

Sample Concept Submission

Primary	
1	Concept Vetting: Scorecard
2	Measure Concept Statement
3	<p>Proposed metric: Percentage of final reports for imaging studies (CT, Ultrasound and MRI) of patients aged 18 years and older which include a measurement of the abdominal aorta diameter of 2.5 cm or greater with an evidence-based recommendation for follow-up. Examinations that do not measure the abdominal aorta or describe a measurement diameter of < 2.5 are not included in the denominator.</p> <p>Rationale: The natural history of abdominal aortic aneurysms (AAAs) is progressive enlargement with increasing risk of rupture. Detection and follow-up of an AAA allows for monitoring and elective repair. The goal is to avoid aneurysm rupture or emergent repair, which are associated with a high level of mortality and morbidity, as well as cost. Since incidental AAAs are relatively common, their detection and appropriate management are a public health concern.</p>
4	Measure Development Stage
5	De Novo: Brand new measure concept
6	Evidence Source
7	Evidence Form Attachment
8	Define Gap
9	<p>The data demonstrates that AAAs are relatively common, tend to impact Medicare-age patients, are usually asymptomatic and are often discovered incidentally on medical imaging. Their rupture causes significant morbidity and mortality but can be successfully treated electively if detected and monitored appropriately. There are published evidence-based recommendation guidelines. For reference, Table 1 of the JACR paper (cited below), from the multi-institutional American College of Radiology Incidental Findings Committee, includes specific time-based follow-up intervals based on aneurysm size, beginning at 2.5 cm in size. Unfortunately, there is a significant performance gap in application of these recommendations.</p> <p>There are currently no MIPS Quality measures relating to abdominal aortic aneurysm detection and monitoring.</p> <p>Khosa F, Krinsky G, Macari M, Yucel EK, Berland LL. Managing incidental findings on abdominal and pelvic CT and MRI, Part 2: white paper of the ACR Incidental Findings Committee II on vascular findings. J Am Coll Radiol. 2013;10(10):789-794.</p>
10	Importance to Measure
11	<p>As noted above, AAAs are relatively common and tend to impact Medicare-age patients. Their rupture causes significant morbidity and mortality, but can be successfully treated electively if detected and monitored appropriately. Such early interventions avoid the mortality and morbidity, as well as cost, associated with AAA rupture and/or emergent repair.</p> <p>There is a precedent for MIPS Quality measures in diagnostic radiology based on use of evidence-based recommendations, including: (1) Quality ID #364: Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines, (2) Quality ID #405: Appropriate Follow-up Imaging for Incidental Abdominal Lesions and (3) Quality ID #406: Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients</p> <p>A diagnostic measure supporting appropriate AAA monitoring aligns with and complements previously established AAA management measures Quality ID #258 (Rate of Open Repair of Small or Moderate Non-Ruptured Abdominal Aortic Aneurysms (AAA) without Major Complications) and Quality ID #259 (Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications). It would not overlap or compete with these existing measures.</p>
12	Feasibility and Burden:
13	Radiology Practices
14	Data elements are captured during the course of care. Data is readily available in a structured format to radiologists and radiology practices.
15	Information Technology
16	Unknown
17	Data Source
18	Unknown
19	Related or Competing Measures
20	Related Measures: Yes
21	CMS Meaningful Measure Framework
22	Promote Effective Prevention & Treatment of Chronic Disease
23	Rank order of Domains (if more than one is selected)
24	1. Promote Effective Prevention; 2. Make care safer