

Transcript – Expert to Expert Webinar: Annual Updates for Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography eCQM for RY 2026

Broadcast April 30, 2026

Slide 1- 00:00:00

[Susan Funk] Welcome and thank you for joining us for this Joint Commission Expert to Expert webinar. Today's webinar addresses the 2026 annual updates for the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography eCQM. The Expert to Expert webinar series is offered in partnership with the Centers for Medicare and Medicaid Services and eCQM stewards. CE credit is available for this webinar for the live broadcast attendance only. I'm Susan Funk, Associate Project Director for Engagement on Quality Improvement Programs at the Joint Commission, and today I'll be serving as this webinar's moderator. Next slide please.

Slide 2- 00:00:44

Before we begin with the webinar content, we would like to offer just a few tips about webinar platform functionality. Audio is by voice-over internet protocol only. 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. If you experience such audio or streaming issues, refresh your screen or leave and rejoin the session. We will not be recognizing the Raise a Hand or the Chat features. To ask a question, click on the Question Mark icon in the audience toolbar. A panel will open for you to type your question and submit. The slides are designed to follow Americans with Disabilities Act rules. Next slide.

Slide 3- 00:01:37

Speaking of the slides, they are available now. Many links that are provided throughout this webinar are not clickable on screen. By downloading the slides, you'll be able to access the links and also take notes. To access the slides now, locate the participant navigation pane, then select the icon that represents a document. A new popup 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 a PDF of the slides. The slides will also be available within two to three weeks on Joint Commission's website at the link included at the bottom of this slide. The slides will also be available on the eCQI Resource Center. Next slide please.

Slide 4- 00:02:24

I'm sure that many of you attending today's webinar will wish to receive Continuing Education credit or qualifying education hours. All relevant information about Continuing Education credit is available within a handout we've included within the webinar resources and have also been communicated on the webinar registration page. The attachment includes: the list of entities that will provide credit, the requirements for participants to earn credit, and information about how to complete the survey and obtain a certificate. So be sure to download that attachment to learn more. Credit is available for attendance during this live webinar only. For information on Joint Commission's Continuing Education policies, visit the link provided at the bottom of this slide. Next slide please.

Slide 5- 00:03:17

The participant learning objectives are locate eCQM resources on the eCQI Resource Center, facilitate your organization's implementation of the Excessive Radiation Dose or Inadequate Image Quality eCQM annual updates for the 2026 reporting year, and utilize answers to common issues and questions regarding this eCQM to inform 2026 use and implementation. Next slide.

Slide 6- 00:03:49

This webinar does not cover these topics: basic eCQM concepts, topics related to chart-abstracted measures, and process improvement efforts related to these measures. While we will not address how to validate eCQM data during this webinar, before submitting data to CMS, please ensure your data is validated. Specifically, please ensure that extreme outlier results are verified. For example, extreme outliers may include reporting 0 or 100%. Please note that Joint Commission is not accepting data for this eCQM for the 2026 reporting year. Next slide.

Slide 7- 00:04:34

All staff and subject matter experts 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. Next slide.

Slide 8- 00:04:57

During this webinar, we will review the annual updates and changes for the Excessive Radiation Dose or Inadequate Image Quality eCQM for inpatients for the 2026 reporting year. We'll then provide an overview of the measure flow and algorithm. Then we'll do an overview of the outpatient version of the eCQM. Finally, we'll have a live Q&A segment that shares questions and responses that have been submitted during the presentation. Next slide please.

Slide 9- 00:05:27

Before we transition to the discussion about the changes for the 2026 reporting year, we wanted to point you to a PDF handout that includes directions to access eCQM specifications, value sets, measure flow diagrams, and technical release notes. The link to the eCQI Resource Center landing page is provided on this slide. However, be sure to download the PDF handout that has additional links and navigation guidance. You can locate that PDF within the resource section of the audience navigation pane. We explained how to access documents within the Resource pane earlier in the presentation. Next slide please.

Slide 10- 00:06:10

Okay, I will now turn the webinar over to our speaker for today, Dr. Rebecca Smith-Bindman from the Measure Steward Team, Alara. Dr. Smith-Bindman, please introduce yourself, and when you're ready, start your presentation.

[Dr. Smith-Bindman] Thank you very much. Really a pleasure to be here, and I want to thank you all for coming. I wish you good afternoon and a good morning wherever in the country. I am a professor of epidemiology and biostatistics at the University of California San Francisco, and I am the chief medical officer for Alara Imaging, the company that provides software to calculate this measure. Next slide please.

