Pioneers in Quality Expert to Expert Series: 2025 New Measure Review for Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults eCQM

(For both Inpatient and Outpatient Settings)

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Welcome and thank you for joining us for this Expert to Expert Webinar: 2025 New Measure Review for the eCQM: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults for Both the Inpatient and Outpatient Settings. I'm Susan Funk, an Associate Project Director with The Joint Commission's Engagement on Quality Improvement team, and today I'll be serving as this webinar's facilitator.

To start off, just a few comments about today's webinar platform. Use your computer speakers or headphones to listen. There are no dial-in lines. Participants are connected in listen-only mode. Feedback or dropped audio are common for live streaming events. Refresh your screen or rejoin the event if this occurs. We will not be recognizing the Raise a Hand or Chat features. To ask a question, click on the Question Mark icon in the audience toolbar on the left side of your screen. A panel will open for you to type and submit your question. The slides are designed to follow Americans with Disabilities Act rules.

Before we get started with today's eCQM content, we do want to explain that this webinar is highly technical and requires a baseline understanding of eCQM logic. Participant feedback from previous webinars indicated that the content is often too technical to comprehend for those that are new to eCQMs. We recommend anyone new to eCQMs visit the eCQI Resource Center at the hyperlink provided on this slide. You will find a collection of resources to help you get started with eCQMs.

The slides are available now. Within the Participant Navigation pane, select the Document icon. A new pop-up window will open, and you can select the name of the file. A new browser window will open, and from it you can download or print the PDF of the slides. The slides will be posted at the link at the bottom of this screen within two weeks following this broadcast. One last note: the links are not clickable on screen within this webinar platform. However, if you download the slides, all of the links are functional.

This webinar is approved for one Continuing Education Credit or Qualifying Education Hour for the following organizations: Accreditation Council for Continuing Medical Education, American Nurses Credentialing Center, American College of Healthcare Executives, and the California Board of Registered Nursing. Participants receive a certificate after completing the webinar and survey. Although we've listed the organizations that accredit Joint Commission to provide CEs, many other professional societies and state boards not listed accept credits or will match credit from Joint Commission's educational courses.

To earn CE credit, participants must individually register for this broadcast webinar, participate for the entire webinar, and complete a post-program evaluation and attestation survey. For more information on The Joint Commission's Continuing Education policies, visit the link at the bottom of this slide.

Just a few words about how to navigate to the CE survey and obtain your certificate. You will receive the survey link in two ways. On the last slide, we've included a QR code accessible via most mobile devices. If you miss the QR code, you will also receive an automated email that includes the survey link. After you complete the online evaluation survey, you will be redirected to a link from which you can print or download and save a CE certificate. An automated email will also deliver the certificate link. Complete the certificate by adding your own name and credentials.

The learning objectives for this session are: Locate measure specifications, value sets, measure flow diagrams, and technical release notes on the eCQI Resource Center. Facilitate your organization's implementation of the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT eCQM for the 2025 Calendar Year. And utilize answers to common issues and questions regarding the Excessive Radiation eCQM to inform 2025 use and implementation.

This webinar does not cover these topics: basic eCQM concepts, topics related to chart-abstracted measures, process improvement efforts related to these measures. And while we will not discuss eCQM validation during this webinar, if you are submitting eCQM data to CMS, please ensure your data is validated before submitting. Finally, please note: The Joint Commission will not implement this eCQM for the inpatient setting for 2025. However, it is available for submission to CMS.

All staff and speakers for this webinar have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content. Myself, Susan Funk, Dr. Rebecca Smith-Bindman, and Dr. Marc Kohli.

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The agenda for today's discussion follows. Highlight how to access resources on the eCQI Resource Center, review the new Excessive Radiation eCQM, review the measure flow and algorithm, and then we'll have a facilitated Q&A segment. Please note: you don't need to wait until the end of the presentation to submit questions. The content experts will be responding to questions in the queue throughout the webinar.

We will now highlight how to access the CMS eCQI Resource Center. The eCQI Resource Center provides a centralized location for news, information, tools, and standards regarding eCQMs. The majority of the tools and resources referenced within the eCQI Resource Center are openly available and provide a foundation for the development, testing, certification, implementation, reporting, and continuous evaluation of eCQMs.

