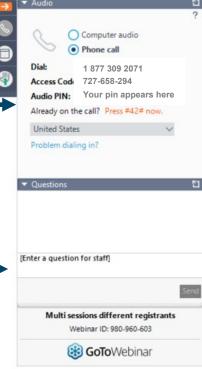


Welcome to the meeting. We will begin shortly.

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



Mike Simanowith
Director of Registries, ACR



Disclosures

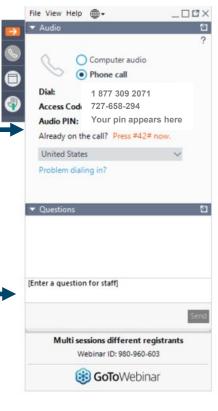
None



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"





Boot Camp Part 1 Webinar - Poll

Boot Camp Part 1 Recording:
 https://attendee.gotowebinar.com/recording/4098952269
 632543500

Did you attend the Part 1 webinar on August 20?

- A. Yes
- B. No



Audit is About Self Knowledge

- "Knowing yourself is the beginning of all wisdom."
 - Aristotle

- Know yourself. Don't accept your dog's admiration as conclusive evidence that you are wonderful.
 - Ann Landers



Purpose of NMD Reports: How are the data used?

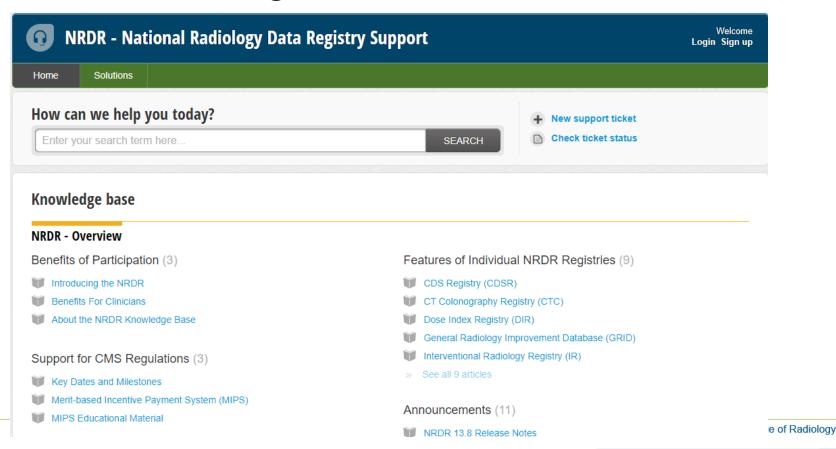
Today we will cover:

- Data submission
- Data submission error resolutions
- Report management
- Report uses



NRDR Knowledge Base

nrdrsupport.acr.org





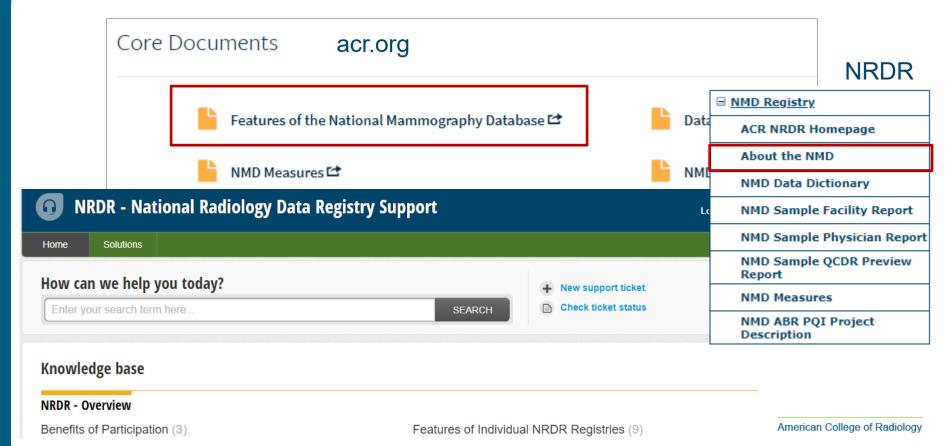
NRDR Knowledge Base - Poll

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



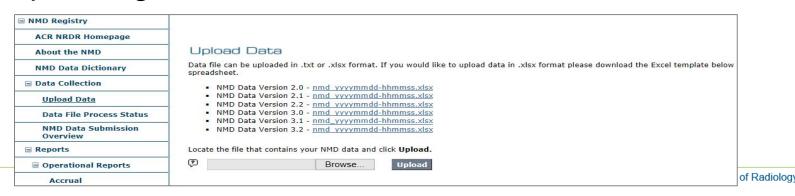
NRDR Knowledge Base - Demo





Data Submission: What are the options to report the data?

- Batch file upload
 - Creating a file
 - Using NMD certified software
 - Using other methods, eg, Excel
 - Uploading a file





Data Submission: What are the options to report the data?