Slide11- 00:07:02

So, the name of the measure is kind of long, but it's the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults, and CMS has given this measure the nickname ExRad, and I'll use that to make the presentation a little simpler.

So, the measure has been adopted into four CMS payment programs, and the measure calculation is essentially identical for each of those programs with very small differences in the reporting periods and in the Initial Populations, which we'll go into more detail later. The presentation today will focus on the

hospital reporting programs. It will not focus on the MIPS clinician reporting measure. Viewers can find more information on the measure in the eCQI Resource Center or by contacting Alara, the measure steward. But in short, it's almost identical to what I will be sharing today.

The measure itself was developed through a cooperative agreement between the University of California San Francisco, UCSF, and CMS. Because the measure was developed as an eCQM and because eCQMs are unable to access radiology data as required by this measure, an additional calculation step was required for measure calculation. This additional steps creates new variables that are generated from the radiology data, and once those are created, those 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 will be provided later in the presentation. There are no fees associated with this additional computation step when provided by Alara Imaging. And again, I'll describe it later in the presentation. Next slide please.

Slide 12- 00:09:07

In terms of why the measure was created, the intent and rationale of the measure: CT scans are performed in more than 1/3 of acute hospitalizations, and maybe as high as 2/3 of hospitalizations, and we perform in the United States greater than 90 million scans annually. There is marked variation in the radiation doses that are used to perform these exams, and excess radiation from CT represents a significant, modifiable, iatrogenic health risk, as excess radiation increases the risk of developing future cancer. Research further suggests that when healthcare organizations are provided with a summary of their doses, their subsequent doses can be reduced. So that was why the measure was created. Next slide please.

Slide 13- 00:09:55

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

Slide 14- 00:10:43

The measure is scored as a proportion, so theoretically goes from zero to 100%. The measure type is an intermediate outcome measure, and in terms of what's improvement notation, decreased scores or lower scores indicate higher quality. Next slide please.

Slide 15- 00:11:06

And again, it's used in four CMS reporting programs. Earlier I showed you the numbers of the measures in those different programs, but the Hospital IQR for the 2026 reporting period, the Medicare Promoting Interoperability Program for the 2026 period, the Hospital OQR for the 2026 reporting period, and in the MIPS program for eligible clinicians in the 2026 reporting period. Next slide please.

Slide 16- 00:11:37

So, I mentioned the requirement for translation software. The way radiology data are stored is using DICOM, which stands for Digital Imaging and Communications in Medicine, and that is how the images

are stored as well as the radiation dose stored in a particular element called the Radiation Dose Structured Report. But these data elements in this data format are in general not integrated with electronic health records and therefore with the associated eCQM framework, which was developed to use EHR data. Translation software retrieves data from structured fields within the EHR, like other eCQMs, but it also retrieves information from the radiology digital systems including the Radiology Information System or the Picture Archiving and Communication System, so it pulls data from the radiology-stored data in addition to the EHR-stored data. The translation software then results in analyzing those data and creates three new LOINC-encoded data elements that then can be stored in the EHRs for calculation of the eCQMs, just like all other measures. Next slide please.

Slide 17- 00:12:57

The purpose of this translation software is basically to access and link the primary data elements with minimal site burden, to assess each CT scan for eligibility based on specific criteria and then generate these three new data elements that are mapped to a clinical terminology for eCQM consumption. So, for each CT examination, the CT images, the Radiation Dose Structured Report, and indication data from the clinical encounter must be ingested together and then used to calculate three new intermediate variables. The first one, computed tomography CT Dose and Image Quality Category, reflects a type of exam based on the body region and the clinical indication. Each CT scan that's performed has specific set of dose and image noise thresholds. Based on the study's ICD-10 and CPT 4 codes logic classifies the study into one of the predefined CT categories that are based on the body region and why the study was obtained. That's the first bullet point. The second, Calculated CT Global Noise, reflects the total radiation, actually, sorry, the second one, Calculated CT Global Noise, reflects the image quality of that CT exam, and the CT noise thresholds vary depending on the CT Dose and Image Quality Category. So, the second bullet. The third bullet, the Calculated Size-Adjusted Dose, reflects the total radiation dose that was delivered during that CT examination that's risk-adjusted by patient size. Patients who are larger need more dose, and so it's important to adjust the dose given the patient's size. As with noise, the Calculated CT Size-Adjusted Dose thresholds vary by the CT Dose and Image Quality Category. And then these three newly created variables can be stored in the EHR and used by any vendor to calculate the eCQM. Next slide please.

