On-line EQA

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NHS



Diabetic Retinopathy

Topics for today

Overview

- Visual acuity in the OL-EQA
- 2009-10 reports and main data results
- Interpretation and national standards
- Future developments



Overview

- EQA grading test set(s) were needed
- The Full Disease Grading test set was successfully piloted ending April 2009
- Nine programmes and 81 graders took part.
 Feedback led to improvements
- Phased roll-out to 92 English programmes between Aug-Dec '09: 1st year ending Dec '10
- Participation has been very good
- There have been some complaints



Visual acuity in the text



VA conversion chart



Question for the audience

- Is it appropriate to provide logMAR VA in the text and a Snellen conversion chart?
- Would Snellen VA be more appropriate?
- Should we give both in the text?
- How precisely should Snellen equivalent be given and is this valid?



Data and reporting of results: Main 2009-10 test set



Access to data and reports

- User can currently see only <u>their</u> block % agreement score against system answers and an Over/Under report
- PM/ACL can access (anonymised) comparison data reports for each grader/block/month
- ? Most useful reports for PM and ACL Over/Under (Stats) and Table of Responses

Review of images is not possible by anyone



Individual grader result

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Proportional agreement score by block (all programmes, all graders at 12/09/10)



* = total of 8268 blocks of 30 = almost 250,000 eyes!

Statistics (under/over) and Level of Agreement reports



Statistics chart – grader 1 (7 blocks)

🚔 Print Report »

This report contains only records where the image set HAS been completed This report does NOT include answers recorded by trainees

Statistics Chart

Level	No. times Presented as correct	No. times answered correctly	% times answe red correctly	1	o. times ergraded	% of times Overgraded		of times ergraded	% of times Undergraded
R	210	144	69 %	47		22 %	19		9%
RO	23	16	70 %	7	R1 - 5 R2 - 1 R3 - 1	30 %	0		0
R1	100	65	65 %	35	R2 - 27 R3 - 8	35 %	0	R0 - 0	0%
R2	37	23	62 %	5	R3 - 5	14 %	9	R0 - 0 R1 - 9	24 %
R3	50	40	80 %	o		0	10	R0 - 0 R1 - 0 R2 - 10	20 %
М	210	177	84 %	32		15 %	1		0 %
MO	139	107	77 %	32	M1 - 32	23 %	0		0
M1	71	70	99 %	0		0	1	M0 - 1	1 %

🕙 Export to Excel »

Statistics chart – grader 2 (10 blocks)

Print Report »

This report contains only records where the image set HAS been completed This report does NOT include answers recorded by trainees

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Statistics Chart

Export to Excel »



Level of Agreement – grader 1 (7 blocks)





Level of Agreement – grader 2 (10 blocks)





Which metric to use?

- Total of R + M Agreement versus system
- Agreement of R or M versus system
- Referred versus not referred vs system
- Missed R3 cases (number or proportion)
- The severity of missed cases
- Over-grading as well as under-grading
- Cost to the NHS / cost to the patient
- How important is the error...



Where in the grading pathway?

- Should best graders be Primary graders
- Or Second level graders
- Or Arbitration level graders
- Where should Trainees be placed

Implications of grader errors



Table of Responses reports



Table of Responses (PM / ACL)

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Table of Responses (Steve A)

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Challenges

- Reluctance / refusal to participate:
 - As individuals
 - As Programmes
 - As 'a group'
- Cost implications (60-90 mins per test/month)
- No 'pass mark' or case feedback/image review
- Poor local network connection speeds
- Some definitions in R2 and M1
- Testing frequency
- Implications of poor performance

Interpretation and significance of On-line EQA test results



- Remember: a disease- and referral-positive weighted sample is being tested
- Overall agreement runs about 78-83%
- There are some cases where few people agree with the 'system' grade
- There are some cases where few people agree with each other

Is proportional agreement appropriate?

What is an appropriate 'pass mark'?



National agreement data

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100 ED - 100 TA - 100

Non-uniformity of some results

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2									
3	Macul	opathy				Retino	opathy		
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56	99%	1%		t grade?	87%	10%	2%	1%	
57	38%	2%			89%	10%	1%	0%	
58	74%	26%			14%	27%	3%	57%	\square
59	74%	26%			13%	24%	3%	60%	
60	74%	26%			16%	29%	4%	51%	
61	4%	96%			0%	0%	3%	97%	_
62	4%	96%			0%	0%	2%	98%	
63	3%	97%			0%	2%	4%	93%	
64	4%	96%			0%	2%	55%	44%	
65	3%	97%			0%	0%	54%	46%	
66	1%	99%			0%	3%	49%	47%	
67	98%	2%			5%	86%	6%	3%	
68	98%	2%			5%	90%	4%	1%	
69	100%	0%			5%	88%	5%	3%	
70	82%	18%			0%	11%	81%	9%	
71 Seats 40	830/	17%			0%	50%	87%	7%	

National proportional distribution

Of the 120 screens, each now viewed 3x:

- R level 'agreement' by >50% graders:
 - 1st presentation: 109 / 120 (91%)
 - 2nd presentation: 114 / 120 (95%)
 - 3rd presentation: 109 / 120 (91%)
- R level 'agreement' by >75% graders:
 - 1st presentation: 67 / 120 (56%)
 - 2nd presentation: 67 / 120 (56%)
 - 3rd presentation: 69 / 120 (58%)



