June 9, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
CMS-1785-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Medicare Program; Proposed Hospital Inpatient Prospective Payment Systems; Quality Programs and for Eligible Hospitals and Critical Access Hospitals

Dear Administrator Brooks-LaSure:

On behalf of AHRA, The Association for Medical Imaging Management, we are pleased to submit the following comments on the 2024 Inpatient Prospective Payment System proposed rule (CMS-1785-P). AHRA is the professional organization representing management at all levels of hospital imaging departments, freestanding imaging centers, and group practices. Founded in 1973, AHRA’s 5000 members reach across the country and around the world.

Our comments are focused on the proposed adoption of the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults ECQM measure.

Proposed Adoption of Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults (Hospital Level—Inpatient) eCQM Beginning With the CY 2025 Reporting Period/FY 2027 Payment Determination and for Subsequent Years

AHRA appreciates CMS’s efforts to add radiology-focused, outcomes-based, electronic clinical quality measures (eCQMs). However, as detailed below, AHRA has concerns with the current state of the “Excessive Radiation eCQM” measure.

AHRA asks that CMS consider a more measured approach, allowing for additional testing at scale before implementing this measure.

Our primary concern stems from the administrative burdens associated with implementing the Excessive Radiation eCQM. We appreciate that Alara Imaging, currently the sole vendor whose software can meet this measure, has made their product freely available. However, the seamless integration of the “Alara Imaging Software for CMS Measure Compliance” into Hospital EHR and IT systems is not guaranteed.

We understand that step-by-step instructions on integrating the software with hospital EHR and PACS data will be made available but we would emphasize that the complexity and diversity of hospital technology systems make it unlikely that a single software can integrate with all hospital
technologies without considerable IT investments across the country. AHRA believes that it is important, in the long-term, for radiology departments to have more than one software solution that can implement this eCQM. Should the Alara Imaging product not work in certain situations, it is currently unclear what alternatives might be feasible for radiology departments to consider.

AHRA also concurs with the methodologic concerns expressed by the American College of Radiology (ACR) and others regarding the measure’s use of CPT and ICD-10 codes at the time of order to properly categorize the CT exam purpose. Many health and IT systems capture these CPT and ICD-10 codes, but only after the completion of diagnostic imaging. As a result, the diagnosis codes and CPT codes which the measure uses to calculate scores are not reliably valid.

Furthermore, while the measure does factor in the size of the patient through a size-adjusted radiation dose value, we are concerned that the size-adjustments used in the measure are not uniformly understood and limit the clinical flexibility necessary to provide accurate CT scans in certain scenarios. We are concerned that this measure may artificially limit the radiation-dose in certain situations, where the optimal radiation-dosage is in fact higher than what the measure might consider good or acceptable.

Finally, AHRA is committed to patient radiation safety, but we agree with the ACR that terms that might scare patients away from potential life-saving clinical care such as “excessive radiation” are alarmist and inaccurate. AHRA suggests that more neutral terminology such as “dose-lowering” or “dose-optimization” be used in this measure.

AHRA appreciates the work being done to create assessment tools that will help lower patient exposure to radiation dose and improve image quality. However, the administrative burdens associated with this particular eCQM, and the limited software options radiology departments would have to implement this eCQM, combined with the clinical concerns expressed by the radiology community, indicate to us that this measure needs to be refined further before it is included in the Hospital IQR Program measure set.

**Conclusion**

We sincerely appreciate your consideration of these comments regarding the 2024 Inpatient Prospective Payment System rule. We hope that you will find this input valuable. Should you have any questions, please do not hesitate to contact Melody Mulaik at Melody.Mulaik@rcsinc.com.

Sincerely,

**Nancy Green**

Nancy Green, FASAE, CAE
Interim Chief Executive Officer