- Web-based data transmission
 - How to set up
 - Benefits of this method
 - Submit an NRDR help desk ticket for more information



Data Submission: How often should the data be reported?

- Guidelines for data submission
 - At least every quarter
 - Submit current and previous quarter (6 months)
 - Deadline for submission is one month after the end of the quarter
 - Choose timeframe that includes updated records
 - Reports are calculated cumulatively



Resolution of Errors and Missing Data: What to do after I upload the data?

Check file upload status

Filename	File Received	File Loaded	Status	Facility ID	History ID	# of records in file	# of records rejected	# of records added	# of records added with warning	# of records updated	# of records updated with warning	Message	Action
100000_nmd_20200610-040001.txt	06/10/2020 09:48:12	06/10/2020 23:03:42	Successful	100000	20688	220	218	0	0	2	0		Delete Data File Download Log File Show Log File View Details
100000_nmd_20200610-030001.txt	06/10/2020 09:46:34		Rejected	100000	20687	220	220	0	0	0	0	All records were invalid.	Delete Data File Download Log File Show Log File View Details



Resolution of Errors and Missing Data: What to do after I upload the data?

- Common Issues
 - Files show "Valid w/ warning" (NPI)

Files were rejected



					*								
Filename	File Received	File Loaded	Status	Facility ID	History ID	# of records in file	# of records rejected	# of records added	# of records added with warning	# of records updated	# of records updated with warning	Message	Action
100000_nmd_20200803-092100.txt	08/03/2020 11:06:13		Rejected	100000	21265	1	1	0	0	0	0	All records were invalid.	Delete Data File Download Log File Show Log File View Details

NPI of

Interpreting Radiologist

N3045:Warning. Physician NPI 319 does not exist for this

319

facility ID/registry



Resolution of Errors and Missing Data: What to do after I upload the data?

File format doesn't match file version indicated

Record	Status	FileVersionNumber
1	Invalid	Unknown version number

 Uploaded data are not showing as submitted on the dashboard

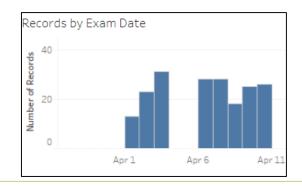
Corporate Account ID	Facility ID	Facility Name	Facility Location Address	Facility Status	Registry	Calendar Year Data Submission Status
					3D Printing	
					DIR	Not Submitted
100000	400000		100.0		GRID	Not Submitted
100000	100000	ACR Test	1891 Preston White Dr # 2, Reston, VA, 20191-4326	Active	LCSR	Not Submitted
					MIPS	Not Submitted
					NMD	Submitted
					DID	Cubmitted



Resolution of Errors and Missing Data: What to do after I upload the data? – Data Quality Report

Data Quality Report

Indication For Exam	Assessment (Patient-Level)		
1 - Routine Screening	Category 0: INCOMPLETE ASSESSMENT		
	Category 1: Negative		3
	Category 2: Benign		
	Category 3: Probably benign	1	
2 - Additional evaluation of	Category 1: Negative		3
recent screening	Category 2: Benign		3



- Record count by NPI
- · First exam date
- Last exam date
- Record count by classification and malignancy type



Resolution of Errors and Missing Data: What to do after I upload the data?

Data Quality Report

Missing and Unknown Values

Error Detail		
Error	Patient NRDR ID	Exams
Tumor Stage is not Stage 0 and	15150462	1
Malignancy Type = DCIS	15150463	1
-	15150465	2

Check	Data Element	Records	Percent
Missing	Sex (Optional)	58	100.0%
	Pathological size of tumor (Optional)	58	100.0%
	Film or digital (Optional)	58	100.0%
	Use of computer-aided detection (CAD) - Standard views (Optional)	58	100.0%
	Use of tomosynthesis (Optional)	58	100.0%
	Biopsy date (Optional)	18	31.0%
Unknown	Malignancy Type: Unknown	37	63.8%
	Classification of lesion: Unknown	18	31.0%



NMD Report Use – Poll 1

Have you accessed the **NEW** interactive NMD Data Quality Report?

- A. Not yet
- B. Yes, first time viewing the report
- C. Yes, more than once

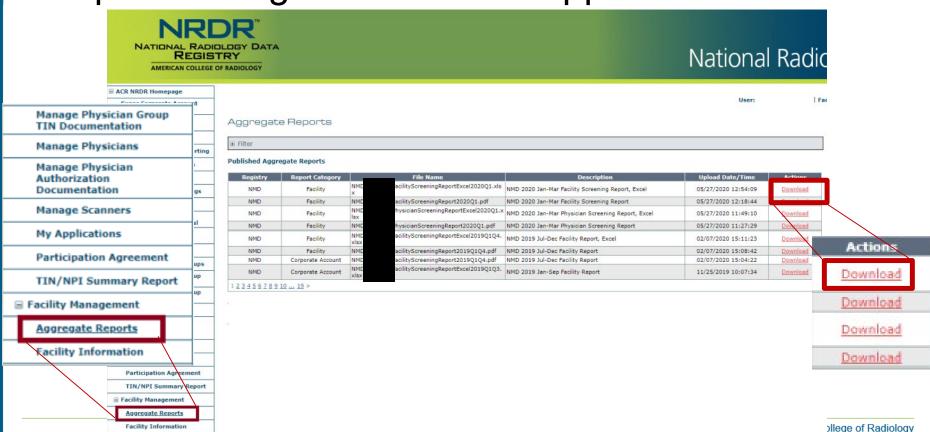


Report Management: What happens to the data?