National proportional distribution

Of the 120 screens, each now viewed 3x:

- M level 'agreement' by >50% graders:
 - 1st presentation: 120 / 120 (100%)
 - 2nd presentation: 120 / 120 (100%)
 - 3rd presentation: 120 / 120 (100%)
- M level 'agreement' by >75% graders:
 - 1st presentation: 100 / 120 (83%)
 - 2nd presentation: 102 / 120 (85%)
 - 3rd presentation: 105 / 120 (85%)



Variable agreement with 'system'

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2								
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3	Iviacuit	patity				Retino	patity	
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04	96%	4%			0%	48%	49%	4%
05	94%	6%			0%	42%	55%	3%
06	96%	4%			1%	30%	63%	6%
07	95%	5%			56%	43%	1%	0%
08	98%	2%		()	61%	38%	1%	0%
09	07%	3%			63%	26%	1%	0%
10	40%	60%		25	0%	06%	32%	2%
11	41%	59%			0%	60%	36%	4%
12	38%	62%			0%	54%	40%	5%
13	97%	3%			24%	15%	1%	0%
14	96%	4%			18%	81%	1%	0%
15	97%	3%			12%	88%	0%	0%
16	89%	11%			8%	90%	1%	0%
17	87%	13%)	(4%	94%	2%	0%
18	92%	8%			3%	95%	2%	0%
19	5%	05%]		0%	10%	36%	54%
Sheet1	1%	96%			0%	2%	2/04	73%
Ar								(IIIII) and

Is proportional agreement with 'system' grade (ever) the best measure?

Is there a better metric for measuring and reporting 'performance'?



Future Direction of the On-line EQA tests



Key factors for 2011 and beyond

- Screeners and graders want to get it right
- No access to images is a major constraint
- Simple score for agreement against system grade may be problematic
- Difficult for ophthalmology / HES to help provide remedial staff training
- How do we do more to support training?

The future for OL-EQA

Enhancing the usefulness of OL-EQA:

- Concept shift from EQA to 'Test and Training'
- Fixed monthly sets April '11- March '12 for all
- Fewer cases / month (20 in each)
- Results against PEER opinion and 'system'
- Results and (most) images will be given immediately following month end
- Launch date for this: 1st April 2011



Agreement against peers



Agreement against peers



Agreement against peers- April 2011



Agreement against peers- April 2011


Question for the audience

- Would you still want to know what was the identified 'system' grade for each case?
- How do we combine grades from 20 cases into a single score, if not using agreement against system grade?



Performance of graders 23 and 24

R	S	τι	J AD	AE	AF	AG	AH
1							
2	-			2			
3	Maculopathy			Retinopathy			
4	0	1		Q	1	2	3
55	98%	2%		82%	15%	1%	1%
56	99%	1%		87%	10%	2%	1%
57	98%	2%		89%	10%	1%	0%
58	74%	26%		14%	27%	3%	57%
59	74%	26%		13%	24%	3%	60%
60	74%	26%		16%	29%	4%	51%
61	4%	96%		0%	0%	3%	97%
62	4%	96%		0%	0%	2%	98%
63	3%	97%		0%	2%	4%	93%
64	4%	96%		0%	2%	55%	44%
65	3%	97%		0%	0%	54%	46%
66	1%	99%		0%	3%	49%	47%
67	98%	2%		5%	86%	6%	3%
68	98%	2%		5%	90%	4%	1%
69	100%	0%		5%	88%	5%	3%
70	82%	18%		0%	11%	81%	9%
71 Sett 42	230/	17%		0%	5.0%	R7%	7%

0.82 + 0.57 + 0.97 + 0.55 = 2.91 \leftarrow 0.82 + 0.14 + 0.97 + 0.44 = 2.37

Results against peers

- Data against peer opinion will be shown and reported
- A monthly combined performance figure will be calculated and reported
- This accounts for agreement cases and difference from majority agreement cases



Results against system

Data against 'system' grade will also still be reported. But why?

Because it is of course possible that the 'majority' get it wrong!



Monthly block composition



5 cases without image release (for CUSUM comparison)

15 cases with full data and image release (training set)

Data against peers from all 20 cases

5 cases with annotated data (enhanced training set)

(at end of each month)



Cusum – block 1





Cusum – block 2





Further development - annotation





New - Lesion Annotation Tool





Lesion Annotation Tool

- Provided to support additional T.A.T.
- Is not mandated in any way
- Helps identify <u>exactly</u> what graders see
- Produces permanent DICOM images and auto-comparable ASCII text data
- Grader annotations can be compared against marked-up images from the system, local peers, HES, ?nationally



The future for OL-EQA

- Concept shift from EQA to 'Test and Training'
- Fewer cases / block (20 in each)
- Fixed monthly blocks April-March for all
- Primary results against PEERS not system
- Images and results will be (mostly) visible and at each month-end
- Lesion Annotation Tool available
- More improvements to reports incl. ANOVA
- Launch date 1st April 2011
- Pilot sites needed for Jan March 2011!!

Thanks for your time. Any comments or questions?

