



MIPS Year 5 (2021) Quality Measures Finalized for Removal

Quality# 069 – Hematology: Multiple Myeloma: Treatment with Bisphosphonates

Rationale: The measure does not align with current treatment guidelines and could inadvertently penalize eligible clinicians who are treating patients appropriately (i.e., Prolia), by excluding those patients instead of being numerator compliant. As currently constructed, the measure may produce misleading results.

Quality# 146 – Radiology: Inappropriate Use of “Probably Benign” Assessment Category in Screening Mammograms

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# 333 – Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Oversue)

Rationale: This measure has reached the end of the topped-out lifecycle and has a high performance rate of 2.834 percent for the MIPS CQMs Specifications collection type.

Quality# 348: Implantable Cardioverter-Defibrillator (ICD) Complications Rate

Rationale: We proposed the removal of this measure (finalized in 81 FR 77558 through 77675) as a quality measure from the MIPS program because this measure does not align with the meaningful measures 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. The limited adoption over multiple performance periods suggests this is not an important clinical topic for MIPS eligible clinicians.

Quality# 390 – Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options

Rationale: At the request of the measure steward because this measure does not align with the advancements in hepatitis C treatments. There are now curative treatments over an 8-12-week period with few side effects. Additionally, the measure is at risk of capturing “chronic HCV” patients who are no longer viremic, which would not necessitate HCV shared decision making.

Quality# 408 – Opioid Therapy Follow-up Evaluation

Rationale: At the request of the measure steward because this measure does not align with the most recent guidelines. The measure steward will not be further reviewing or updating the measure specifications, citing the measure is topped out and there are newer opioid measures to report that are not topped out.

Quality# 412 – Documentation of Signed Opioid Treatment Agreement

Rationale: At the request of the measure steward because this measure does not align with the most recent guidelines. The measure steward will not be further reviewing or updating the measure specifications, citing the measure is topped out and there are newer opioid measures to report that are not topped out.

Quality# 414 – Evaluation or Interview for Risk of Opioid Misuse

Rationale: At the request of the measure steward because this measure does not align with the most recent guidelines. The measure steward will not be further reviewing or updating the measure specifications, citing the measure is topped out and there are newer opioid measures to report that are not topped out.

Quality# 435 – Quality of Life Assessment for Patients with Primary Headache Disorder

Rationale: At the measure steward's request as it is no longer being maintained for inclusion. As there are various tools that providers may choose to use, it difficult to compare measure performance across MIPS eligible clinicians. Additionally, the scores are difficult to capture within the EHR leading to difficulties in determining whether the QoL is being maintained or improving over time.

Quality# 437 – Rate of Surgical Conversion from Lower Extremity Endovascular Revascularization Procedure

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# 458 – All-Cause Hospital Readmission

Rationale: It is duplicative to the new measure, Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups