

## 2022 Quality Measures

The following measures are available for quality performance tracking in the 2022 performance year via the ACR RISE registry. The quality measures in RISE are a part of the 2022 Quality Payment Program (QPP) and are reportable for 2022 MIPS. For details on what measure changes took place from 2021 to 2022, access the [RISE Measure Changes Summary](#).

### ACR RISE QCDR Measures

The ACR developed the following rheumatology-specific measures that are exclusively available and reportable for MIPS via the ACR RISE registry. To learn more about the QCDR measures, access the [2022 RISE Qualified Clinical Data Registry \(QCDR\) Measure Specifications](#)

#### ACR10: Hepatitis B Safety Screening

**MEASURE DESCRIPTION:** If a patient is newly initiating biologic OR new synthetic DMARD therapy (e.g. methotrexate, leflunomide, etc.), then the medical record should indicate appropriate screening for hepatitis B in the preceding 12 month period.

**MEASURE TYPE:** Process–High Priority  
**NQS DOMAIN:** Patient Safety  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

#### ACR12: 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.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Effective Clinical Care  
**TELEHEALTH ELIGIBLE:** No  
**BENCHMARK:** Yes

#### ACR14: 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.

**MEASURE TYPE:** Intermediate Outcome–High Priority  
**NQS DOMAIN:** Effective Clinical Care  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

#### ACR15: Safe Hydroxychloroquine Dosing

**MEASURE DESCRIPTION:** If a patient is using hydroxychloroquine, then the average daily dose should be less than or equal to 5 mg/kg.

**MEASURE TYPE:** Process–High Priority  
**NQS DOMAIN:** Patient Safety  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** No

## ACR16: 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.

**MEASURE TYPE:** Intermediate Outcome–High Priority

**NQS DOMAIN:** Effective Clinical Care

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** No

## QPP MIPS Clinical Quality Measures (CQMs) & Electronic Clinical Quality Measures (eCQMs)

The CQM and eCQM quality measures listed below are valuable assessment tools; they help ensure the health care processes, outcomes, and patient experiences align with the quality goals for health care.

[Access the 2022 Clinical Quality Measure Specifications](#)

[Access the 2022 Electronic Clinical Quality Measure Specifications](#)

### Quality ID: 024: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older

**MEASURE DESCRIPTION:** Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication.

**MEASURE TYPE:** Process–High Priority

**NQS DOMAIN:** Communication and Care Coordination

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM only.*

### Quality ID: 039: Screening for Osteoporosis for Women Aged 65–85 Years of Age

**MEASURE DESCRIPTION:** Percentage of female patients aged 65–85 years of age who ever had a central dual-energy X-ray absorptiometry [DXA] to check for osteoporosis.

**MEASURE TYPE:** Process

**NQS DOMAIN:** Effective Clinical Care

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM only.*

### Quality ID: 047: Advance Care Plan

**MEASURE DESCRIPTION:** Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

**MEASURE TYPE:** Process—High Priority  
**NQS DOMAIN:** Communication and Care Coordination  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

*\*Available as CQM only.*

### Quality ID: 110: Preventive Care and Screening: Influenza Immunization

**MEASURE DESCRIPTION:** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Community/Population Health  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### Quality ID: 111: Pneumococcal Vaccination Status for Older Adults

**MEASURE DESCRIPTION:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Community/Population Health  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### Quality ID: 128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

**MEASURE DESCRIPTION:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Community/Population Health  
**TELEHEALTH ELIGIBLE:** No  
**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### **Quality ID: 130: Documentation of Current Medications in the Medical Record**

**MEASURE DESCRIPTION:** Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

**MEASURE TYPE:** Process—High Priority

**NQS DOMAIN:** Patient Safety

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### **Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan**

**MEASURE DESCRIPTION:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.

**MEASURE TYPE:** Process

**NQS DOMAIN:** Community/Population Health

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### **Quality ID: 155: Falls: Plan of Care**

**MEASURE DESCRIPTION:** Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.

**MEASURE TYPE:** Process—High Priority

**NQS DOMAIN:** Communication and Care Coordination

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM only.*

### **Quality ID: 176: Tuberculosis Screening Prior to First Course Biologic Therapy**

**MEASURE DESCRIPTION:** If a patient has been newly prescribed a biologic disease-modifying anti-rheumatic drug (DMARD) therapy, then the medical record should indicate TB testing in the preceding 12-month period.

**MEASURE TYPE:** Process

**NQS DOMAIN:** Effective Clinical Care

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM only.*

*Note: This measure was stewarded by the ACR.*

### Quality ID: 177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

**MEASURE DESCRIPTION:** Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at  $\geq 50\%$  of encounters for RA for each patient during the measurement year.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Effective Clinical Care  
**TELEHEALTH ELIGIBLE:** No  
**BENCHMARK:** Yes

*\*Available as CQM only.*

*Note: This measure was stewarded by the ACR.*

### Quality ID: 178: Rheumatoid Arthritis (RA): Functional Status Assessment

**MEASURE DESCRIPTION:** Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Effective Clinical Care  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

*\*Available as CQM only.*

*Note: This measure was stewarded by the ACR.*

### Quality ID: 180: Rheumatoid Arthritis (RA): Glucocorticoid Management

**MEASURE DESCRIPTION:** Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone  $>5$  mg daily [or equivalent] with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Effective Clinical Care  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** Yes

*\*Available as CQM only.*

*Note: This measure was stewarded by the ACR.*

### Quality ID: 226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

**MEASURE DESCRIPTION:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times with in the measurement period AND who received tobacco cessation intervention on the date of the encounter or within the previous 12 months if identified as a tobacco user.

**MEASURE TYPE:** Process  
**NQS DOMAIN:** Community/Population Health  
**TELEHEALTH ELIGIBLE:** Yes  
**BENCHMARK:** No

*\*Available as CQM & eCQM.*

### Quality ID: 236: Controlling High Blood Pressure

**MEASURE DESCRIPTION:** Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled [ $<140/90$ mmHg] during the measurement period.

**MEASURE TYPE:** Intermediate Outcome–High Priority

**NQS DOMAIN:** Effective Clinical Care

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*

### Quality ID: 238: Use of High-Risk Medications in Older Adults

**MEASURE DESCRIPTION:** Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.

**MEASURE TYPE:** Process–High Priority

**NQS DOMAIN:** Patient Safety

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** No

*\*Available as CQM & eCQM.*

### Quality ID: 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

**MEASURE DESCRIPTION:** Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.

**MEASURE TYPE:** Process

**NQS DOMAIN:** Community/Population Health

**TELEHEALTH ELIGIBLE:** No

**BENCHMARK:** No

*\*Available as CQM & eCQM.*

### Quality ID: 318: Falls: Screening for Future Fall Risk

**MEASURE DESCRIPTION:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**MEASURE TYPE:** Process–High Priority

**NQS DOMAIN:** Patient Safety

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as eCQM only.*

### Quality ID: 374: Closing the Referral Loop: Receipt of Specialist Report

**MEASURE DESCRIPTION:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

**MEASURE TYPE:** Process–High Priority

**NQS DOMAIN:** Communication and Care Coordination

**TELEHEALTH ELIGIBLE:** Yes

**BENCHMARK:** Yes

*\*Available as CQM & eCQM.*