2023 / 2024 Practice Insights QCDR Measure Specifications

QCDR Measure ID	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	High Priority Measure	High Priority Type	Measure Type	Includes Telehealth?	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	Number of performance rates calculated / submitted	Risk-Adjusted Status	MIPS Reporting Options	Care Setting
PIMSH1	Oncology: Advance Care Planning in Metastatic Cancer Patients	Percentage of patients with metastatic (stage 4) cancer who have a documented Advance Care Planning discussion in the first 6 months after metastatic diagnosis to inform treatment decisions and end-of-life care.	Total number of patients with stage 4 cancer within two years of the measurement period and had an E/M visit within the measurement period.	Patients who have had an advance care plan discussion with an advance care plan or surrogate decision maker documented in the medical record or documentation that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan within the first 6 months after their metastatic diagnosis.	Hospice services received by the patient at anytime during the measurement period.	None	None	Yes	Patient Experience	Patient Engagement/ Experience	Yes	No	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH2	Oncology: Utilization of GCSF in Metastatic Colorectal Cancer	Percentage of Stage 4 colon/rectal cancer patients receiving any white cell growth factors with chemotherapy	Total number of patients with metastatic colorectal cancer receiving chemotherapy within the measurement period	Patients ordered GCSF within 30 days following receipt of chemotherapy for metastatic colorectal cancer	Patients on clinical trial during measurement period or hospice services received by patient any time during the measurement period	None	None	Yes	Appropriate Use	Efficiency	Yes	Yes	Yes	No	No	1	No	MVP, Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH4	Oncology: Patient-Reported Pain Improvement	Percentage of cancer patients currently receiving chemotherapy or radiation therapy who report significant pain improvement (high to moderate, moderate to low, or high to low) within 30 days.	All patients, regardless of patient age, with a cancer diagnosis currently receiving chemotherapy (all oncolytics except hormone therapy) or radiation therapy who report a pain level higher than 3 on a pain scale of 0-10 during a qualifying E/M visit.	Patients who report pain level improvement within 30 days (high to moderate, moderate to low, or high to low); High 7-10, moderate 4-6, low 3 and below on a 10-point pain scale.	Patients who have died prior to 30-day follow up or hospice enrollment.	Patient refusal of pain management intervention.	None	Yes	Outcome	Patient-Reported Outcome-based Performance Measure (PRO-PM)	Yes	No	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH9	Oncology: Supportive Care Drug Utilization in Last 14 Days of Life	Percentage of patients receiving supportive care drugs (including colony stimulating factors, bone health, supplemental iron medications, and neurokinin 1 (NK1) receptor antagonist antiemetics) during the 14 days prior to and including the date of death.	All cancer patients (solid or hematologic tumor) with a documented cancer-related date of death within the reporting period.	Patients who received supportive care drugs (including colony stimulating factors, bone health, supplemental iron medications, and neurokinin 1 (NK1) receptor antagonist antiemetics) during the 14 days prior to and including the date of death.	None	Failure of 5-HT3 receptor antagonists to treat nausea where NK1 receptor antagonists may be an appropriate course of patient care.	None	Yes	Appropriate Use	Efficiency	Yes	Yes	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH10	Oncology: Hepatitis B Serology Testing and Prophylactic Treatment Prior to Receiving Anti-CD20 Targeting Drugs	Percentage of patients tested for Hepatitis B prior to receiving anti-CD20 targeting treatment, including rituximab, ofatumumab, and obinutuzumab; patients testing positive for Hepatitis B receive prophylactic treatment.	All patients 18 years or older who have a qualifying visit during the measurement period and received anti-CD20 therapy during the measurement period.	Patients screened for Hepatitis B (including surface antigen and core antibody) prior to treatment; if screening is positive, patient receives prophylactic treatment.	Patients participating in a clinical trial at any time; active Hepatitis B.	Patient refused screening.	