Melissa, I'll continue screen sharing, and when you're ready, please go ahead and start your part of the presentation.

Thank you, Susan. This is Melissa Breth, Associate Project Director with The Joint Commission speaking. For the measure specifications and other helpful documents, navigate to the eCQI Resource Center website at https://ecqi.healthit.gov at https://ecqi.healthit.gov.

Click on the second orange rectangle labeled Eligible Hospital/Critical Access Hospital eCQMs, which leads to a new webpage where you can download specifications or click on the hyperlinked title of the desired measure and access and readily view the specifications and data elements. Available documents include HTML version of the Human Readable Measure Specifications, Value Sets, Data Elements, the eCQM Flow, Technical Release Notes of all changes for this year, and even a link out to the Jira ticket submitted for the selected measure. The eCQM Flow document depicts the process flow diagrams that some may refer to as algorithms. They walk through the steps to take to calculate an eCQM. Value Sets links out to the Value Set Authority Center, or VSAC, where one will find all the terms and associated codes contained within each value set. Note that a login is required, but anyone can request a UMLS account. And it's free.

For more details, view the eCQI Resource Center Navigation video short. I'll now turn things over to the UCSF Alara team to present about the Excessive Radiation eCQM.

Melissa, I'm going to actually keep going. I've got one more slide I'm going to do. Because I would like to introduce our presenter for today. So, I'll take a moment now to tee up the presentation. As background, UCSF was awarded a cooperative agreement from CMS to lead the development of this quality measure as an eCQM. Because this measure is atypical in requiring linking data from Electronic Health Records and radiology records, CMS required UCSF to develop an approach for all hospitals to be able to electronically report.

Alara Imaging was created by the Cooperative Agreement Investigators, together with UCSF, to allow universal reporting on this measure. Dr. Rebecca Smith-Bindman, the primary investigator for this work, will be discussing the measure today. Alara Imaging is the measure steward and will allow all entities to calculate the measure without charge. To reduce burden, many EHR providers have integrated the software. Rebecca Smith-Bindman is representing the Measure Steward today and will explain the specifications of this measure in detail. Hospitals and clinicians can use any software vendor who is capable of calculating and reporting on this eCQM as long as they do so in accordance with the measure's specifications. Dr. Smith-Bindman, whenever you're ready, please proceed with your presentation, and I'll continue screen sharing.

Fantastic. Thank you very much for the introduction. Please go to the next slide. So, I am excited to be describing this measure today. The same measure, so the name of it is long, CMS Excessive Radiation Dose for Inadequate Image Quality for Diagnostic CT in Adults, has been adopted into three separate CMS payment programs listed on the slide. But the measure calculation is almost identical for each, with a small difference in the reporting period for the inpatient reporting program where CT scans are included only if they're performed during an encounter that was completed during the measurement period and has a discharge date. If the encounter goes beyond the measurement period, the CT is not included.

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The presentation today will focus on the hospital inpatient measure, however, information specific to the outpatient measure has been added to an appendix that you can review by downloading the slides. This measure, as Susan noted, was developed through a cooperative agreement between CMS and UCSF. Because the measure was developed as an eCQM and, importantly, because eCQMs are unable to access radiology data, as required by a radiology measure, an additional calculation step was required for measure calculation, which makes this measure unique. This additional step creates new variables that are generated from the radiology data, in combination with the EHR data, that can then be used by the eCQM to calculate the measure. Alara Imaging was created by the measure developers, together with UCSF, in order to provide a solution for this intermediate step to allow measure calculation, and additional details are provided later in the presentation.

There are no fees associated with this additional computation step when provided by Alara Imaging. And, again, we'll describe that later in the presentation. Next slide please.

So this slide provides a high-level overview of the intent and rationale for this measure. CT scans are performed in more than a third of all U.S. hospitalizations and overall, in all settings, inpatient and outpatient, greater than 90 million scans are performed annually in the United States. For these scans, they use ionizing radiation, and there is marked variation in the radiation doses that are used to perform these scans. And excess radiation from CT represents a significant, modifiable, iatrogenic health risk, as excess radiation increases the risk of developing cancer. We recently estimated in a publication in JAMA Internal Medicine that as many as 100,000 future cancers could result from one year of CT use. We estimated 100,000 in 2023, but that will occur year after year. And so, this is the iatrogenic risk that this measure is intended to reduce. And research suggests that when healthcare organizations are provided with a summary of their doses, their subsequent doses can be meaningfully reduced. Next slide please.

