Metrics Committee
Technical Expert Panel (TEP) Meeting
Emergency Patients with TIA and Completed MRI Brain within 48 Hours
June 23, 2025

Panel Attendees: Nadja Kadom, MD (chair), Brianna Damadian, MD
Panel Absences: Melissa Chen, MD; Melissa Davis, MD; Matthew Zygmont, MD
Staff Attendees: Judy Burleson, MHSA; Samantha (Sam) Shugarman, MS; Zach Smith, Brendon Alves

Welcome
ACR staff thanked the TEP members for joining today's meeting and highlighted that the draft measure statement on the agenda meeting is the last of the three that the Metrics Committee charged for development. She also noted that, given the absence of a few panelists, today's meeting minutes would be provided to the group. Depending on the feedback from the entire TEP, it may be necessary to convene one more meeting to review and discuss the specifications of this draft measure. Staff then presented the draft measure statement, *Imaging for Emergency Patients with TIA Completed MRI within 48 Hours*.

Measure Specification Discussion

- *Title*
  Before delving into the core measure specifications, panelists agreed to revise the measure title from *Imaging for Emergency Patients with TIA Completed MRI within 48 Hours* to *Emergency Patients with TIA and Completed MRI Brain within 48 Hours* due to a panelist's suggestion to highlight that the measure addresses patients' access to MRI once the emergency room clinician places the imaging order.
- *Rationale*
  ACR staff reminded panelists that this metric, planned for submission to the Centers for Medicare and Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS), should assess performance at the clinician or group level, making it necessary that radiologists to control the measure's action of supporting the completion of MRI/MRA imaging within 48-hours of patients with TIA presenting in the emergency room. At the time of the meeting, the Rationale section of the measure draft had not been fleshed out. Panelists requested that ACR staff provide the rationale with subheadings addressing the care gap, clinical justification, improvement opportunity, and influences on utilization and spending so that it establishes radiologists' ability to enact the numerator action. They also questioned whether the measure would be more suitable for assessing care at the hospital level and commented that ACR staff should follow up with the other panelists, particularly those with neuroradiology billing expertise, to gain a better understanding of emergency room billing.
- *Denominator*
  In the version reviewed for today's meeting, the denominator stated, "Patients for whom MRI, MRA, CT or CTA imaging for TIA evaluation was completed within 48 hours of TIA presentation." From this discussion, the panelists agreed that, given their rate of availability, practically all patients with TIA

symptoms receive CT or CTA imaging, making it unlikely to demonstrate a performance gap. One panelist emphasized that CT or CTA scans are less sensitive than MRI/MRA imaging, stating that based on their experience, CT scans may appear normal for up to half of TIA cases, especially when symptoms resolve quickly. Further, MRI helps confirm whether there is infarcted tissue, indicating stroke rather than TIA. Thereby requiring more aggressive management. As a result of this conversation, TEP members agreed to update the denominator by removing the modality types such that it only captures emergency department patients diagnosed with TIA.

- *Numerator*
  Panelists agreed that, considering today's discussion, the numerator specifications would remain. However, it may be revisited based on the feedback from the absentee panelists.
- *Exception and Exclusion Criteria*
  Panelists did not find it appropriate to assign exclusions or exceptions to the measure's specifications at this time.

Action Items

1. ACR staff will draft the meeting minutes and the measure's rationale and share it as soon as possible since completing the measure is a high priority.
2. ACR staff will examine the *ACR Appropriateness Criteria® Cerebrovascular Diseases–Stroke and Stroke-Related Conditions* guidelines to include in the Evidence section.