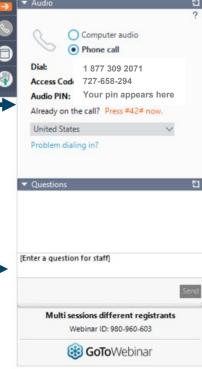


Welcome to the meeting. We will begin shortly.

If dialing in by phone, enter #, your Audio PIN, then #

Type your question into the text field under "Questions"







Learning Objectives

- Recognize how registry data can be used for facility benchmarking and quality improvement.
- Explain the connection between entering accurate, complete, and timely data for maximizing the value of registry participation.
- Upload complete data into the NMD and resolve validation and rejection errors to maximize the value of registry participation.



Moderator

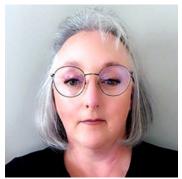


Zach SmithSr. Quality Programs Assistant, ACR



Speakers





Robert D. Rosenberg, MD, FACR, FSBI

Chair of NMD Committee

Staff Radiologist, Radiology Associates of Albuquerque

Professor Emeritus, University of NM

Gretchen Merriss

Data Analyst, Clinical Radiologists



Speakers



Lu Meyer

Sr. Quality Program Specialist, ACR



Ryan Keefer

Associate Quality Program Specialist, ACR



Disclosures

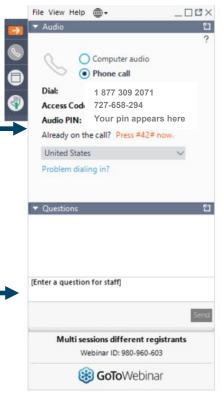
None



Ask Your Questions in the Chat

If dialing in by phone, enter #, your Audio PIN, then #

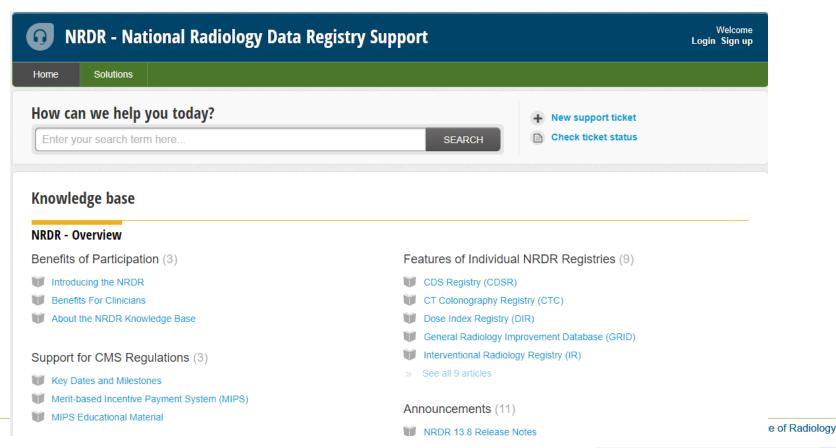
Type your question into the text field under "Questions"





NRDR Knowledge Base

nrdrsupport.acr.org





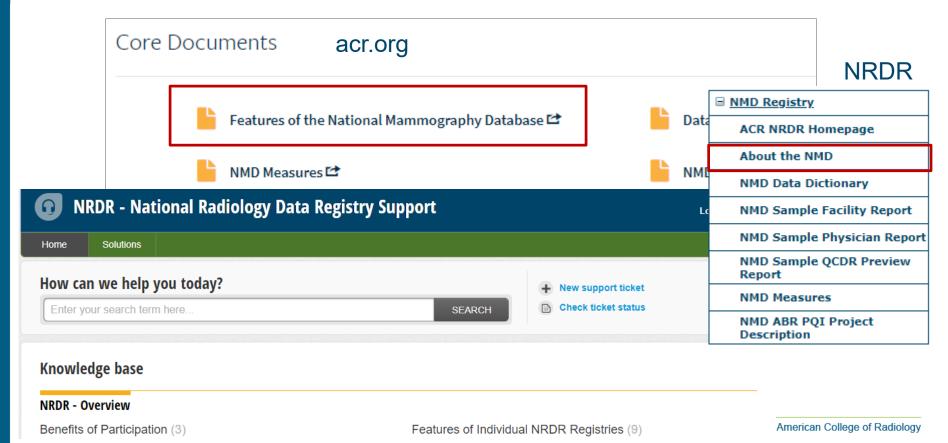
NRDR Knowledge Base - Poll

How familiar are you with the NRDR Knowledge Base?

- A. I use it often
- B. I use it occasionally
- C. I use it rarely
- D. I know about it but have never used it
- E. I have not heard about it



NRDR Knowledge Base - Demo





Purpose of the Registry: How are the data used?

- Monitoring facility quality and identifying opportunities for improvement
 - Identifying consistency among radiologists
- Demonstrating quality to executive leadership and payers
- Conducting research



Data Elements: Why is it important to report the data? Abnormal Interpretations and Cancers for Screening Mammography

- 1. Understand how facility performs
- 2. See how similar your facility is to other facilities
- Access data for research

January 2019 - December 2019: Comparison to all NMD facilities

	Facili	Facility 100853		NMD (N=205)	
Measure	Rate	(Num-Den)	Rate	(Num-Den)	
All exams		9,482		3,102,964	
Recall rate	15.32%	(1,453/9,482)	10.079	(312,616/3,102,964	
PPV1	5.51%	(43/780)	4.04%	(12,638/312,616)	
PPV2	22.36%	(36/161)	20.769	(10,679/51,448)	
PPV3	28.57%	(36/126)	27.799	(10,679/38,423)	
Biopsy recommended	1.70%	(161/9,482)	1.66%	(51,448/3,102,964)	
Biopsy performed	3.55%	(337/9,482)	1.49%	(46,200/3,102,964)	
Biopsy result: Negative	69.35%	(215/310)	69.569	(28,879/41,517)	
Biopsy result: Positive	30.65%	(95/310)	30.449	(12,638/41,517)	
CDR per 1000	10.02	(95/9,482)	4.07	(12,638/3,102,964)	
ICDR per 1000	8.12	(77/9,482)	3.10	(9,633/3,102,964)	
Ductal carcinoma in-situ	18.95%	(18/95)	23.789	(3,005/12,638)	
Invasive cancer	81.05%	(77/95)	76.229	(9,633/12,638)	
Minimal cancer	58.97%	(23/39)	36.939	(4,667/12,638)	
Nodal status: Negative	14.29%	(11/77)	21.099	(2,032/9,633)	
Nodal status: Positive	5.19%	(4/77)	2.96%	(285/9,633)	
Tumor size: 1-5mm	6.67%	(2/30)	16.179	(566/3,501)	
Tumor size: 6-10mm	16.67%	(5/30)	32.509	(1,138/3,501)	
Tumor size: 11-15mm	33.33%	(10/30)	23.919	(837/3,501)	
Tumor size: 16-20mm	23.33%	(7/30)	11.179	(391/3,501)	
Tumor size: >20mm	20.00%	(6/30)	16.259	(569/3,501)	
Tumor stage: 0	40.00%	(6/15)	16.629	(261/1,570)	
Tumor stage: I	33.33%	(5/15)	66.509	(1,044/1,570)	
Tumor stage: II	13.33%	(2/15)	14.909	(234/1,570)	
Tumor stage: III	13.33%	(2/15)	1.85%	(29/1,570)	

Sample NMD Facility Report



Critical Outcomes? PPV's and CDR

- Necessary data elements
 - Indication for exam, overall assessment (patient level), classification of lesion, cancer staging
- Cancer Detection Rate (CDR)
 - How often did you find cancers?
- Positive Predictive Values (PPV's)
 - How often are positive studies really cancer?