Slide 18- 00:15:14

So, I'm summarizing these three variables on this slide. The first column, the CT Category: the scans are judged using primarily the EHR data based on why the study was ordered, not what was done, so what the clinical reason for the scan was, but not the decisions on how to image that patient, that's done within radiology. The clinical information is captured from the diagnostic codes of the visit when the CT scan was ordered, and this information is stored in different locations for different organizations. And CT scans are categorized based on anatomic region as well as the clinical indication. And the framework for this was published in the journal "Radiology" in 2022. The second variable, Size-Adjusted Dose: the total dose for the exam is captured using a metric called the Dose Length Product, and that's basically the total machine output that's recorded by every modern scanner, and it's included the sum of every irradiating series. The dose, as I mentioned, has to be scaled to patient size to adjust for population differences across reporting entities, and that's basically a measurement of the patient size from the images itself. The size adjustment ensures that facilities that tend to see larger patients are not penalized. And the third variable, Noise: noise is a standardized method to assess image quality. For this measure, this is a balancing component of the measure to prevent any incentives to reduce dose from reducing the dose too far, so the image quality is inadequate. To be within range for any CT exam,

for noise, the exam must have at least one series that has sufficient quality above the floor. For size-adjusted dose, it's that the total dose is not above the ceiling. Next slide please.

Slide 19- 00:17:18

Alara's translation software accurately transforms primary data elements into a format that can be used for eCQM calculations. The Alara translation software is CMS-approved and free to use. Reporting entities install the Alara software, they configure connections to it, and then Alara's translation software integrates with radiology and EHR systems. So, after the software is downloaded, measure calculation of the three variables described on the preceding pages uses several sources of data.

First, the calculation uses the DICOM data. The DICOM, as stated previously, stands for Digital Imaging and Communications in Medicine, and it's the standardized format used for medical imaging data. CT pixel data, meaning the images themselves, are reviewed and used to calculate the patient's size as well as used to address the quality of the medical imaging exam as measured using the calculation known as noise.

To determine the radiation dose used for the exam the Radiation Dose Structured Report, RDSR, it's also part of the DICOM data are reviewed, and that piece of information is the first thing that any reporting entities need to start saving to report on this measure, because that's not uniformly saved, the RDSR.

Lastly, in order to determine if the indication for the exam - what the indication for the exam performed, the CPT and the ICD-10 codes are used to determine the CT category.

The calculations are automated in the Alara Medical Imaging Gateway once it's downloaded and the connections are established. Sites can choose different ways to send the data to the Alara software. They can come directly from the CT machines with a routing rule in PACS or the DICOM router. For each study, the Alara Medical Imaging Gateway takes CT image, RDSR, and indication data and calculates the three intermediate variables seen on the prior slide: the CT Dose and Image Quality Category, Size-Adjusted Dose, and Calculated CT Noise. These intermediate variable results are indeed eCQM-compatible and can be shared by Alara with a variety of software platforms or entities to calculate the reported measure and submit measures to CMS. Additional technical details regarding Alara Medical Imaging Gateway technical requirements and installation can be found on the Alara website, which is www.alaragateway.com/documentation.

I want to say again, all the calculations are performed without the necessity for any data leaving the reporting entity's network. To initiate the process, reporting entities should go to the Alara website and submit the Alara ExRad form. Reporting entities may alternatively choose any software provider that's able to generate the same standardized data elements to calculate the measure consistent with the measure specifications. In either case, whether you use Alara or another entity, reporting entities can use their preferred vendor for eCQM calculations and CMS reporting. Next slide please.

Slide 20- 00:20:46

CMS provided a clarification in January of 2025 regarding reporting requirements. And what they noted is that hospitals and clinicians can use any software vendor who can calculate and report on this eCQM if they do so in accordance with the measure specifications. The specifications rely on the CT Dose and Image Quality Category that assigns CT exams to one of 18 categories based on the diagnosis associated with the exam order and procedure performed. eCQMs use data derived from electronic health record, and therefore the information on the clinical indication must come from the electronic health record. As part of this clarification, CMS suggests hospitals and clinicians may seek assurance from their vendor that they're using the correct and required variables. CMS has stated they'll monitor

measure results to ensure that the reporting data are reliable, valid, and calculated correctly, and CMS will review vendor results and flag results that are inconsistent with the measure specifications. Next slide please.

Slide 21- 00:21:58

So, we'll dive in a little bit into the measure, the ExRad measure, in inpatient settings.

Slide 22- 00:22:07

This eCQM is an episode-based measure and should be reported for each eligible CT scan performed in a hospital inpatient setting during the reporting period. This should only include CT scans that are performed during an encounter that was completed during the measurement period and that has a discharge date. The requirement of an encounter to be completed during the measurement period was a known issue in 2025, and one major change to this measure, CMS 1074, for the 2026 reporting period is that the measure logic was updated for the Initial Population to include a CT scan that occurred during the encounter that ended during the measurement period, resolving a known issue with the measure and harmonizing the measure with existing hospitals' eCQMs. Next slide please.

Slide 23- 00:23:06

The measure, the ExRad measure calculation: the measure will evaluate each CT exam based on allowable thresholds that are specified to the CT Dose and Image Quality Category. 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 its CT Dose and Image Quality Category. Exams will be evaluated against the corresponding thresholds for the Calculated CT Size-Adjusted Dose, Dose Length Product, and Noise for the specific CT category. Next slide please.

Slide 24- 00:23:46

So, the Initial Population are all CT scans in adults age 18 years and older at the start of the measurement period that have a CT Dose and Image Quality Category and were performed during an inpatient hospitalization that ends during the measure period and are included. Again, this updated measure logic for the Initial Population to include a CT scan that occurs during the encounter that ends during the measure period, resolving the known issue, EK-136, harmonizing with other eCQMs. And the Denominator equals the Initial Population with a CT Dose and Image Quality Category, a Calculated Noise Value, and a Calculated Size-Adjusted Dose Value. Next slide please.

Slide 25- 00:24:33

This figure shows the measure flow for the inpatient measure and shows that it includes all scans that are performed during an inpatient hospitalization on adults in the right age group at the start of the measurement period. The scan must have a non-missing value for CT Dose and Image Quality Category, which reflects why the scan was performed, and the inpatient hospitalization must further end within the measurement period. The Denominator includes all qualifying scans where values for Global Noise and Size-Adjusted Dose are not missing. Next slide please.

Slide 26- 00:25:18

There are Denominator Exclusions for the inpatient measure. First, exams in children are not included in the measure, and therefore if patient age is missing, the measure does not apply. The measure evaluates scans based on the reason for imaging. The CT Dose and Image Quality reflects the category that sets allowable thresholds, and thus, if it's missing, the exam cannot be judged. For the second bullet, if the measurement of Noise or the measurement of Calculated Size-Adjusted Dose are not

available, it's also not possible to judge the appropriateness, and those are excluded. The third bullet: CT scans assigned to a CT Dose and Image Quality Category of Full Body, that's the value of LA-31771-1, are also excluded. These exams are included in the Initial Population because they have non-missing CT Dose and Image Quality Category, but then they are removed as a Denominator Exclusion because the value is Full Body. And these reflect exams that cannot be simply categorized by anatomic area or clinical indication either because they're simultaneous exams of multiple body regions that are outside of some commonly encountered ones, or because there's insufficient evidence based on their classification. So, if it makes it into that category of Full Body, it's a Denominator Exclusion. Next slide please.

Slide 27- 00:27:05

And this flow shows this information graphically, that basically if the qualifying exam type is 'Full Body', it's a Denominator Exclusion. Again, these are exams that cannot be categorized based on body region or clinical indication. Next slide please.

Slide 28- 00:27:25

The ExRad measure inpatient flow: first, the measure evaluates both the image quality and the radiation dose. If either is too high, the exam is scored as out of range. The CT Global Noise value and Calculated Size-Adjusted Dose are compared with allowable thresholds that are specific to this category, and if either is out of range, the exam is considered out of range. Next slide please.

Slide 29- 00:27:56

This slide shows the flow for the Numerator, including the Numerator requirement that a qualifying scan have non-missing values and assessments of the result of the Calculated Noise and Size-Adjusted Dose variables. Next slide please.