So as a description of the measure, this measure provides a standardized method for monitoring the performance of CT to discourage unnecessarily high radiation doses, and it has a balancing component of image quality to ensure that CT scans retain image quality of diagnostic value. This eCQM is expressed as a percent of CT scans that are out of range based on either having excessive radiation dose or having inadequate image quality relative to evidence-based thresholds, based on the reason the scan was ordered and the exam's clinical indication. And as noted, this eCQM requires the use of translation software to translate data into an Electronic Health Record-compatible format prior to the eCQM calculation. Next slide please.

For scoring of this measure, it's scored as a proportion, and the proportion range is 0 to 100%. 0 meaning no exams are out of range, 100% meaning all of them. The measure type is considered an intermediate clinical outcome, and lower score indicates higher quality. It can be thought of in terms of the direction of the score like a mortality score, the higher the value, the worse. Next slide please. As I noted above, the measure has been included in three separate reporting programs. For the Hospital IQR, the reporting period begins this year, and this measures one that hospitals can choose to report on. The Hospital OQR begins as a voluntary measure this year, with mandatory reporting beginning in 2027. And for the Physician Payment Program, this measure is available for this Reporting Year and can be chosen as one of the measures to report on. Next slide please.

00:15:44
So, in terms of what the translation software. that was required for this measure means, DICOM data, and DICOM stands for Digital Imaging and Communications in Medicine, is the structure whereby radiology data are stored. This includes image data, the images that radiologists review, as well as information that contain the radiation dose that's used for each examination, stored in a field called the Radiation Dose Structured Report. Which is basically an electronic summary of the radiation. These data fields are standardized and digitized, they're electronic data, however they're not typically available or integrated with the Electronic Health Record and therefore with the associated eCQM framework. What translation software does is it retrieves the data from the structured fields, both within the Electronic Health Record but also within the radiology digital systems that contains the DICOM data. And that includes data structured sources including the Radiology Information System, the RIS, and the Picture Archiving and Communication System, the PACS. The translation software takes these primary data elements and creates three LOINC-encoded data elements that can then be stored in the EHRs and used for eCQM calculation the way eCQMs always work. Next slide please.

The purpose of this translation software is to basically access and link the primary data elements with minimal site burden, it was tested extensively and had little burden, to assess each CT scan for eligibility in this program, it basically decides for every scan whether or not it should be included, and the vast majority of scans are included based on specific criteria I will outline, and then generates these new data elements that are mapped to a clinical terminology for eCQM consumption. For each CT scan, the CT images, the Radiation Dose Structured Report as described in the prior slide, and the indication from the clinical encounter when the exam was ordered must be ingested and used to calculate these three variables. So the first variable, the CT Dose and Image Quality category, this reflects the type of exam performed based on the body region and the clinical indication.

For example, in the brain, patients might undergo a CT scan for an indication related to trauma or chronic sinusitis or a suspected stroke. And each of these different indications will be assigned to a different CT category, all within the brain. Each CT Dose and Image Quality has a specific set of Dose and Image Quality thresholds. And based on the study's ICD-10 and CPT codes, Logic classifies the study into one of the predefined categories based on body part. Calculated CT-Adjusted Dose, the third variable listed, reflects the total radiation dose received during the CT scan, risk adjusted by patient size since that's an important determinative [CORRECTION made post broadcast: *determinant] dose. The Calculated CT Dose thresholds vary by the CT Dose and Image Quality category. And the last variable, shown second, the Calculated CT Global Noise, reflects the image quality of the CT. The Calculated CT Global Noise thresholds also vary by the CT category. Next slide please.

This slide shows the same three variable and highlights important components of each. CT Category, the first one. Scans are judged using data from the EHR based on why the study was ordered, not what was done. And this is a very important distinction. There are some measures of quality of CT dose that judge the scans based on what the radiology chose to do in that scan, how to set up the technical parameters. This measure doesn't work this way. This measure judges the scans by what led the patient to have the test ordered. The clinical indication is captured from the diagnostic codes of the visit when the scan was ordered. And CT scans are categorized based on a framework that was published in the journal Radiology in 2022 that uses both anatomic region scanned and the clinical indication.

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The second version, the second variable, my apologies, the Size-Adjusted Dose, uses a variable called Dose Length Product. And that variable is basically the total dose that came out of the machine and delivered to the patient and is recorded by every modern scanner. More than 99.9% of scanners store this information. Because larger patients need more radiation dose, it's important to scale the results to the patient's size. It wouldn't be fair to judge the dose without taking patient size into consideration. And the doses scale to patient size to adjust for differences. And the size adjustment and the way the size adjustment is done ensures that facilities who have large patients are not penalized.

The last variable, Noise, is used to judge the image quality. An image noise is a standard method to assess image quality. This is a balancing component to ensure that facilities don't lower the image quality in order to lower the dose. And so, this is currently not the prime focus of the measure, but it's very important to prevent radiation dose reductions from being too severe. To be within range, for each CT exam, the exam must have at least one series that has sufficient image quality above the minimum. Next slide please.

So, working along with Alara translation software. Alara's translation software accurately performs the calculation by transforming the primary data elements into a format that can be used for eCQM calculations. The measure calculation of the three variables described on the previous page uses several sources of data.

First, calculation uses DICOM, and DICOM, as stated previously, stands for Digital Imaging and Communications in Medicine and is the standardized format used for medical imaging data. CT pixel data, meaning, the images are reviewed as part of this assessment and calculation of these measures, and they're used in part to calculate the patient's size, which is used for adjustment, and also to calculate the image quality. To determine the radiation dose used for the exam, the Radiation Dose Structured Report, also part of the DICOM data, are reviewed. This is a piece of data that's created for every CT scan but needs to be uniformly saved. And for people who want to report on this measure, the perhaps important first step is start saving the Radiation Dose Structured Report.

Lastly, in order to determine the indication for the exam, CPT and ICD-10 codes are used to determine the CT category. And all these calculations are automated in the Alara Medical Imaging Gateway. Sites can choose to send the CT studies from the machines with a routing rule on PACS or with the DICOM router.

For each study, the Alara Medical Imaging Gateway takes the images, the RDSR, the indication, calculates the three intermediate variables that I've described, and then these intermediate variables are eCQM-compatible and can be shared with a variety of software platforms or entities that calculate and report measures to CMS. The software is already integrated with many large vendors, and additional details regarding Alara's Gateway can be found on the Alara website, www.alaragateway.com/documentation. The Alara software is CMS-approved and free to use. Reporting entities need to install the software and configure the integrations with their radiology and EHR software systems. I want to point out that all calculations are performed within the hospital firewall, and the data do not need to leave the reporting entity's network at all. Reporting entities may alternatively choose any software that is able to generate the same standard data elements necessary to calculate the measure consistent with the measure specifications. And, in either case, reporting entities can use their preferred vendor for eCQM calculation and CMS reporting. Next slide please.

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CMS provided a clarification on the rule in January, 2025 regarding the reporting requirements, and they highlighted that hospitals and clinicians can use any software vendor who is capable of calculating and reporting on the eCQM as long as they do so in accordance with the measure specifications. These cannot be changed or modified. The specifications rely on the CT Dose and Image Quality category that assigns each CT exam to one of 18 categories based on the diagnosis associated with the exam order and procedure performed. The eCQM is an Electronic Health Record program, and the information on the clinical indication must come from the EHR. It cannot come from other sources such as the PACS or the Radiology Information System.

As part of the recent clarification, CMS suggests hospitals and clinicians may seek assurance from their vendor that they are using the correct and required variables. CMS has stated that they will monitor measure results to ensure that reported data are reliable and valid and calculated correctly. CMS will review vendor results and flag results that are inconsistent with the measure specifications. Next slide please.

