

Putting the Pieces Together

Practical Solutions for the GI Practice



MIPS Quality Measure Selection

2017 Reporting for the Quality Performance Category

For eligible clinicians looking to report GI-specific measures for the Merit-Based Incentive Payment System (MIPS) **Quality Performance Category**, which is 60% of the total MIPS score for 2019 payment, there are options. Options include, in no particular order: reporting individual PQRS measures, reporting the gastroenterology measure set, reporting via a qualified clinical data registry. In order to receive the full 100 points for this category, eligible clinicians must report six measures.

To learn more about MIPS measures and select those best suited for your practice, visit CMS' ["Shopping Cart."](#)

CMS MIPS Individual Measures

Eligible professionals are encouraged to report measures closely aligned with their practice. For those performing colonoscopy, the following measures may be the most relevant.

- Colorectal Cancer Screening (#113)
- Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use (#185)
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (#320)
- Screening Colonoscopy Adenoma Detection Rate (#343)
- Photodocumentation of Cecal Intubation (#425)
- Age Appropriate Screening Colonoscopy (#439)

CMS MIPS Gastroenterology Measure Set

- Age Appropriate Screening Colonoscopy (#439)
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (#320)
- Care Plan (#47)
- Closing the Referral Loop: Receipt of Specialist Report (#374)
- Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use (#185)

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- Documentation of Current Medications in the Medical Record (#130)
- Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis (#401)
- Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment Options (#390)
- Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy (#275)
- Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related Iatrogenic Injury - Bone Loss Assessment (#271)
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (#128)
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (#317)
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (#226)
- Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (#431)
- Screening Colonoscopy Adenoma Detection Rate (#343)
- Tobacco Use and Help with Quitting among Adolescents (#402)

CMS-approved Qualified Clinical Data Registries

A qualified clinical data registry (QCDR) is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients. Satisfactory participation in MIPS 2017 reporting may be accomplished through a QCDR using the registry's alternative measures approved for public reporting. QCDR quality measures, included in MIPS but not a part of the MIPS quality measure set, are considered "non-MIPS measures."

CMS will be posting a list of approved QCDRs and their non-MIPS measures for the initial performance period in the Spring of 2017 and no later than January 1 for future performance periods.

The self-nomination process for a registry to become a CMS-approved QCDR occurs annually. The GIQuIC registry, founded by the ASGE and the American College of Gastroenterology, has been approved as a QCDR for the 2014-2016 reporting years and has self-nominated for the 2017 reporting year. As noted above, GIQuIC will learn in the Spring of 2017 if the registry is on the list of approved QCDRs. In the interim, for more information on how to participate in GIQuIC, please visit <http://www.giquic.org/>.