
New measures for quality improvement in diagnostic radiology



The American College of Radiology (ACR) convened a cross-specialty, multidisciplinary technical expert panel to identify and define new measures for quality improvement. In addition to developing measures that address areas most in need of performance improvement, the expert panel evaluated existing ACR measures to identify measurement gaps and ensure that proposed measures address identified gap areas.

The quality measures developed by the expert panel "represent a new phase in the ACR's efforts to develop meaningful measures for radiologists that promote population health through diagnostic accuracy, clinical effectiveness, and care coordination," according to a review article published online in the Journal of the American College of Radiology.

In the journal article, Jason N. Itri, MD, PhD (Wake Forest Baptist Hospital, Winston-Salem, North Carolina) and co-authors discuss in detail the rationale and evidence supporting the new set of 11 quality measures developed by the ACR panel.

The written radiology report is critical for the timely and accurate communication not only of imaging results but also of any follow-up recommendations. However, as the article notes, communication breakdowns occur and are often reported as significant problems in both the outpatient and inpatient settings, resulting in medical errors such as missed and delayed diagnosis. Indeed, malpractice claims research has found that the second most common cause of litigation is failure to communicate results of radiologic examinations.

To address this problem, the ACR panel developed "Measure 1: Recommended Follow-up for Imaging Findings" to improve communication of follow-up imaging recommendations and enhance optimal patient care. This quality measure, according to the article, aims to encourage greater precision for follow-up imaging recommendations in radiology reports to improve guidance given to referring physicians. "The guidelines that serve as the foundation for this measure are based on expert consensus opinion," write Dr. Itri and co-authors.

Measure 1 and four other measures, the article says, focus on the radiologist's role in clearly defining and communicating radiologic examination findings and providing evidence-based recommendations for follow-up, in an effort to reduce patient anxiety and unnecessary follow-up or downstream testing and treatment.

In addition, four measures represent an effort to standardise information that is included in the final report to promote optimal patient management. These include "Measure 6: Use of Structured Reporting in Prostate MRI" and Measure 7: Follow-up Recommendations for Incidental Findings of Simple-appearing Cystic Renal Masses".

The article says two measures represent an effort to reduce radiation exposure when evaluating patients with ventricular shunts ("Measure 10") and adults with suspicion of renal stone disease ("Measure 11").

Dr. Itri and colleagues explain that these measures can be included in the ACR's National Radiology Data Registry and potentially used in the CMS quality reporting programmes.

Source: [Journal of the American College of Radiology](#)

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