For the reporting period, this eCQM is an episode-based measure and should be reported for each eligible CT scan performed in a hospital setting or in an outpatient setting during the reporting period. This should only include CT scans performed during an encounter that was completed during the measurement period and has a discharge date. The requirement of an encounter to be completed during the measure period has been published by CMS as a known issue for 2025. As an abbreviation of this measure, for the inpatient program, CMS calls this the ExRad Measure, for excessive radiation dose, and I'm going to use that from now on cause it's a little bit easier. Next slide please.

The measure will evaluate each included CT exam based on the allowable thresholds that are specified by the CT Dose and Image Quality category. So it's not a selective measure, it includes all CT scans. An exam is considered out of range if either the Calculated CT Global Noise or the Calculated CT Size-Adjusted Dose is out of range for the given CT Dose and Image Quality category. Exams will be evaluated against their corresponding thresholds for each. Next slide please. So, this slide reflects the English language version of the CQL logic that exists in the eCQM. The Initial Population includes all CT scans in adults age 18 years and older, the measure does not cover children, at the start of the measurement period that have a CT Dose and Image Quality category and were performed during an inpatient hospitalization during the measurement period. The Denominator includes the Initial Population with a CT Dose and Image Quality category, a Calculated Global Noise value, and a Calculated CT Size-Adjusted Dose value. Next slide please.

This graphic of the measure flow that you can find on the eCQI website is another way to represent the same information as on the previous slide. You can look at the diagram to make sure that you understand the flow, but, as on the last slide, the Initial Population includes all CT scans performed during an inpatient hospitalization in patients 18 and older by the start of the measurement period, the CT scan must have a non-missing CT Dose and Image Quality which reflects the reason for the exam, the inpatient hospitalization must end within the measurement period, and the Denominator includes all qualifying scans where the values for Global Noise and Size-Adjusted Dose are not missing. Next slide please.

00:30:00
In terms of Denominator Exclusions, as I mentioned in the first bullet, you see exams in children are not included in this measure, and therefore, if patient age is missing, the measure does not apply. The measure evaluates scores based on the reason for imaging, and the CT Dose and Image Quality reflects the category that sets the allowable thresholds. So if this is missing, the exams cannot be judged. For the second bullet, if the Dose or Image Quality metrics are not available, you obviously cannot judge appropriateness.

And, lastly, the third bullet, that there is a category for this which are excluded from the Denominator. These exams are included in the population cause they have a non-missing CT Dose and Image Quality category, but they're removed as a Denominator exclusion cause the value is full body, which reflects CT exams that cannot be categorized by anatomic area or by clinical agent, either cause they're simultaneous exams of multiple body regions outside our commonly encountered multiple region groupings, or because there's insufficient data for the classification based on a given diagnosis or procedure codes. So, for example, it's infrequent, but sometimes exams are coded just as a CT scan without having more information to understand where on the body it was done. The next slide please.

This slide is a visual representation of what we just went through on the written side, and I'll give you a moment to look at it. Next slide please.

So, for the Numerator, each CT scan is assigned to a CT Dose and Image Quality category. The Calculated CT Global Noise value and Calculated CT Size-Adjusted Dose value are then compared with allowable values specific to that category. And if either the Global Noise or the Dose Value are higher than the threshold, the exam is considered to be out of range. If either is too high, the exam is out of range. Next slide please.

This flow diagram represents another way to represent this logic of the eCQM. What you can see on this slide, for all the examples of the Numerator, are the specific thresholds for Noise and Image Quality for each of the CT Dose and Image Quality categories. Next slide please.

The numbers on that slide were a little bit hard to read, so this shows it in a little bit larger font. And this shows for each of the CT categories, for each of the LOINC code values for each of these categories, the name of the category, which is shown after the equal sign, and then the value for the Noise threshold and the value for the Size-Adjusted Dose threshold. For example, the second category, shown in green, LA31753-9, LA31753-9 reflects the category called Abdomen and Pelvis, Routine Dose. This is the category that would be used for a patient who has a CT scan for abdominal pain or suspected appendicitis, as examples. Many other things go in this category. This is the most common reason we do CT scans in the U.S. The allowable values for this scan for Noise would be 29, the first number after the category name, and the second number would be the value for Size-Adjusted Dose. That would be 644. Next slide please.

So, this slide shows a sample calculation. The indication for this exam is abdominal pain, and based on the associated CPT and ICD-10 codes, this would lead this CT scan to be assigned to the CT category Abdominal Pelvis, Routine Dose. There are many, many indications that would be categorized in the same CT category. Then the Size-Adjusted Dose of this particular patient scan would be compared with a threshold of 644 milligram centimeters, the threshold, and this particular exam's Image Noise would be compared with the threshold of 29 Hounsfield unit. And if either of those were exceeded, this exam would be considered out of range. Next slide please.

This last graphic is from the eCQM for the Physician Payment Program and represents the same information at the level of the clinician, but the logic is the same throughout. On the bottom of this slide on the right in the green, as this example shows, there may be 40 patients who have an exam that was out of range out of a Denominator of 100 exams that qualified for this measure after the exclusion. So, in this case, the performance rate would be, for this entity of your clinician or clinician group, 50% [CORRECTION made post broadcast:.*40%]. Next slide please.

00:35:40
I mentioned the measure logic is almost identical, and you can find the measure of Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults at the facility outpatient level on the eCQI Resource Center. We've also included in this slide deck the same information that I just reviewed for the hospital inpatient program for the outpatient program that you can review. Next slide please.

This slide just shows when you navigate the eCQI Resource Center, you get to choose: are you looking at the inpatient, the outpatient, or the eligible clinician files? And this is where you would choose the outpatient to get more details there or the eligible clinician to get more information there. Next slide please.

This slide summarizes the two different hospital programs, and you can see the population criteria and the measure calculations are almost the same, with the only difference being in the Initial Population, where the IQR program logically includes CT scans during an inpatient hospitalization and the OQR program includes scans performed in a hospital outpatient department, which includes the ED, that are not part of an inpatient hospitalization. Again, we've included at the end of the handout slides detailing more information on the outpatient that you can look at for both measures. Next slide please.

In terms of the reporting period, it's an episode-based measure, as I've mentioned, and should be reported for each eligible CT scan performed in the hospital outpatient setting during the reporting period. It's not in the outpatient, just like it's not in the inpatient, a selective measure, it includes all exams that are eligible. Next slide please.

Thank you very much for your attention, and I'm going to turn it back to Susan.

Excellent. Thank you, Dr. Smith-Bindman, for presenting the overview of this new eCQM.

We've included an additional resource slide here with links to direct the audience to the eCQI Resource Center, CMS Eligible Hospital Measures page, and the Get Started with eCQM links, the Teach Me Clinical Quality Language video series landing page, as well as video shorts on Hospitalization with Observation and What Is a Value Set. Continuing with the resource links, we have provided a link to the Value Set Authority Center, or the VSAC Support, the Pioneers in Quality landing page on The Joint Commission's website, the Expert to Expert webinar series landing page, and, finally, the ASTP/ONC Issue Tracking System where clinical and technical questions about these eCQMs should be submitted.

The Alara team has also provided links to additional education available about the Excessive Radiation Measure implementation and a link out to the Alara website for a form to denote interest in using Alara for the measure calculation. With that, we're going to move over into our facilitated Q&A segment. Just as a reminder, you can submit questions via the Question Pane. You will just click on the Question Mark icon in the Audience toolbar. A panel will open where you can type and submit your question. Just as a quick reminder: a written follow-up Q&A document will address both the questions we answered during the webinar and those that we do not get to during the broadcast. And the follow-up document will be posted to The Joint Commission's website several weeks after the live event, after CMS approves it. The Alara team has been busy responding to questions throughout the webinar, and we'll now share some of those questions and answers.

00:40:01
Raquel and Melissa from The Joint Commission's team will moderate this section. Raquel, I think you volunteered to go first, so please start whenever you're ready.

Yes, thank you Susan. My name is Raquel, Associate Project Director for The Joint Commission. We will start off with questions pre-submitted during the registration process. First question: "Does this measure still require "third-party software for calculations outside of our EMR?" Yes, third-party software is required for pre-processing.

Okay, the next question: "What data format will be required for submission of the data? Will data be submitted through Hospital Quality Reporting?" And the answer? Please visit QualityNet at https://qualitynet.cms.go for more information about eCQM submission requirements for CMS reporting programs.

