



October 29, 2024

Attention: Ron Kline, MD, Chief Medical Officer,
Quality Measurement and Value-based Incentives Group
Center for Clinical Standards and Quality
Centers for Medicare and Medicaid Services

Re: The American College of Radiology's Response to the Centers for Medicare and Medicaid Services on the *Draft MVP Candidate Diagnostic Radiology*

Greetings, Dr. Kline,

The American College of Radiology (ACR), representing more than 40,000 radiologists, radiation oncologists, medical physicists, interventional radiologists, and nuclear medicine physicians, very much appreciated the opportunity to review and meet with you and your team to discuss the Draft MVP Candidate on Diagnostic Radiology on October 8, 2024. Since the introduction of the MVP concept by CMS and as it has progressed, ACR member leaders and staff have discussed how the MVP Framework could be best applied to capture radiologists' care quality and value. Recently and coincident to CMS' outreach to ACR with a draft MVP, we have organized a similar draft MVP candidate for eventual submission into the rule-making process.

Comparison of Draft Concepts

Quality Measures

ACR thinks the strong alignment of quality measures between both entities' drafts is noteworthy and agrees it is necessary to include both Merit-based Incentive Payment System (MIPS) clinical quality measures (CQMs) and Qualified Clinical Data Registry (QCDR) measures in its draft MVP and recognizes the importance of ensuring enough quality measures are available to MIPS-participating radiologists who report MIPS data through a mechanism other than a QCDR. As we develop new quality measures and when appropriate, we plan to submit them to CMS' Annual Call for Measures to be considered for inclusion in future Measures Under Consideration Lists.

While the CMS draft MVP includes enough CQMs for diagnostic radiologists to meet the MIPS Quality category requirement without using a QCDR, certain measures may not be applicable or feasible for practices. The ACR respectfully requests the addition of the following QCDR measures into the draft MVP as we find their inclusion provides greater flexibility for eligible clinicians to engage in the MVP, addresses important care gaps, imposes minimal reporting burden, and links with those activities proposed in the Improvement Activity section of the CMS draft MVP.



Measure ID	Measure Title	Rationale
ACRad 15	Report Turnaround Time: Radiography	Each outcome measure applies to a different imaging modality, offering differing opportunities for improvement, with turnaround times specific to the modality; we find their inclusion in the CMS draft MVP candidate necessary as their inclusion would link to several of the draft’s proposed improvement activity (e.g. IA_CC_8: <i>Implementation of documentation improvements for practice/process improvements</i> and IA_CC_12: <i>Care coordination agreements that promote improvements in patient tracking across settings</i> . Also, because radiologists use different modalities in their practice, these measures would support the adoption of the draft MVP by many radiology subspecialty practices.
ACRad 16	Report Turnaround Time: Ultrasound (Excluding Breast US)	
ACRad 17	Report Turnaround Time: MRI	
ACRad 18	Report Turnaround Time: CT	
ACRad 19	Report Turnaround Time: PET	
ACRad 25	Report Turnaround Time: Mammography	
ACRad 37	Interpretation of CT Pulmonary Angiography (CTPA) for Pulmonary Embolism	ACR recommends including measures supporting radiologist-focused communication and care coordination. This measure ensures that treating physicians have the most complete information possible to determine the most appropriate treatment plan for their patients.
MSN 13	Screening Coronary Calcium Scoring for Cardiovascular Risk Assessment Including Coronary Artery Calcification Regional Distribution Scoring	ACR recommends including this measure, which addresses the risk of clinically significant heart disease, the leading cause of death in the United States.
MSN 15	Use of Thyroid Imaging Reporting & Data System (TI-RADS) in Final Report to Stratify Thyroid Nodule Risk	ACR recommends including this measure, which complements MIPS Quality Measure #406. MSN 15 is based on the use of evidence-based criteria to risk stratify thyroid nodules and recommend the appropriate follow-up when necessary, in contrast to MIPS 406, which focuses on limiting the inappropriate follow-up of likely benign nodules.
QMM 19	DEXA/DXA and Fracture Risk Assessment for Patients with Osteopenia	ACR recommends the inclusion of this measure, which informs the referring clinician of the patient’s 10-year Fracture Risk (FRAX) and whether the patient meets the criteria for pharmacological intervention for osteoporosis, per published guidelines.



Improvement Activities

Care coordination and communication are integral levers through which care by radiologists has been shown to influence patient outcomes. As such, we agree with the IAs that CMS proposes in its draft MVP (IA_CC_8: *Implementation of documentation improvements for practice/process improvements* and IA_CC_12: *Care coordination agreements that promote improvements in patient tracking across settings*). Since ACR is working to implement new quality measures focused on ensuring the completion of radiology-recommended follow-up imaging for actionable incidental findings by implementing tracking, monitoring, and communication processes, we suggest CMS also include IA_PSPA_19: *Implementation of formal quality improvement methods, practice changes, or other practice improvement processes* and IA_CC_7: *Regular training in care coordination*, which would encourage radiology practices' adoption of methods to define new or to improve existing processes. We also request inclusion of IA_CC_19: *Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes*, which has been useful for many clinicians and should continue to be encouraged.

Thank you for considering our proposed additions to the CMS draft candidate MVP. We think these measures and activities will augment the quality and value of the care patients receive from diagnostic radiologists. We look forward to future engagement on this or other radiology-focused draft MVPs.

Best regards,

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Chief Executive Officer
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