



American College of Radiology  
Evidence-based Recommendations for AAA  
Measure Development Technical Expert Panel  
Meeting Summary  
May 24, 2022

**Panel Member Attendees:** Nadja Kadom, MD (Chair); Olga Brook, MD; Rich Heller, MD; Ryan Lee, MD, MBA

**Panel Member Absences:** Melissa Chen, MD

**Staff Attendees:** Judy Burleson, MHSA; Samantha (Sam) Shugarman, MS, Zach Smith

### **Welcome**

Dr. Kadom thanked the technical expert panel (TEP) for joining today's meeting. She requested that each member share disclosures relevant to the topic of the measure development project, abdominal aortic aneurysm (AAA). Panelists acknowledged that they do not maintain conflicts of interest associated with this project or beyond those collected at the start of each panelist's term serving on an ACR-convened commission or committee. Sam Shugarman informed those on the call about the newly released Quality Measure Index (QMI) developed by the Centers for Medicare and Medicaid Services (CMS) intended to objectively score the quality of measures in CMS programs and measures in development. Sam shared a brief overview of the variables scored that would inform the quality of individual measures. She highlighted the importance of considering the QMI's variables during this measure development project. Sam also provided a high-level overview of the measure development phases.

### **Environmental Scan**

As the original measure concept submitter, Dr. Heller provided an overview of the evidence he referenced to support the measure's concept. The attachment presented during the meeting comprises articles from the Journal of Vascular Surgery, Journal of the American College of Radiology, and Experimental Clinical Cardiology. As part of his overview, Dr. Heller noted that multiple clinical practice guidelines are included in the evidence, while the other articles reference cardiology guidelines that support the measure. Dr. Kadom agreed that the evidence in the scan should consist of the most current version of the information on best practices.

Sam noted that she will include the related and competing measures in the scan and emphasized that harmonizing with the related measures is a goal of the development project.

Panelists agreed to participate in the literature search to see if they could identify additional articles in support of the measure.

### **Measure Concept Review**

Facilitating the measure's refinement discussion, Dr. Kadom led the panelists through a straw man version of the quality measure, which contained the information collected as part of the concept's measure vetting submission process. This version served as the starting point to kick off the panel's discussion.

The TEP provided input for revising the measure's purpose, denominator, and numerator during today's meeting. The redlined version of the straw man is available so that the panel may revisit the edits in the future. Discussion about the measure's updates follow.

*Measure purpose discussion* included deliberation of the measure's intention. Today, panelists agreed that the measure should reduce the risk of AAA rupture by including follow-up guidance in the radiology report. Dr. Kadom reminded the group that measure development is an iterative process that may see the purpose change according to other specification updates.

*Denominator discussion* addressed patient age for capturing exams in the denominator. Dr. Heller noted that his practice currently monitors the measure's action with patient age beginning at 18 years. However, there is variation among the related measures and practice guidelines. The panelists agreed to review the evidence to determine the denominator's specified age. If appropriate, Sam suggested that the panel attempt to harmonize age with the related measures' specifications. The TEP confirmed that the threshold size of an abdominal aorta should be no smaller than one measuring 2.5 cm in diameter. The panel considered including more detailed information about the type of diameter measurement but decided to follow the guidelines that avoid specifying two-dimensional measurement. It is also likely that capturing exams with diameter alone is more straightforward. Noting that radiologists are not routinely measuring abdominal aorta size, panelists agreed that the abdominal aortic size must be included when 2.5 cm or greater. Dr. Brook explained that exam reports without size are assumed to be normal-sized. Including the size of the finding supports recommending the appropriate follow-up. The group also decided to narrow the measure such that the exams exclusively use the imaging results of the abdomen only, without the potential for other anatomical regions imaged (e.g., pelvis-abdomen or chest CT) that could potentially pick up a AAA finding.

*Numerator discussion* included describing the numerator by repeating the details of the denominator since some were uncertain that including the description in the denominator statement would be sufficient. Panelists agreed that the numerator should specify AAA follow-up to protect against missing an appropriate exam that may have follow-up recommendations for other findings included in the radiology report.

Suggesting we consult with ACR's Data Science Institute for sites implementing the measure, Dr. Kadom noted that practices like **Dr. Heller's and IT vendors might have NLP algorithms to support the measure's technical feasibility and support low burden implementation and ongoing use for practices.**

### **Next Steps**

The TEP will reconvene for Web Meeting 2 on June 28. We will plan to review a summary of the environmental scan during this meeting and discuss the denominator exclusion section and plans for the public comment period.

Sam agreed to create a ShareFile Folder that panelists may:

1. Access the articles discussed today and upload new articles for the environmental scan.
2. View competing and related measures.
3. View today's meeting summary and recording.

**Meeting adjourned.**

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