Slide 30- 00:28:21

This slide shows the LOINC code values that have been assigned to each of the CT categories. The name of the category is shown after the equal sign, and following that, the Value, the threshold value for the Noise and the threshold value for Size-Adjusted Dose are shown for each category. As an example, I've highlighted one row in blue. The second category, that category is 'Abdomen and Pelvis, Routine Dose.' This category would be for patients who underwent a CT scan of the abdomen for an indication such as abdominal pain or suspected appendicitis. This would be the most common reason we do CT scans in the United States. The allowable threshold for this category is 29 for Noise and 644 MilliGray-centimeter for the DLP Size-Adjusted Dose. Next slide.

Slide 31- 00:29:23

This slide shows an illustration of the measure calculation, which is actually quite simple. The CT exam is an abdomen with an indication of abdominal pain, and that would have been assigned to Routine Abdomen based on the CPT and ICD-10 codes. There are many indications that would also have been assigned to this same CT category of Routine Abdomen. I'm just giving you one example. It happens to be the most common example. For that exam, once it's assigned to the CT category of Routine Abdomen, the Size-Adjusted Dose would be compared to the Allowable Threshold of 644 MilliGray-centimeters, and the Image Noise would be compared to the threshold of 29 Hounsfield Unit. And if either of those were greater than those thresholds, the exam would be determined as out of range. Next slide please.

Slide 32- 00:30:21

I'm going to go through much more quickly the measure, the same measure that's used in the outpatient program. More quickly, because really the information is the same. Next slide please.

Slide 33- 00:30:35

I've highlighted in this slide a comparison between the Hospital IQR program and the Hospital OQR program, and I've highlighted the differences in green. The only difference between these programs is in how the Initial Population is calculated, where the IQR program logic includes CT scans performed during a hospitalization, and the OQR program includes scans performed in an outpatient department, including the emergency department, that are not part of an inpatient hospitalization. And these phrases in green sort of draw out the difference. We have included at the end of the handout slides slides highlighting more information about the outpatient program. For the OQR program, it's also an episode-based measure and should be reported for each eligible CT scan performed in the outpatient setting during the reporting period. Next slide please.

Slide 34- 00:31:41

And I think I need one more slide ahead please. I'm doing the slide measure calculation.

Slide 35- 00:31:49

Perfect. For the measure calculation, again identical to the inpatient program, it'll evaluate each CT scan based on allowable thresholds that are specified to the CT Dose and Image Quality Category. The exam is considered out of range if either the Noise or the Size-Adjusted Dose is out of range for that category, and exams are evaluated against the corresponding thresholds, which are the same as the inpatient measure. Next slide please.

Slide 36- 00:32:18

In terms of the OQR flow, that Initial Population is slightly different as we saw previously. If the outpatient visit was during the measurement period and the CT scan was performed during that period, typically on the same day, the CT exam is included. And this is different than the inpatient program, where the hospitalization can extend beyond the measurement period, and if a CT scan occurred during that encounter that didn't end during the measurement period, this does not get included. So, the CT scan could be in the right time period, but if the hospitalization extends beyond the measurement period, it wouldn't be included. So, for the OQR, all scans in adults 18 and older at the start of the period that have a CT Dose and Image Quality Category that were not performed in an inpatient setting that ends during the measurement period and not part of an inpatient hospitalization. And the Denominator includes the Initial Population with a CT Dose and Image Quality, Global Noise Value, and Size-Adjusted Dose Value. Next slide please.

Slide 37- 00:33:29

This slide shows the OQR flow, which is the same as we've described above. Next slide please.

Slide 38- 00:33:38

Denominator Exclusions: again, the same as the inpatient program. Scans with missing patient age or CT Dose and Image Quality are excluded from the population. CT scans with a missing Calculated Global Noise Value or missing Calculated CT Size-Adjusted Dose Value are not included in the Denominator. CT scans assigned to a CT Dose and Image Quality Category listed here using the LOINC answer list as 'Full Body' are excluded from the Denominator. And these exams are included in the Initial Population because they have a non-missing CT Dose and Image Quality Category, but then are

removed as Denominator Exclusions because their value is 'Full Body', which reflects exams that cannot be categorized by anatomic area or body indication, either because of simultaneous exams of multiple body regions outside the four commonly encountered multiple body region exams, or because there's insufficient data for the classification based on the given diagnosis and procedure codes. Next slide please.

Slide 39- 00:34:41

This again shows the flow for the Denominator Exclusions, the same as the inpatient program. Next slide please.