None	Yes	Patient Safety	Process	Yes	No	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH13	Oncology: Mutation Testing for Stage IV Lung Cancer Completed Prior to the Start of Targeted Therapy	Proportion of stage IV nsNSCLC patients tested for actionable biomarkers and received targeted therapy or chemotherapy based on biomarker results	Patients with stage IV non-squamous, NSCLC receiving initial treatment during the measurement period AND patient encounter during the performance period	Patients who received mutation testing for all actionable biomarkers at Stage IV diagnosis of nsNSCLC (including NTRK1/2/3, RET, MET, ROS1, EGFR, EGFR T790M, BRAF mutation, ALK rearrangement, CD274(PD-L1), KRAS, ERBB2 mutation) AND lung cancer treated with appropriate mutation-directed therapy or standard chemotherapy if biomarker results are negative	Lack of tissue for testing OR insufficient test results	None	None	Yes	Appropriate Use	Process	Yes	No	Yes	No	No	1	No	MVP, Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH15	Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents in the Infusion Center - Avoidance of Overuse (Lower Score - Better)	Percentage of cancer patients aged 18 years and older treated with low- or minimal-emetic-risk antineoplastic agents in the infusion center who are administered inappropriate pre-treatment antiemetic therapy	Denominator 1: Patients who receive low-emetic-risk intravenous antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator 2: Patients who receive minimal-emetic-risk intravenous antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator Guidance: For multi-drug regimens, select antiemetic therapy based on the drug with the highest emetic risk. For guidance on determining emetic risk, please refer to Table 1, Emetic Risk of Single Intravenous Antineoplastic Agents in Adults (Hesketh et al., 2020, pp. 2787-1288).	Numerator 1: Patients who are administered prior to treatment an NK1 receptor antagonist or olanzapine Numerator 2: Patients who are administered prior to treatment an NK1 receptor antagonist, 5-HT3 receptor antagonist, olanzapine, or dexamethasone Numerator Guidance: For the purposes of the measure, the following antiemetics would meet the measure: - Antiemetics administered on the same day as cycle 1 day 1 of the therapy OR - Any new or refill prescription order of antiemetics on the same day as cycle 1 day 1 of the therapy or within 89 days prior to cycle 1 day 1 of the therapy OR - Any record of antiemetics as active on the medication list within 90 days prior to cycle 1 day 1 of the therapy	None	None	None	Yes	Appropriate Use	Process	No	Yes	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic
PIMSH16	Appropriate Antiemetic Therapy for High- and Moderate-Emetic-Risk Antineoplastic Agents in the Infusion Center	Percentage of cancer patients aged 18 years and older treated with high- or moderate-emetic-risk antineoplastic agents in the infusion center who are administered appropriate pre-treatment antiemetic therapy	Denominator Criteria 1: All patients aged greater than or equal to 18 years diagnosed with cancer who receive their first ever high-emetic-risk antineoplastic agents during cycle 1 of any chemotherapy regimen Denominator Criteria 2: All patients aged greater than or equal to 18 years diagnosed with cancer who receive their first ever moderate-emetic-risk antineoplastic agents during cycle 1 of any chemotherapy regimen Denominator Guidance: For multi-drug regimens, select antiemetic therapy based on the drug with the highest emetic risk. For guidance on determining emetic risk, please refer to Table 1, Emetic Risk of Single Intravenous Antineoplastic Agents in Adults (Hesketh, et al., 2020, p. 2787).	Numerator Criteria 1: Patients who are administered prior to treatment a four-drug combination of a neurokinin 1 (NK1) receptor antagonist, a serotonin (5-HT3) receptor antagonist, dexamethasone, and olanzapine Numerator Criteria 2: Patients who are administered prior to treatment a two-drug combination of a 5-HT3 receptor antagonist, and dexamethasone Numerator Guidance: For the purposes of the measure, the following antiemetics would meet the measure: - Antiemetics administered on the same day as cycle 1 day 1 of the therapy OR - Any new or refill prescription order of antiemetics on the same day as cycle 1 day 1 of the therapy or within 89 days prior to cycle 1 day 1 of the therapy OR - Any record of antiemetics as active on the medication list within 90 days prior to cycle 1 day 1 of the therapy	None	Denominator Exception Criteria 1: Patient allergy or intolerance to neurokinin 1 (NK1) receptor antagonist, serotonin (5-HT3) receptor antagonist, dexamethasone, or olanzapine Denominator Exception Criteria 2: Patient allergy or intolerance to 5-HT3 receptor antagonist, or dexamethasone	None	No	N/A	Process	No	No	Yes	No	No	1	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic