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Developing Quality Measures for Diagnostic Radiologists: Part 1

SA-CME

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Abstract

The ACR convened a cross-specialty, multidisciplinary technical expert panel to identify and define new measures for quality improvement. These measures can be included in the ACR's National Radiology Data Registry and potentially used in the CMS quality reporting programs. The technical expert panel was tasked with developing measures that reflect the most rigorous clinical evidence and address areas most in need of performance improvement. The measures described in these articles represent a new phase in the ACR's efforts to develop meaningful measures for radiologists that promote population health through diagnostic accuracy, clinical effectiveness, and care coordination.

Key Words: Quality, reimbursement, MIPS, NRDR

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INTRODUCTION

The ACR convened a cross-specialty, multidisciplinary technical expert panel (TEP) to identify and define new measures for quality improvement. These measures can be included in the ACR's National Radiology Data Registry (NRDR®) and potentially used in the CMS quality reporting programs. The TEP was tasked with developing measures that reflect the most rigorous clinical evidence and address areas most in need of performance improvement. The TEP also evaluated existing ACR measures to identify measurement gaps, in terms of both type of measure and domain of care, and ensure that proposed measure concepts address identified gap areas. The TEP considered opportunities for outcome and process measures with a focus on diagnostic accuracy, appropriate use of imaging studies, and care coordination. Future phases of the work will seek to include additional measures that further these

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goals. In this article (part 1), we review the methodology used for quality measure development and testing.

OVERVIEW OF THE QUALITY MEASURE DEVELOPMENT PROCESS

Quality performance measure development is a multistep process that begins with the selection of a topic or focus area that represents a high-priority aspect of health care or addresses a specific national health goal or priority. Measures should have evidence that supports the measure focus and demonstrates a gap or variation in care [1]. An environmental scan is performed to identify existing performance measures relevant to the focus area to avoid overlap and/or assess existing measures for continued suitability. The ACR and PCPI Foundation have a structured process for measure development using a consensus-based approach with an interdisciplinary TEP. This group often includes representatives of multiple physician specialties, patients and patient advocates, payers such as private health insurance companies, members of other measure development organizations, and coding and specification experts [1]. The TEP reviews the evidence gathered on a particular topic or focus area and discusses measure importance, clinical impact, and possible unintended consequences.

After evidence review and impact analysis identifies a potential quality measure, an eligible population with defined inclusion and exclusion criteria is selected and refined with input from the TEP [1]. Proposed measures are then posted online for a 30-day public comment period during which health care providers, consumers, and stakeholders may submit comments for consideration by the TEP. Quality measures are refined on the basis of public comment and subsequently approved by the TEP [1]. After TEP approval, the finalized measure set undergoes a testing process to determine feasibility, reliability, validity, and unintended consequences [1]. Once a finalized measure successfully completes the testing process, it can be submitted to the National Quality Forum (NQF) for endorsement, which is highly desirable for a measure to ultimately be implemented by CMS programs. The NQF uses five criteria that are similar to those described in the process of measure development: (1) evidence, performance gap, and priority (impact); (2) reliability and validity; (3) feasibility; (4) usability and use; and (5) comparison with related or competing measures [2].

REIMBURSEMENT AND REPORTING

Under the Quality Payment Program administered by CMS, radiologists and other clinicians receive positive or negative payment adjustments to fee-for-service payments through either advanced alternate payment models or the Merit-Based Incentive Payment System (MIPS) [3]. The majority of radiologists will participate in MIPS, which consists of four components: (1) quality (replacing the Physician Quality Reporting System), (2) improvement activities (a new category), (3) advancing care information (replacing meaningful use), and (4) cost (replacing the value-based modifier) [4]. Radiologists will receive a composite score (ranging from 0 to 100) reflecting a weighted combination of the four categories, with quality constituting 50% of the composite score in performance year 2018 for most as a large percentage of radiologists will be exempt from the advancing care information category [3,5].

Before introducing the quality measures proposed by the TEP, it is important to understand the difference between quality and the other categories of measures. Quality measures reflect health care processes, outcomes, and patient perceptions related to the ability to provide high-quality health care. These measures should have support from clinical practice guidelines and relevant high-quality research identifying evidence for measure need in three areas: (1) evidence demonstrating a high-priority aspect of health care or addressing a specific national health goal or priority, (2) evidence to support the measure focus, such as leading to a desired health outcome; and (3) evidence of a gap or variation in care [1]. Quality measures data are submitted to CMS through a qualified clinical data registry (QCDR), a qualified registry, an electronic health record, claims, or the CMS web interface [6]. An example is the measure of inappropriate use of "probably benign" assessment category in mammography screening, in which the measure is submitted each time a screening mammographic examination is performed during the performance measurement period, and the percentage of final reports classified as "probably benign" is calculated [7].

Another important concept is that radiology practices can choose which quality measures to report. One of the goals of the TEP is to provide a broad array of quality measures to choose from, allowing radiologists