Slide 40- 00:34:50

For the Numerator, each scan is assigned to the CT Dose and Image Quality Category. The Calculated CT Global Noise Value and Calculated CT Size-Adjusted Dose Value are compared with the allowable thresholds specific to the CT Dose and Image Quality Category. And if either the Calculated CT Global Noise Value or the Calculated CT Size-Adjusted Dose Value are higher than the allowable thresholds, then the exam is considered out of range. Next slide please.

Slide 41- 00:35:20

This slide shows the flow of the Numerator, the same as we reviewed above. Next slide please.

Slide 42- 00:35:29

The thresholds on this slide, the same thresholds as for the Hospital Inpatient Program. Next slide please.

Slide 43- 00: 35:39

Oop. I think that's the end of my presentation. Thank you so much for your participation and we welcome questions that you can submit online. Susan, I think back to you.

[Susan Funk] Excellent. Thank you so much, Dr. Smith-Bindman, for leading us through the annual updates for both the inpatient and the outpatient eCQMs. I'll take over for just a few slides here before we jump into the Q&A segment. So, on this slide we've included a couple resources. This first slide provides the links to the eCQI Resource Center CMS-Eligible Hospital Measures page and the Get Started with eCQMs links. We've also linked to the Teach Me Clinical Quality Language Video Series and specifically to the video shorts on Hospitalization with Observation and What Is a Value Set. Next slide please.

Slide 44- 00:36:37

On this second slide, we've included resources, or links to resources for the Value Set Authority Center, or VSAC, Support. We've also included the link where you can find information about the Expert to Expert webinar series on the Joint Commission's website, and finally, the ASTP/ONC Issue Tracking System. And that's where clinical and technical questions about these eCQMs should be submitted following this webinar. And I just want to stop here to give a little bit of context about the ASTP/ONC Issue Tracking System. Many people call it Jira. The same subject matter experts from the Alara Imaging team that are on today's webinar are also the same staff that respond to questions that are submitted to that ASTP/ONC platform. I want to clarify that the Q&A document that will come out following this webinar will likely take several weeks, and it's because CMS requires that they approve the responses before we can distribute them. So, if you need a more immediate answer, please consider submitting that question via the issue tracker. Next slide please.

Slide 45- 00:37:51

Okay, I'm going to just reiterate a little bit about how to ask questions before we jump into the queue. To ask a question, you need to use the Question pane. You'll click on the question mark icon in the audience toolbar. A panel will open for you to type your question and submit it. The questions that are asked during the live event will be addressed in a written follow-up Q&A document, and that follow-up document will be posted on the Joint Commission's website several weeks after the live event. As we noted earlier, that's after CMS review and approval.

One more note for the audience before we dive in. Our subject matter experts have been very busy during the presentation, responding to many of the audience's questions as they've been submitted. However, there are typically some questions that are very specific to an organization or a situation, and such questions require additional time and consideration for response. So not all of the questions can be answered during this live webinar, but the team will work on a response to be included in the written document. We will now welcome Carly Stewart from the Alara Imaging team to share some of the questions and answers that came in throughout the webinar. Carly, please introduce yourself, and you can jump right in after that with the first question in the Q&A that you want to address.

[Carly Stewart] Sure. Hi, can you hear me okay?

[Susan Funk] Yes, we hear you, we hear you fine. Thanks.

[Carly Stewart] Okay, great. So, I am a senior project manager at Alara. Before this, I was working with Dr. Rebecca Smith-Bindman at UCSF on the development of the ExRad measure. So, I'll go ahead and just jump into some of the first questions.

The first one that's come in is: Why is the translation software necessary? The answer is: The measure requires linking CT dose data stored in DICOM images and Radiation Dose Structured Reports on your PACS with clinical data such as the CPT and ICD-10 codes from your EHR. These two systems have not natively communicated in an eCQM-compatible format. The three intermediate variables that must be calculated and transmitted to the EHR for eCQM ingestion and computation.

The second question is: Can you describe the time and effort needed to implement and report on this measure? The answer is: Implementation burden has been confirmed as modest across 16 hospital test sites and several hundred early reporting hospitals. CMS received public comments of testing to acceptable burden. Alara Gateway can be deployed in as little as one day. Set-up meetings are typically scheduled within 24 hours of outreach and coordinated at the health system level, not at each individual site. Some prerequisite work is required of the health system to establish EHR integration, which takes one to four weeks. The software reads existing DICOM data and standard EHR feeds without requiring changes to CT scanners or clinical workflows. Contact alara.com/contact to get started.

