

2021 RISE Qualified Clinical Data Registry (QCDR) Measure Specifications

QCDR Measure ID: ACR10

Measure Title: Hepatitis B Safety Screening

Measure Description: If a patient is newly initiating biologic or new synthetic DMARD therapy, then the medical record should indicate appropriate screening for hepatitis B in the preceding 12 month period.

Denominator: Patients 18 years and older seen for a clinician encounter (including telehealth) during the measurement period and who had a biologic drug or new synthetic immunosuppressive drug that is associated with an increased risk of reactivating a Hep B viral infection initiated during the measurement period.

Numerator: Record of hepatitis B screening documented (hepatitis B surface antigen or hepatitis B viral DNA) anytime in the year prior to drug initiation OR record of hepatitis B treatment 90 days or fewer after drug initiation. Drugs approved for Hepatitis B in the United States include: tenofovir disoproxil, tenofovir alafenamide, entecavir, telbivudine, adefovir dipivoxil, lamivudine.

Denominator Exclusions: None

Denominator Exceptions: None

Numerator Exclusions: None

National Quality Forum (NQF) ID: N/A

National Quality Strategy (NQS) Domain: Patient Safety

High Priority: Yes

Measure type: Process

Includes Telehealth (Y/N): Yes

Meaningful Measure Area: Preventable Healthcare Harm

Traditional vs. Inverse Measure: Traditional

Proportional Measure (Y/N): Yes

Number of Performance Rates to be Calculated and Submitted: 1

Risk Adjusted Status (Y/N): No

Care Setting: Ambulatory Care - Clinician Office/Clinic

QCDR Measure ID: ACR12

Measure Title: Disease Activity Measurement for Patients with PsA

Measure Description: If a patient has psoriatic arthritis, then disease activity using a standardized measurement tool should be assessed at $\geq 50\%$ of encounters for PsA.

Denominator: Patients 18 years and older with a diagnosis of psoriatic arthritis seen for one or more face-to-face encounters for PsA with the same clinician during the measurement period.

Numerator: Number of patients with $\geq 50\%$ of total number of outpatient PsA encounters in the measurement year with assessment of disease activity using a standardized measure. Acceptable Psoriatic Arthritis disease activity measurement tools may include, but are not limited to, the following instruments: Physician Global Assessment, Patient Global Assessment, Patient pain visual analogue score (VAS), & Routine Assessment of Patient Index Data with 3 measures (RAPID 3). A result of any kind qualifies for meeting numerator performance.

Denominator Exclusions: None

Denominator Exceptions: None

Numerator Exclusions: None

National Quality Forum (NQF) ID: N/A

National Quality Strategy (NQS) Domain: Effective Clinical Care

High Priority: No

Measure type: Process

Includes Telehealth (Y/N): No

Meaningful Measure Area: Management of Chronic Conditions

Traditional vs. Inverse Measure: Traditional

Proportional Measure (Y/N): Yes

Number of Performance Rates to be Calculated and Submitted: 1

Risk Adjusted Status (Y/N): No

Care Setting: Ambulatory Care - Clinician Office/Clinic

QCDR Measure ID: ACR14

Measure Title: Gout: Serum Urate Target

Measure Description: The percentage of patients aged 18 and older with at least one clinician encounter (including telehealth) during the measurement period and a diagnosis of gout treated with urate-lowering therapy (ULT) for at least 12 months, whose most recent serum urate result is less than 6.0 mg/dL.

Denominator: Adult patients aged 18 and older with at least one clinician encounter (including telehealth) during the measurement period and a diagnosis of gout treated with urate lowering therapy (ULT) for at least 12 months.

Numerator: Patients whose most recent serum urate level is less than 6.0 mg/dL.

Denominator Exclusions: Patients with a history of solid organ transplant.

Denominator Exceptions: Documentation of medical reason(s) for not expecting a serum urate target level of < 6.0 mg/dL (i.e., any eGFR level < 30 mL/min or Stage 3 or greater chronic kidney disease in the measurement year or year prior).

Numerator Exclusions: None

National Quality Forum (NQF) ID: 2549e

National Quality Strategy (NQS) Domain: Effective Clinical Care

High Priority: Yes

Measure type: Intermediate Outcome

Includes Telehealth (Y/N): Yes

Meaningful Measure Area: Management of Chronic Conditions

Traditional vs. Inverse Measure: Traditional

Proportional Measure (Y/N): Yes

Number of Performance Rates to be Calculated and Submitted: 1

Risk Adjusted Status (Y/N): No

Care Setting: Ambulatory Care - Clinician Office/Clinic

QCDR Measure ID: ACR15

Measure Title: Safe Hydroxychloroquine Dosing

Measure Description: If a patient is using hydroxychloroquine, then the average daily dose should be ≤ 5 mg/kg.

Denominator: Patients 18 years and older seen for a clinician encounter (including telehealth) and who are taking hydroxychloroquine at the most recent encounter during the measurement period.

Numerator: Number of patients whose dose of hydroxychloroquine is ≤ 5 mg/kg.

Denominator Exclusions: None

Denominator Exceptions: None

Numerator Exclusions: None

National Quality Forum (NQF) ID: N/A

National Quality Strategy (NQS) Domain: Patient Safety

High Priority: Yes

Measure type: Process

Includes Telehealth (Y/N): Yes

Meaningful Measure Area: Preventable Healthcare Harm

Traditional vs. Inverse Measure: Traditional

Proportional Measure (Y/N): Yes

Number of Performance Rates to be Calculated and Submitted: 1

Risk Adjusted Status (Y/N): No

Care Setting: Ambulatory Care - Clinician Office/Clinic

QCDR Measure ID: ACR16

Measure Title: Rheumatoid Arthritis Patients with Low Disease Activity or Remission

Measure Description: The proportion of individuals with RA who have low disease activity or are in remission based on the last recorded disease activity score as assessed using an ACR-preferred tool in the measurement year.

Denominator: Adult patients aged 18 and older with a diagnosis of RA at 2 or more clinician encounters (including telehealth) 90 days apart.

Numerator: At least one disease activity score recorded within the measurement year AND a low disease activity or remission score at the most recent disease activity assessment in the measurement year where the disease activity was measured using one of the following ACR-preferred tools: Clinical Disease Activity Index (CDAI), Disease Activity Score with 28-joint counts (erythrocyte sedimentation rate or C-reactive protein) (DAS-28), Patient Activity Score-II (PAS-II), Routine Assessment of Patient Index Data with 3 measures (RAPID3), Simplified Disease Activity Index (SDAI). If the patient has more than one measure, the following hierarchy DAS>SDAI>CDAI>RAPID3>PAS-II should be used. In other words, we use the first measure in the hierarchy on a given day and disregard the others.

Denominator Exclusions: None

Denominator Exceptions: None

Numerator Exclusions: None

National Quality Forum (NQF) ID: N/A

National Quality Strategy (NQS) Domain: Effective Clinical Care

High Priority: Yes

Measure type: Intermediate Outcome

Includes Telehealth (Y/N): Yes

Meaningful Measure Area: Management of Chronic Conditions

Traditional vs. Inverse Measure: Traditional

Proportional Measure (Y/N): Yes

Number of Performance Rates to be Calculated and Submitted: 1

Risk Adjusted Status (Y/N): Yes

Care Setting: Ambulatory Care - Clinician Office/Clinic