MIPS Year 4 (2020) Quality Measures Finalized for Removal

Quality# 046 – Medication Reconciliation Post-Discharge
Rationale: Duplicate of Quality Measure# 130 – Documentation of current medications in the medical record. It also includes measure logic that has demonstrated to be historically challenging for implementation.

Quality# 051 – Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation
Rationale: Component of this measure are within the more robust quality measure# 052 – Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy. Q052 addresses spirometry results to provide the best option in pharmacological treatment.

Quality# 068 – Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy
Rationale: Documentation of iron stores would be considered a standard of care during administration of erythropoietin therapy. This measure does not align with the meaningful measure initiative. There is limited adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 091 – Acute Otitis Externa (AOE): Topical Therapy
Rationale: This measure represents the clinical equivalency of quality measure# 093 – Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy: Avoidance of Inappropriate Use. In the circumstance an EC does not prescribe an antibiotic, most likely a topical therapy would be prescribed. However, the EC is able to prescribe both an antibiotic and topical and remain numerator compliant for this measure which does not address the overuse of systemic antimicrobial use. This measure does not provide meaningful impact to quality improvement.

Quality# 109 – Osteoarthritis (OA): Function and Pain Assessment
Rationale: Duplicate of quality measure# 182 – Functional Outcome Assessment, that also addresses functional assessment and possibly pain depending on which standardized tool is utilized.

Quality# 131 – Pain Assessment and Follow-Up
Rationale: Consideration of previous stakeholder feedback; this measure may have the unintended consequence of encouraging excessive prescribing of pharmacologic therapies to assist with pain management.

Quality# 160 – HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
Rationale: This quality measure does not align with the meaningful measure initiative. There is limited adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 165 – Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate
Rationale: This measure is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 166 – Coronary Artery Bypass Graft (CABG): Stroke
Rationale: This measure is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 179 – Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis
Rationale: Quality measure# 177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity assesses the same patient population but requires more frequent assessment in order to be numerator compliant making it a more robust measure.

Quality# 192 – Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Rationale: This measure is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 223 – Functional Status change for patients with General Orthopedic Impairment
Rationale: The measure steward no longer supports the inclusion of the measure.

Quality# 255 – Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure
Rationale: This measure narrows the eligible patient population to the Rh-Negative pregnant women which has not been able to create a benchmark. This is a result of the limited patient population and measure adoption which does not provide a meaningful impact to quality improvement.

Quality# 262 – Image confirmation of Successful Excision of Image-Localized Breast Lesion
Rationale: This measure is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 271 – Inflammatory Bowel Disease (IBD): preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment
Rationale: The substantive changes submitted by the measure steward would require a less meaningful quality action and extend the prednisone usage from 60 to 90 or greater consecutive days. The revised measure's quality action would be simplified to prescribing supplements such as calcium and/or vitamin D optimization. Additionally, the measure steward proposed to replace the term "Loss Assessment" with "Health Optimization" throughout the measure, define the patient population as 18 and over, as well as updating the numerator definition to "Documentation that calcium and/or Vitamin D optimization has been ordered or performed. This includes, but is not limited to, checking serum levels, documenting use of supplements or prescribing supplements" to better align with the measure's intent. The current measure requires a Central Dual-energy X-Ray Absorptiometry (DXA) and documented review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed within the past two years. We agree that patients without risk factors would not be appropriate for frequent DXA scans as the current quality measure requires. The measure steward's substantive changes for the measure do not account for patients with high risk factors, which may warrant additional screening and pharmacologic treatment. The measure would be more robust if it was revised to assess based on multiple clinical criteria such as age, risk factors, etc.

Quality# 325 – Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
Rationale: Stakeholders commented that it is burdensome for clinicians to retrieve specialists' reports for all patient visits. This insinuates the communication may be happening, but the co-morbid treating physician is not looking for and/or considering the MDD status. Additionally, this measure is duplicative to quality measure# 374: Closing the Referral Loop: Receipt of Specialist Report which specifies numerator compliance as receipt of report from the referring eligible clinician.

Quality# 328 – Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
Rationale: This measure does not align with the meaningful measure initiative. There is limited patient population and adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 329 – Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis
Rationale: This measure does not align with the meaningful measure initiative. There is limited adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 330 – Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days
Rationale: This measure does not align with the meaningful measure initiative. There is limited adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 343 – Screening Colonoscopy Adenoma Detection Rate
Rationale: After review of previous stakeholder feedback, scoring implications, and attribution to the MIPS eligible clinician. The measure does not account for variables which may influence the adenoma detection rate such as geographic location, socioeconomic status of patient population, community compliance of screening, etc. Due to the measure construct, benchmarks calculated from this measure are misrepresented and do not align with the MIPS scoring methodology where 100 percent indicates better clinical care or control. Guidelines and supplemental literature support a performance target for adenoma detection rate of 25 percent for a mixed gender population (20 percent in women and 30 percent in men). In addition, the measure does not account for MIPS eligible clinicians that fail to detect adenomas but may score higher based on the patient population.