Question number three: How do we report on this? Does Alara do the submission to CMS? The answer is: Reporting ExRad requires four steps. Number one, ensure that your archives and scanners are configured to store Radiation Dose Structured Reports, that's the RDSR. Number two, install the pre-processing/translation software that reads your CT scanners' DICOM images and RDSRs, receives data from the EHR, and calculates the three intermediate variables, and those are: CT Category, Size-Adjusted Radiation Dose, and Global Noise. Number three, the software writes those variables to your EHR. Number four, your certified EHR calculates and submits the eCQM to CMS through standard quality reporting channels. Details are available at alaragateway.com/documentation. Alara does not submit to CMS directly on your behalf. Consult your EHR and eCQM reporting vendors for submission specifics.

Question number four: Does our EHR support this eCQM? The answer is: ExRad uses standard eCQM architecture already used by hundreds of other eCQMs. Hospitals already reporting other eCQMs have the necessary EHR infrastructure in place. Most EHR vendors have integrated with Alara Gateway or support ExRad data elements. For specifics on your EHR support, contact your EHR vendor directly or visit alaragateway.com/contact.

The fifth question is: Do we get results in real time? How can we see our results? Can we run a report in the EHR? The question is: Organizations using Alara Gateway receive near-real-time feedback at the individual exam level. Alara provides study-level reports that can be analyzed by scanner, protocol, or technologist to identify improvement opportunities. For questions regarding EHR capabilities, please contact your EHR support team.

00:43:19

Those were the first five questions to come in. Susan, should I continue to read some of the other questions that have come in?

[Susan Funk] Yes. Why don't we take maybe like, you know, three to four more minutes and try and get through some additional questions that have written responses, and if any others come in that we can get responses to, we can include those. But maybe just pick, you know, some that you feel comfortable reading aloud that would relate to the majority of the audience.

[Carly Stewart] Okay. So, there is one question: Is this a voluntary measure, and when will this measure be mandated? For the Hospital IQR program this is a voluntary eCQM available for selection for CMS reporting for 2026. We cannot provide information about CMS' future requirements. Please check the CMS final rules to determine future reporting requirements. That was for IQR.

Another question came in about the OQR. Let me read that one. "Is this a future required measure for CMS 1206 version 3 OQR or is it optional?" I can't see the rest of the question, but I believe it was, "I know that this is an optional measure in the IQR." The answer is: This measure is currently voluntary in OQR. In the latest OPPS rule, CMS stated its intention to require mandatory reporting on this measure in the future but has not yet specified a timeline.

One question that's come in is: I've been told we have software in place that will allow us to meet this measure, but it is not Alara. Is Alara the only software that can be used? I'm so sorry, Susan. This is a longer answer and I can't see the full answer.

[Susan Funk] That's okay. The response that was provided is: Hospitals and clinicians who choose to report this eCQM may use any vendor software that meets the necessary requirements to generate the standardized data elements required to calculate the measure consistent with the measure's specifications. Hospitals and clinicians are not required to use the Alara Imaging software for CMS measure compliance. Any software vendor capable of calculating and reporting this eCQM in accordance with the measure's specifications, including transforming radiology data into a format compatible with eCQM reporting, may report this measure on behalf of hospitals and clinicians. Hospitals and clinicians are not required to demonstrate to CMS that the software they or their vendors use can generate and transform the radiology data into the necessary format. However, nothing would prevent a hospital or clinician seeking assurance about the ability of a specific software to perform these tasks from requesting that information from a vendor. As with all eCQMs, CMS will monitor measured results to ensure that all reported data for the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography in Adults eCQM are both reliable and valid. This may include analyzing data to identify outliers and common characteristics of outlier submissions.

You're right, that was a very long response. We're nearing the end. If there's maybe another short couple of questions, like, where you can see the question and the full response, go ahead. I might jump in with anything that's related to, you know, not necessarily the measure specifications. If there's something else, I can jump in and help with. I'll turn it back to you, Carly. Thanks.

00:47:08

[Carly Stewart] Yes. Okay. "Will the thresholds be provided?" The answer is yes. The thresholds are freely available on the eCQI Resource Center and were also in this presentation.