Next question: "Is this measure fixed? "Is anyone correctly capturing data yet?" Answer: We would need more specificity as to what is perceived to be broken in order to answer the first question. Hospital systems are calculating intermediate variables with Alara and writing results to their EHRs for measure calculation.

Okay, next question: "Will this measure be required for critical access hospitals?" For Calendar Year 2025, inpatient ExRad is not mandatory for Hospital Inpatient Quality Reporting, IQR, and Medicare Promoting Interoperability Programs. However, hospitals may choose this measure as one of their three self-selected measures. Please visit the QualityNet for more information about eCQM reporting requirements.

Next question: "Information on how this gets reported? "Through the EMR, through a third-party vendor?" The details of this are specific to the payment program and the vendors involved. For additional specificity, please contact your EMR, pre-processing, and measure reporting vendors as applicable.

Okay. "Is the inpatient measure a requirement "for 2025 Calendar Year patients?" Answer: CMS inpatient program reporting is optional for 2025 Calendar Year.

Next: "Did I hear correctly "that OQR will be mandatory for Calendar Year 2027?" Yes, this is our current understanding.

Okay. "What is the definition of global noise? "Is there a paper that describes exactly the software calculates it?" Alara uses a scientifically proven methodology for calculating noise that has been fine-tuned for the measure. Image quality is measured using measurements in the air voxels surrounding the patient described in Dr. Smith-Bindman's paper in Investigative Radiology: "Improving the Safety of Computed Tomography "through Automated Quality Measurement."

Next question: "How is image quality determined?" Alara uses a scientifically proven methodology for calculating noise that has been fine-tuned for the measure. Image quality is measured using measurements in the air voxels surrounding the patient described in Dr. Smith-Bindman's paper in Investigative Radiology: "Improving Safety of Computed Tomography through Automated Quality Measures." So same response from the last question.

Next question: "Will weight of the patient be required for this calculation?" Answer: No. Size adjustment is performed based on patient measurements from the images themselves. "Do you have to use a translation software or can this be captured manually?" Translation software is required to process the radiation dose data and calculate intermediate variables. These values cannot be collected manually.

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Okay, next one: "Does Alara software allow facilities to analyze their data to improve their score, such as by identifying which scanner protocol or technologist may be contributing to the high score?" Alara software provides study-level reports that can be analyzed by sites to identify opportunities for improvement.

"Where was the form for interest in using Alara?" Alara can be contacted for additional questions at https://www.alaragateway.com/contact.
I think this is the last question that we have to be answered. Our folks are answering other questions. If they're not answered here in this segment, then they will be included in the writeup that will be available in a few weeks. So the last question is: "If we have DoseWatch, does that fulfill this requirement?" This question should be directed to DoseWatch vendor whether they conform to measure specifications for intermediate variable calculation.

Excellent. Thanks, Melissa and Raquel, for facilitating the Q&A and to the team in the background responding to as many questions as you were able to get to.

All Expert to Expert webinar recording links, slides, the transcripts, and after approved by CMS, the Q&A documents, can be accessed on The Joint Commission's website. The captioned recording and materials will be made available via the link we've provided on this slide within several weeks. In today's handouts, we have also included a PDF that includes the registration links for all of the Expert to Expert webinars that are currently open for registration. The link on this slide leads to the Expert to Expert landing page on The Joint Commission's website, which will also be updated to include links to additional webinars as the registrations open for them.

Before this webinar concludes, a reminder about the CE survey. Joint Commission uses your feedback to determine education gaps, inform future content, and assess the quality of our educational programs. As explained earlier, a QR code is provided on the next slide. If you prefer to take the CE survey later, an automated email also delivers the survey link. After you complete the survey, you will be redirected to a page from which you can print or download a certificate that you will complete by adding your name and credentials. In case you log off without downloading or printing your certificate, an automated email will also be sent to you that includes the link. This email is sent to the address that you provide within the CE survey.

We will pause on this slide for several moments to permit those that wish to use the QR code to scan it with their mobile device.

Thank you to Dr. Smith-Bindman for developing and presenting the content today and to Melissa and Raquel for facilitating the Q&A segment. Thanks also to the Alara team that was responding to the questions as the audience was submitting them. And, finally, thanks to all of you that attended. Have a great day.