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**Abdominal Aortic Aneurysm (AAA) Quality Measure Development
Technical Expert Panel (TEP) Meeting Summary
February 8, 2023**

Panel Attendees: Nadja Kadom, MD (chair); Olga Brook, MD; Rich Heller, MD

Panel Member Absences: Ryan Lee, MD; Melissa Chen, MD

Staff Attendees: Samantha (Sam) Shugarman, MS; Zach Smith; Brendon Alves

Welcome

Dr. Kadom thanked the technical expert panel (TEP) for joining today's meeting. Sam reviewed the meeting goals of finalizing measures #2 and #3's narrative specifications in preparation for the upcoming 30-day public comment period.

Narrative Measure Specification Revision Discussions

Sam confirmed that measure #1, *Evidence-based Follow-up Recommendations for AAA*, is ready for public comment and that by the close of today's meeting, measures #2 and #3 should also be ready for comment. Viewing the most current measure drafts, panelists discussed comments, questions, and edits proposed in each measure file on Google Drive. The following summarizes the TEP's discussion on the measure specifications' revisions.

Measure #2: *Monitoring the completion of follow-up imaging recommendations for abdominal aortic aneurysm (AAA)*

Measure Purpose

Revisions to the measure's purpose were made to represent the appropriate management of AAA.

Measure Level

Sam highlighted that the measure is being developed for accountability programs, like the Centers for Medicare and Medicaid Services' Merit-based Incentive Payment System (MIPS). As such, the measure would assess performance at the clinician level. Dr. Heller remarked that capturing the data at the individual level is appropriate and would make aggregating data at the group level seamless.

Numerator

The panel agreed with Dr. Brook's suggestion of specifying the follow-up imaging timeframe to occur between five to 15 months, depending on the evidence-based indication. Additional details about the follow-up time frame are captured in the specification's Guidance section.

Guidance

The measure's guidance is predicated on the follow-up recommendations from ACR and the Society for Vascular Surgery (SVS). Dr. Brook noted the five-to-fifteen-month time interval addresses both organizations' guidance, thereby giving radiology practices latitude to select their preferred guideline.

Public Comment Period

Sam asked the panelists if they had specific questions they thought could be answered during the comment period, in addition to receiving input on the measure's feasibility in practice, data capture, and ability to measure the intended outcomes. She also described the format of the public comment portal, explaining that commenters will have access to the draft measure specifications before submitting comments.

Measure #3: *Clinical Follow-up of an Abdominal Aortic Aneurysm (AAA)*

Measure Title

The panel revised this measure's title, highlighting its purpose of ensuring the completion of radiologist-recommended clinical follow-up.

Measure Purpose

Updates to the measure's purpose stress its goal of ensuring patients follow up with a clinician with expertise in managing AAA, including receiving appropriate follow-up imaging and clinical interventions.

Measure Rationale

The panel agreed to focus the rationale on AAA clinical management, rather than detection. Sam asked if those on the call were aware of references informing on reduced costs resulting from AAA early detection and intervention. Dr. Brook noted that compared to emergency intervention costs, AAA elective interventions costs are not reduced. As such, the rationale will only address elective intervention's role in improving health outcomes.

Measure Description

Revisions to the measure's description were made so it more accurately summarizes the measure's numerator and denominator.

Measure Numerator

The timeframe for patients to receive clinical follow-up was updated from three to six months. This reflects the measure's guidance, which states that this interval addresses the earliest follow-up recommended. The panel agreed with Dr. Brook that detailing the ICD-10 diagnosis codes assigned to aortic aneurysm or aortic dilatation would define clinical follow-up for measure users. Providers could designate one of the codes captured under the ICD-10 I71 code family.

Denominator Exceptions

The timeframe for patients who do not receive/complete clinical follow-up care was updated to reflect the numerator's update date that the follow-up occurs within six months of the issue date of the follow-up recommendation.

Next Steps:

1. Sam will update measure #2 and #3's narrative specifications and annotations.
2. Sam will include ACR's AAA follow-up guidance table and reference to the Guidance section of all three measures.
3. Staff will contact ACR's Economics team to learn which ICD-10 codes to include for ensuring appropriate numerator capture.
4. Sam will begin publicizing the measures' 30-day public comment. She will also invite Elliot Chaikof, MD, PhD, lead author of the SVS guidance to participate in the measures' 30-day comment period.
5. Sam will share the information to access the public comment portal with the TEP.

Meeting adjourned.