Quality# 345 – Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive
Rationale: This measure is a duplicative in nature and less comprehensive as compared to quality measure# 344.

Quality# 346 – Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who Are Stroke Free or Discharged Alive
Rationale: It is duplicative in concept and patient population as quality measure# 260: Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major Complications (Discharged to Home by Post-Operative Day #2).

Quality# 347 – Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Are Discharged Alive
Rationale: It is duplicative in concept and patient population as quality measure# 259: Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #2).

Quality# 352 – Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet
Rationale: This is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 353 – Total Knee Replacement: Identification of Implanted prosthesis in Operative Report
Rationale: it is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 361 – Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry
Rationale: his measure is not furthering quality care, but simply submitting to a radiation dose index and does not deter excessive radiation. Despite this structure measure supporting patient care, it does not measure quality care that directly impacts patients. We believe this measure is not providing a meaningful impact to quality improvement to require radiation reduction.

Quality# 362 – Optimizing patient Exposure to Ionizing Radiation: Computed Tomography (CT) Images Available for Patient Follow-up and Comparison Purposes
Rationale: This measure is not furthering quality care, but simply setting up a database. Despite this structure supporting patient care, it does not measure quality care that directly impacts patients. This measure does not provide a meaningful impact to quality improvement.

Quality# 371 – Depression Utilization of the PHQ-9 Tool
Rationale: This measure only captures the process of depression screening and is duplicative of quality measure# 370: Depression Remission at Twelve Months. Measure# 370 is a more robust outcome measure, requiring depression remission for numerator compliance. The screening element found within this process measure is a part of logic for measure# 370.

Quality# 372 – Maternal Depression Screening
Rationale: Denominator eligibility is determined by the visits to the child's MIPS eligible clinician. The quality action would not be attributed to the child's MIPS eligible clinician, but rather to the obstetrician or primary care provider of the mother. The measure does not account for instances where the mother is not present for the child's visits.

Quality# 388 – Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of Posterior Capsule Requiring Unplanned Vitrectomy)
Rationale: It is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying, making this measure extremely topped out.

Quality# 403 – Adult Kidney Disease: Referral to Hospice
Rationale: This measure does not align with the meaningful measure initiative. There is limited adoption of the quality measure and does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 407 – Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Bacteremia
Rationale: It is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying, making this measure extremely topped out

Quality# 411 – Depression Remission at Six Months
Rationale: Patient population and quality action are duplicative of quality measure# 370: Depression Remission at Twelve Months but vary in timeframe in which depression remission is required. The extended timeframe allows assessment of patient to ensure management and prevention of depression relapse.

Quality# 417 – Rate of Open Repair of Small or Moderate Non-ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Where Patients Are Discharged Alive
Rationale: It is duplicative in concept and patient population as quality measure# 258: Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by Post-Operative Day #7). Measure# 258 is a more comprehensive measure accounting for the patient population found within measure# 417 as well as assessing for complications and appropriate length of stay.

Quality# 428 – Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary Incontinence
Rationale: It is considered a standard of care that has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying making this measure extremely topped out.

Quality# 442 – Persistence of Beta-Blocker Treatment After a Heart Attack
Rationale: The patient population is captured within quality measure# 007: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%). While the quality action requires persistent beta-blocker treatment, the performance period is narrowed to only include the patients hospitalized and discharged for the first 6 months of the performance period. This does not include patient hospitalized and discharged after July 1, thus missing a substantial portion of the patient population.

Quality# 446 – Operative Mortality Stratified by the Five STS_EACTS Mortality Categories
Rationale: The denominator has a very limited patient population. This measure does not align with the meaningful measure initiative. The limited patient population and adoption of the quality measure does not allow for the creation of benchmarks to provide a meaningful impact to quality improvement.

Quality# 449 – HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies
Rationale: Clinically this is to be standard of care. The performance data does not support a meaningful gap. The average performance for this measure is 97.4 percent for the MIPS CQMs specifications collection type based on the current MIPS benchmarking data.

Quality# 454 – Percentage of Patients who Died from Cancer with More than One Emergency Department Visit in the last 30 Days of Life
Rationale: This may be outside of the eligible clinician's control. Quality measure# 455: Percentage of Patients who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score – better) is a related concept that can be a better indicator of compassionate outcomes to the end of life care for oncology patients.

Quality# 456 – Percentage of Patients who Died from Cancer Not Admitted to Hospice
Rationale: The concept would be captured in measure# 457: Percentage of Patients who Died from Cancer Admitted to Hospice for Less than 3 Days (lower score – better) and is the more robust measure as it requires at least 3 days of hospice prior to death.

Quality# 467 – Developmental Screening in the First Three Years of Life
Rationale: After review of denominator of this process measure is not able to specifically target a pediatric patient's primary clinician for performance of developmental screening.

Quality# 474 – Zoster (Shingles) Vaccination
Rationale: It is duplicative of measure A.3: Adult Immunization Status. This new measure (for year 2020), is a more robust immunization measure which requires multiple age appropriate preventive immunizations.