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November 25, 2013

Ms. Marilyn Tavenner

Administrator

Centers for Medicare and Medicaid Services

Hubert H. Humphrey Building

200 Independence Avenue, SW

Room 445-G

Washington, DC 20201

**ATTN: Overuse of Diagnostic Imaging for Uncomplicated Headache**

Dear Ms. Tavenner:

The American Academy of Pediatrics (AAP), an organization of 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults appreciates this opportunity to comment on the Overuse of Diagnostic Imaging for Uncomplicated Headache clinical quality measure, published on the CMS Quality Measures website on October 23, 2013.

The AAP commends CMS for undertaking the important task of developing clinical quality measures, particularly those involving imaging practice. We recognize that the overuse of diagnostic imaging can be costly or unnecessary, and that it is on the rise. The American Academy of Pediatrics appreciates the efforts that CMS makes to receive information from the public, including medical associations like AAP, to help children and adolescents receive the quality care that they deserve.

While the AAP is supportive of the effort to decrease the overuse of diagnostics imaging for uncomplicated headaches, we would like to offer some suggestions on the following provisions of the proposed measure:

**Regarding Follow-Up Visits:**

Although the proposed measure does not mention it, AAP suggests that this measure account for follow up visits, or lack thereof. A doctor will likely treat a patient with the same systems differently based on the opportunity for a follow-up visit. For example, an adolescent patient who seeks medical attention for headaches, but will be gone for several months after the appointment will be treated differently than a patient who lives at home and can adequately attend follow-up visits as needed.

The AAP is also concerned about the information loop that can be broken while interpreting the results of the imaging. For example, a draft read of an MRI done on a Friday at 7 p.m., which is read as normal, could be very different on Monday when the neuroradiologist gives an official read. We are concerned because at that point the patient would have already been released, and a follow up visit might be difficult to facilitate.

Regarding the 1-2% of Abnormal Findings in Headache Imaging:

The AAP understands that a majority of these abnormal findings are likely not clinically relevant; however, we would like to suggest breaking down those abnormal findings into important vs. unimportant findings. This would provide further clarity and more powerfully illustrate the lack of a need for excessive diagnostic imaging.

Measure as it Applies to Children:

As an organization that helps provide care for young adults, but primarily focuses on the needs of children and adolescents, the AAP would like to see a measure that also accounts for patients under the age of 18. We feel that it is important to ensure that younger patients also are not being subjected to unnecessary imaging as well.

Thank you for the opportunity to comment on the proposed measure for the overuse of diagnostic imaging for uncomplicated headache. As stated earlier, the AAP commends CMS for seeking comment on this proposed measure, and we are supportive of the opportunity to improve the quality and efficacy of healthcare. If the AAP can be of any further assistance, please do not hesitate to contact Patrick Johnson in our Washington, D.C. office at 202/347-8600 or [pjohnson@aap.org](mailto:pjohnson@aap.org).

Sincerely,



Thomas K. McInerney, MD, FAAP  
President

TKM/pmj