



201 Chicago Avenue
Minneapolis, Minnesota 55415

Tel: (612) 928-6100
Fax: (612) 454-2744

www.aan.com

President

Timothy A. Pedley, MD, FAAN
New York, New York

President Elect

Terrence L. Cascino, MD, FAAN
Rochester, Minnesota

Vice President

Ralph L. Sacco, MD, MS, FAHA, FAAN
Miami, Florida

Secretary

Aaron E. Miller, MD, FAAN
New York, New York

Treasurer

Lisa M. Shulman, MD, FAAN
Baltimore, Maryland

Past President

Bruce Sigsbee, MD, FAAN
Rockport, Maine

Directors

Allison Brashear, MD, FAAN
Winston-Salem, North Carolina

Neil A. Busis, MD, FAAN
Pittsburgh, Pennsylvania

Gregory D. Cascino, MD, FAAN
Rochester, Minnesota

Carlayne E. Jackson, MD, FAAN
San Antonio, Texas

Janice M. Massey, MD, FAAN
Durham, North Carolina

Janis Miyasaki, MD, MEd, FRCPC, FAAN
Toronto, Ontario, Canada

John C. Morris, MD, FAAN
Saint Louis, Missouri

Stefan M. Pulst, MD, FAAN
Salt Lake City, Utah

James C. Stevens, MD, FAAN
Fort Wayne, Indiana

Ex Officio Directors

Orly Avitzur, MD, FAAN
*Chair, Medical Economics and
Management Committee
Tarrytown, New York*

Elaine C. Jones, MD, FAAN
*Chair, Government Relations Committee
Bristol, Rhode Island*

Robert A. Gross, MD, PhD, FAAN
*Editor-in-Chief, Neurology®
Rochester, New York*

Ex Officio, Non-voting Director

Catherine M. Rydell, CAE
*Executive Director/CEO
Minneapolis, Minnesota*

November 25, 2013

Administrator Marilyn Tavenner
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Overuse of Diagnostic Imaging for Uncomplicated Headache

Dear Administrator Tavenner:

The American Academy of Neurologyⁱ (AAN), the national medical specialty society representing more than 26,000 neurologists and clinical neuroscience professionals, is dedicated to promoting the highest quality patient-centered neurologic care. The AAN understands that the Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research to develop new measures for potential use by eligible professionals (EPs) in the Electronic Health Records (EHR) Incentive Program.

Mathematica, along with the National Committee for Quality Assurance and the Lewin Group, seeks input on the proposed measures. The AAN has carefully reviewed the proposed measure *Overuse of Diagnostic Imaging for Uncomplicated Headache*. This measure looks at the percentage of all adult (≥ 18 years old) uncomplicated headache patients who received an order for a brain computed tomography (CT), computed tomography angiogram (CTA), magnetic resonance (MR), or magnetic resonance angiogram (MRA) study during the measurement period. We respectfully offer the following comments for consideration of this proposed measure.

In order to properly use this measure, 'red flags' need to be defined. Because the whole measure is predicated on the premise that studies are unnecessary in patients who have no 'red flags', it would be helpful for the healthcare community if the definition was publicly available. This would permit EPs to be on the lookout for, and appropriately document, any of these signs that might be found on the physical and neurological examinations. Most of the evidence cited in the *Overuse of Diagnostic Imaging for Uncomplicated Headache* document needs to be tested in order to effectively show the utility of the measure itself. Assuming that administrative data are being used, there is no way to capture 'red flags' from the examination of the patient.

The document mentions the benefits of not over utilizing neuroimaging in headache, yet it is not stated how this information will be used, or even if over-use can be defined from their (unspecified) dataset. Overutilization measures must be tempered by deference to physician judgment on one hand, and appreciation for medico-legal risk on the other. The AAN would like to point out that there can be justification for imaging even with a normal examination and in the absence of red flags. Page 6 of CMS' *Overuse of Diagnostic Imaging for Uncomplicated Headache* states, "[t]esting

that normally may not be recommended as a population-policy may make sense at an individual level, resources notwithstanding. For example, exceptions might be considered for patients who are disabled by their fear of serious pathology, or for whom the provider is suspicious even in the absence of known predictors of abnormalities on neuroimaging studies (red flags)." Therefore, we propose that any documentation requirements needed to justify a scan should be fairly easy and quick to complete. About 15% of the population is affected by migraine, and the percentage is even larger when all headaches are included. If the requirements to comply with this measure are too stringent, it will be an added burden on physicians who are already engaged in a variety of compliance efforts.

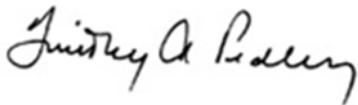
In addition, the care settings applicable for the proposed measure being the emergency room or outpatient care may present some problems. It is important to recognize that patients referred to neurologists typically have a higher prior probability of being diagnosed with a neurologic disease and that significant imaging findings are not present to the same degree in a neurology practice as one would find in the general population (i.e., randomly selecting patients to scan). Thus, it would be difficult to equate the results from the implementation of the measure in both care settings.

Additionally, the AAN developed a somewhat similar measure "Overuse of Neuroimaging For Patients With Primary Headache And A Normal Neurological Examination" that recently finished its 30 day public comment period. The AAN received significant feedback from the American College of Emergency Physicians and others that this measure should exclude emergency rooms because there are currently no clinical decision rules that define criteria that clinicians can use to identify Emergency Department (ED) patients with acute headache who do not need imaging. They felt implementing an imaging overuse measure in the ED may inappropriately label individuals as "high users" to decrease their imaging use without a clinical rationale for doing so.

In view of this information, the AAN believes that the best approach is for this measure to be limited to the outpatient setting, patients should obtain a neurology consult as appropriate, and to leave the decision to order neuroimaging to the neurologist.

The AAN appreciates the opportunity to provide comments on the proposed measure *Overuse of Diagnostic Imaging for Uncomplicated Headache*. Should you have questions or would like to discuss our comments further, please contact Daneen Grooms, Manager of Regulatory Affairs, at 202-525-2018 or dgrooms@aan.com.

Sincerely,



Timothy A. Pedley, MD, FAAN
President, American Academy of Neurology

ⁱ A neurologist is a physician with specialized training in diagnosing, treating, and managing disorders of the brain and nervous system such as Alzheimer's disease, stroke, epilepsy, Parkinson's disease, migraine, multiple sclerosis, and brain injury.