair); Jan Allison, RN; Robert Bunting, Jr., MSA, CPHRM, CPHQ, MT; Darrell Campbell, MD; Clifton Knight, MD; Stephen T. Lawless, MD, MBA; Alan Levine; Paul Nagy, PhD; David Nau, PhD, RPh, CPHQ; Paul Sierzenski, MD

NQF Staff Present: Helen Burstin, MD, MPH; Heidi Bossley, MSN, MBA; Andrew Lyzenga, MPP; Elisa Munthali, MPH; Melinda Murphy, RN, MS, NE-BC; Lindsey Tighe, MS; Jessica Weber, MPH

Others Present: Judy Burleson; Priscilla Butler; Mythreyi Chatfield; Richard Morin, American College of Radiology; Lynne Fairbent, American Association of Physicists in Medicine; Cynthia McCollough, Mayo Clinic; Michael McNitt-Gray, University of California Los Angeles; Dominic Siewko, Phillips Healthcare; Rebecca Smith-Bindman, University of California San Francisco

WELCOME, INTRODUCTIONS, AND RECAP TO DATE

Ms. Thiemann and Dr. Conway welcomed the Steering Committee and thanked them for their continued participation. The purpose of the meeting was to reconsider the Committee's decision not to recommend measure # PSM-044-10 (Radiation dose of computed tomography) for endorsement. The reconsideration request was brought forward by the measure developer, Dr. Smith-Bindman.

RECONSIDERATION OF PSM-044-10: RADIATION DOSE OF COMPUTED TOMOGRAPHY (CT)

The measure developer responded to concerns raised during the Committee's February 22, 2011 conference call and presented additional information in support of the measure. As a reminder, the measure calls for: a) the collection of facility-level measures of CT radiation dose, and b) the documentation of radiation dose in the medical record. Following the comment period, Dr. Smith-Bindman proposed a third component that would incorporate participation in a radiation dose audit program and permit comparison of performance across facilities. However, the Committee believed that this addition changed the measure substantially and agreed only to discuss the original submission.

In written remarks that were distributed to the Steering Committee before the call, the developer addressed specific inquiries and was asked to elaborate further on those responses during this discussion. These comments specially addressed inclusion of dose indices in the medical record (part b) and the importance of patient weight in relation to appropriateness of dose for an individual patient. The Committee acknowledged that CT machine outputs allow for comparability and benchmarking of dosing levels, but as expressed in earlier meetings, they were concerned that reporting dose indices for specific, individual patients without consideration of variation in body type and size or proper explanation of what these data mean would be problematic and potentially misleading to consumers and providers. The Committee added that emergency department clinicians especially, have a limited understanding of radiation exposure and utilization.

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Dr. Smith-Bindman reiterated the proximal relationship of CT dose indices to radiation exposure, stating that these metrics have been widely used for over a decade in several countries and are included in a recently-passed California state law, to be collected beginning in 2012. Dr. Smith-Bindman cited data from the University of California San Francisco that demonstrate ease of implementation and understanding and indicate increased demand for more information by consumers and providers. Dr. Smith-Bindman also stressed that there are multiple ways to relay these data to patients without referring to the medical report; she later noted that she would be willing to remove part b from the metric. If part b were removed from the measure, some Committee members suggested that harmonization with proposed measure # PSM-043-10 (Participation in a systematic national dose index registry) could be required. There was also a suggestion to narrow the measure's focus to a specific organ and/or region of the body, i.e., head CTs. Dr. Smith-Bindman disagreed with the suggestion that the measure would need to be harmonized with PSM-043-10 and rejected the proposal to narrow the scope because she believed these two actions would significantly limit the effectiveness of the measure.

MEMBER AND PUBLIC COMMENT

The American Association of Physicists in Medicine reiterated earlier concerns about the importance of patient weight and appropriate dosing. They noted that European reference levels cited in the measure submission form are set for standard-size patients. Larger patients are often excluded from consideration. Dr. Smith-Bindman restated that these considerations are not relevant for the facility-level analysis required under her submitted measure. While patient size may influence dose by two- to three-fold (between the smallest and largest patients), other factors, like choice of specific protocol, have a much greater impact, influencing dose levels by up to 100-fold. Dr. Smith-Bindman argued that facility-level variations revealed by her measure would be determined by these factors, rather than individual patient weight. In addition, the measure calls for collecting dose information by age group, and thus there is no risk of mixing up doses for child and adult patients.

NEXT STEPS

The Steering Committee will vote to reconsider PSM-044-10 via an online survey tool. Final votes are due by Monday, March 28, 2011. Pending the Committee's decision, the draft report will be redlined and available for Member vote on Wednesday, April 6, 2011.

The call was adjourned at 4:30 pm ET.