One question was: Do both numbers need to be out of range, or can one be and the other not and still count as out of range? I think that's referring to the Dose and the Noise. The answer is: Either number out of range means that the scan is out of range.

One question says: Confirming if a patient comes into the ED, has a CT abdomen, and then is admitted as either observation or inpatient, this exam would not qualify for the OP measure? The answer is: In the presented scenario, the scan would be measured in the hospital outpatient program as the patient was not admitted when the scan was performed. This scan could also be counted for MIPS. Measure logic will only attribute a scan to either inpatient or outpatient setting.

Question: does the Rad Report that includes the dose of the patient meet the requirement? The answer: no, unfortunately this is inadequate to calculate a Size-Adjusted Dose and Image Noise.

[Susan Funk] Dr. Smith-Bindman, I don't want to put you on the spot, but I've seen you put a couple notes into the chat. Is there a specific question in the queue that you would like us to try to address before we end the webinar? And if so, is there a response that you would like us to share? You can communicate with us in the presenter platform if you'd like us to use a specific response.

[Dr. Smith-Bindman] One person who's asked several different questions asked about seeing the results of their performance, and if they work with Alara, yes, of course they can see the results on every CT scan as well as the measure overall results.

[Susan Funk] Excellent. And I think with that, we've been responding to a lot of these. So, Carly, thanks. I'm sorry you were running into some issues with seeing the full questions and responses. Luckily, we've been pushing those out to both individuals on questions that were specific to them, and also to the answers we thought that the whole audience would benefit from. We've been pushing those out in the written queue that people can see during this webinar. We'll include all of those questions that we read aloud and also the ones that we provided a written response to during the session, as well as any we weren't able to respond to in the time limitations of the webinar. All of those will be included in the written Q&A document. So, Carly, thank you again so much. I'll proceed on to do the closeout for today's webinar. If you can go to the next slide, please, Jessica.

Slide 46- 00:50:16

Great, so as I reiterated, or as I mentioned earlier, I'll reiterate now, the Q&A document will take several weeks, but eventually it will be posted on the Joint Commission website. It needs to be reviewed and approved by CMS so there is a slight delay. So, we encourage you, if you've got a more urgent, or a question that needs a more immediate response, please continue to submit those by Jira. And as we noted, we've included that link on a previous slide. So, this slide shows where all of the recording links, the slides, the transcripts, all of those pieces will be available on the Joint Commission website on the link that's displayed here. You'll just need to scroll down and select Expert to Expert Webinars. CMS will also post them on the eCQI Resource Center. If you've got any questions about webinar operations or obtaining continuing education credit for today's webinar or any of the others in this series, you can

submit them to this email address. And I'm going to read it off, it's tjcwebinarnotifications@jointcommission.org. There is one webinar left in the webinar series. If you're interested in participating for that one there's a handout that we've included that has the link to register for that last webinar. And then in that same document, we've included many of the recordings from the earlier webinars in this series are now available. The links to access those recordings are included in that same handout.

Slide 47- 00:51:51

Now on to discuss the webinar survey. So, we use your feedback to determine whether there were any education gaps, to inform our future content, and to assess the quality of our educational programs. A QR code will appear on the next slide. You can use your mobile device to scan and access the survey. If you prefer to take the survey later, an automated email also delivers the link to that survey. After you submit your survey responses, you will be redirected to a page from which you can print or download a blank CE certificate. And I need to note that you complete that certificate by adding your own name and credentials. Joint Commission retains registration records. That certificate is for your own records. In case you miss that opportunity to download your certificate, an automated email will also send you a link to access that certificate. And now for our final slide.

Slide 48- 00:52:53

We've reached the end of today's broadcast. I will leave this slide up, actually, Jessica will leave this slide up for a few moments so that participants can scan the webinar survey's QR code. Thanks so much to Dr. Smith-Bindman for presenting the annual updates today, and the measure flow and all the information regarding these eCQMs. Thank you, Carly, for addressing as many of those questions as we were able to get to during the Q&A. Many thanks to Marc from the Alara Subject Matter Expert team who was helping to type in responses throughout the webinar, and especially to the Alara Imaging team for your partnership on this topic. My appreciation also goes out to the operations staff that supported today's webinar. And finally, thanks to everyone in the audience that joined today for your attention. This concludes our presentation. As I noted, I'll leave this slide up for just a few more moments for those that are accessing the QR code. Everyone have a great day.