Use Case: Quality Improvement

- Example 1 Monitoring individual physician quality
 - Data elements: BIRADS for each study
- Example 2 Tracking year to year performance
 - Data element assessment: Recall rate compare current to 1 year ago by radiologist and facility
- Example 3 Improving cancer detection and staging follow up
 - Data elements: Cancer size and node status after surgery, follow-up biopsy results – % of cancers with staging



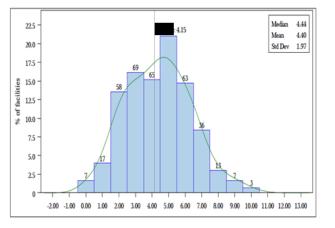
Use Case: Demonstrating Quality to Payers and

Healthcare Leaders

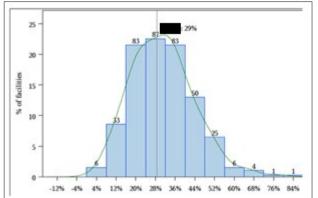
Example 1

 Cancer Detection Rate, recall rate

- Example 2
 - PPV's recall (PPV1), Bx recommended (PPV2), Bx done (PPV3)



CDR



PPV3



Use Case: Research Studies

- Population health disparities
 - Example: Screening Mammography in African American Women: Should screening frequency and onset be different?
 - Data elements: race, ethnicity, age, weight, patient zip code
- Appropriate age for screening
 - Example: Risk-Based Screening Mammography for Women Aged <40: Outcomes From the National Mammography Database
 - Data elements: age, availability of prior mammograms, family history of breast cancer, personal history of breast cancer, breast density
- Appropriate use of BIRADS
 - Example: <u>Cancer Yield and Patterns of Follow-up for BI-RADS Category 3</u> <u>after Screening Mammography Recall in the National Mammography</u> Database
- Tomosynthesis outcomes (future work)



NRDR Data Access and Publications

 https://www.acr.org/Practice-Management-Quality-Informatics/Registries/Data-Access-and-Publications

Registry	Approved NRDR Data Requests
NMD	Frequency, outcome and compliance of BI-RADS 3 probably benign lesions
NMD	Variability In The Use Of BI-RADS Assessment Categories: Clinical Practice versus ACR BI-RADS Atlas 5th Edition
NMD	Factors Associated with Rates of False Negative Results from Mammographic Screening in the NMD
NMD	Screening African American women
NMD	Linkage: Radiologists' characteristics and mammography facility characteristics associated with interpretive performance of screening mammography in NMD
NMD	Potential Changes in Distribution of BI-RADS Breast Density Categories Following Breast Density Legislation and BI-RADS Atlas Update



Life Cycle of NMD Exam



MRN: ABC

Exam date: 1/1/2020 Indication: Screening

Assessment: 0-Addtl imaging

Other ID: ABC

Exam date: 1/1/2020 Indication: Screening

Assessment: 0-Addtl imaging



MRN: ABC

Exam date: 1/15/2020 Indication: Diagnostic

Assessment: 4-Suspicioius



Other ID: ABC

Exam date: 1/1/2020 Indication: Screening

Assessment: 0-Addtl imaging

Exam date: 1/15/2020 Indication: Diagnostic

Assessement: 4-Suspicious



MRN: ABC

Exam date: 1/15/2020
Indication: Diagnostic
Assessment: 4-Suspicious
Classn of Lesion: Malignant



Other ID: ABC

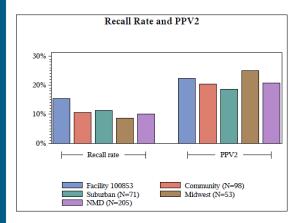
Exam date: 1/1/2020 Indication: Screening

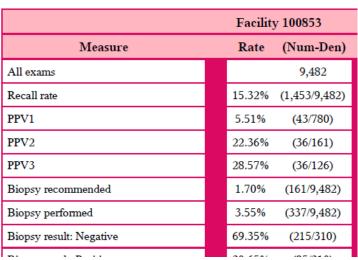
Assessment: 0-Addtl imaging

Exam date: 1/15/2020 Indication: Diagnostic Assessment: 4-Suspicious Classn of Lesion: Malignant

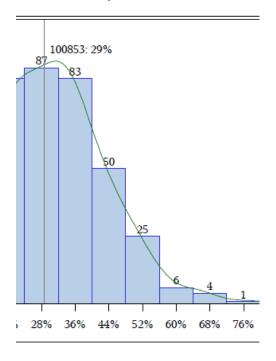


Life Cycle of NMD Exam



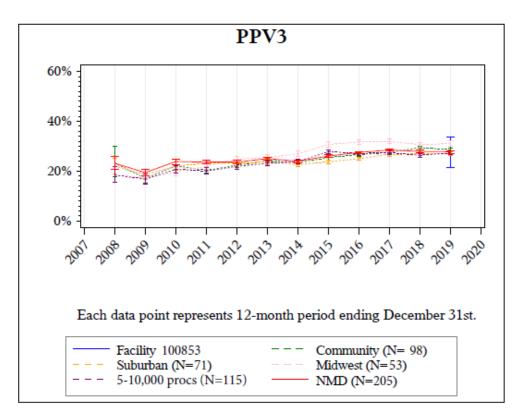


Distribution of PPV3 January 2019 - December 2019





Life Cycle of NMD Exam





Upgrading to Version 3.0 – Diagnostic Imaging

New Variables Collected in 3.0			
NMD file version number	Modality		
NRDR facility ID	Use of tomosynthesis		
Laterality of audit data	Additional imaging		
Combination examination	Tissue composition		
Standard screening mammo and US imaging	Amount of fibroglandular tissue		
Physician identifier 2 and 3	Background parenchymal enhancement		
Physician-level assessment - left and right			
breast and patient-level	Histology grade		
First examination ever	Primary tumor		
Time since previous examination	Regional lymph nodes		
Family history of breast cancer, other than			
first-degree relative	Distant metastases		
History of ovarian cancer	Nodes removed		
Previous biopsy - proven hyperplasia with			
cellular atypia	Nodes positive		
Previous lobular carcinoma in situ			



Certified Software Partners for 3.0

Certified Software Partners Approved for NMD 3.0/3.1/3.2



Certified Software Partners Approved Conditionally for NMD 3.0/3.1/3.2







2.0 to 3.0 Transition Process

- Talk with your team about benefits of transitioning
- Contact your vendor to find out what is required
- Set up with vendor may be required before you can start sending 3.0 data to NMD



Upgrading to Version 3.0 – Poll 1

How likely are you to move to version 3.0 in the next 12 months?

- A. Likely
- B. I'm not sure
- C. Unlikely
- D. I already use Version 3.0/3.1/3.2



Upgrading to Version 3.0 – Poll 2

What is your biggest barrier to moving to version 3.0? (Select all that apply.)

- A. Expense
- B. Time/data input burden
- C. Lack of expected return on investment
- D. Lack of institution support
- E. Systems/software issues



Preventing Common Data Errors

- Missing NPIs
- Patient ID conflicts
 - Patient has multiple IDs
 - Different patients have the same ID
- Dates not in valid date format (mm/dd/yyyy)
- Periods/commas in name fields



Value of "Good" Data

- Garbage in, garbage out
- Incomplete or erroneous data means:
 - Reports unable to provide facility measures
 - Reports provide inaccurate data
- Examples pathology
 - What was the cancer size on the surgical pathology report?
 - What was the axillary lymph node status at surgery?



Engaging with NMD

- NRDR Knowledge Base
 - https://nrdrsupport.acr.org/support/home
 - FAQ of questions from today will be sent after webinar
- Provide NMD feedback through our survey!
 - https://app.smartsheet.com/b/form/7613389ae5d947b2a2ae0c9877 980e7f
- Join us for Boot Camp Part 2: NMD Data Submission and Reports on August 26 @ 2pm EDT
 - Register: https://attendee.gotowebinar.com/register/4835794384525407248



CE Credit Claiming

CE Credit claiming instructions will be sent to you via email from alacount@acr.org following the activity, by Friday, September 4, 2020. Please click on the link and follow the instructions in the email to claim your credit, complete the activity evaluation, and receive your certificate. All evaluations and credit claiming requests must be completed no later than 11:59 EDT, Wednesday, November 26, 2020.

For questions regarding the credit claiming of this activity, please contact Alexis LaCount: alacount@acr.org.