- Available reports
 - NMD Facility Screening Report
 - NMD Facility Screening Group Report
 - NMD Physician Screening Report
 - NMD Physician Screening Group Report
- Future reports
 - Interactive aggregate reports



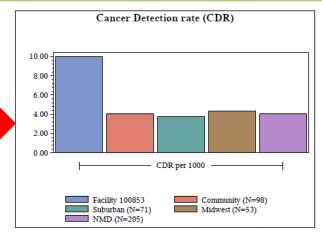
Report Management: What happens to the data?



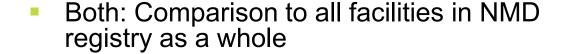


Facility Screening Report

 NMD Facility Report compares site performance to other similar sites by type, size, location, and region

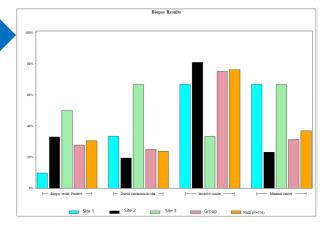


NMD Facility Group Report compares facilities under the same corporate account



 Posted quarterly – 1 – 2 weeks after month submission grace period

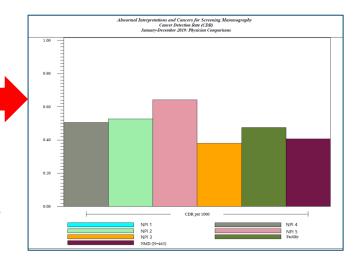
Qtr	Collect Data	Submit Period	Report Creation
Q1	Jan - Mar	Apr	~1 st 2 wks May





Physician Screening Report

- NMD Physician Report compares individual physician performance within a facility to all physicians in the facility
- NMD Physician Group Report compares individual physicians under the same corporate account to all physicians in the group



- Both: Comparison to all physicians in NMD registry as a whole
- Posted quarterly

Abnormal Interpretations and Cancers for Screening Mammography Physician 123 January-December 2019								
Physician 123 Facility / Group NMD (N=463)								
Measure	Rate	(Num-Den)	Rate	(Num-Den)	Rate	(Num-Den)		
All exams		100		500		3,102,964		
Recall rate	5.00%	(5/100)	10.00	% (50/500)	10.07%	(312,616/3,102,964)		



NMD Report Use – Poll 2

How frequently do you review your NMD reports?

- A. Annually
- B. Semi-annually
- C. Quarterly
- More frequently than quarterly
- E. Never



Data in the Report Doesn't Reflect What Was Expected: What to do

- Exams underreported
 - Check uploads for rejects
 - Ensure data are uploaded within 1 month of end of the quarter
- Measures not calculated
 - If no follow-up data provided, measures requiring follow up don't get calculated
- Low cancer detection rate
 - Cancers must be associated with a positive screening exam in order to be counted



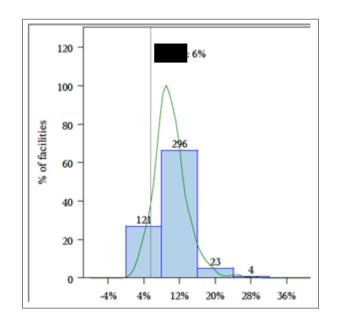
Outcomes in NMD Report Differ from Vendors

- Incomplete data uploaded
- Was BIRADS used correctly?
- Vendor doesn't use standard outcomes
 - Lymphoma is not a breast cancer so not a +
 - Multiple cancers in 1 patient only counts as 1
 - Different time frame used for reports
 - Other options old outcome definition of BIRADS 3



Intended Uses for Reports

- Set quality improvement goals
- Evaluate new radiologists
- See consistency of radiologists
- Demonstrate program performance to payers and others



Recall Rate - Variability



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/7613389ae5d947b2a2a e0c9877980e7f
- Future webinars
 - Stay tuned for more webinars in the NMD Training Series



NMD Training Webinar Series – Poll

What topics would you like to see covered in a future webinar?

- A. In-depth explanation of NMD reports
- B. How to read report charts and graphs (across NRDR)
- C. Translating NMD data into quality improvement projects (w/ case examples)



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.