2024 Measure Set Review (MSR): Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), the PQM Submission Tool and Repository (STAR), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

CMIT ID	Title
00033-01-C-MIPS	Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)
Measure Steward	**CMS Program**
American Academy of Otolaryngology Head and Neck Surgery Foundation	Merit-Based Incentive Payment System Program (MIPS)

Measure Overview
Rationale: Antibiotic treatment for sinusitis is indicated for some patients, but overtreatment of acute sinusitis with antibiotics is common and often not indicated. A 2018 Cochrane systematic review concluded that given the lack of clear benefit in terms of rapid recovery and the increase in side effects in participants treated with antibiotics, that antibiotics are not recommended as first-line treatment in adults with clinically diagnosed acute rhinosinusitis.
Description: Percentage of patients, aged 18 years and older, with a diagnosis of acute viral sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.
Numerator: Patients prescribed any antibiotic within 10 days after onset of sinusitis symptoms. **Exclusions:** None identified.
Denominator: All patients aged 18 years and older with a diagnosis of acute viral sinusitis. **Exclusions:** There are no denominator exclusions; however, there are exceptions for instances in which an antibiotic regimen is prescribed within 10 days after onset of symptoms for a documented medical reason.

Measure type: Process	**Measure is a composite:** No **Measure is digital and/or an eCQM:** Yes (a MIPS CQM is considered a dQM).
Level(s) of analysis/measured entity: Clinician	**Care setting:** Ambulatory Care Settings
Risk adjustment and/or stratification: No. Process measures are generally not risk adjusted**.**	**Data source(s):** Registries[1]

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[1] Note from CMS program lead on MIPS CQMs: Data may be gathered from paper, electronic charts, or collected with the assistance of a third-party intermediary.

Data collection method: Electronic Health Record (EHR)2	Reporting frequency: Episode[3]
All required data are collected as part of clinical workflow: Yes, data are captured in EHRs as part of routine care.	Reporting overlap with similar/related measures: 00034-01-C-MIPS assesses appropriate choice of antibiotics for adult sinusitis.
Does this measure fill a statutorily required category for the program? No	Is this measure included in upcoming rulemaking? Yes, proposed revisions to the measure are in the CY 2025 Physician Fee Schedule (PFS) Proposed Rule (Table D.31).

Measure Status	
Current CBE Endorsement Status: Not Endorsed	CBE Endorsement History: None

II.   Measure Performance[4]

00033-01-C-MIPS Performance in MIPS 2020-2022

For this measure, the MSR evaluation and analysis team reviewed the following publicly available datasets at data.cms.gov: PY 2022 Clinician Public Reporting Overall MIPS Performance and the Quality Payment Program Experience.

Figure 1 is a boxplot that shows the distribution of the performance over the past 3 years (where available). For each performance year, the dots indicate the lower 5th and upper 95th percentiles, and the vertical line is the range between these values (90% of the measure scores are between the dots). The box spans the lower 25th to the upper 75th percentile (50% of the measure scores are within the box). The horizontal line in the box indicates the median score, and the "+" indicates the mean score. This plot can be used to assess overall trends in the score over time.

Interpretation: In the plot below, the median score decreased from 10 in 2020 to 9 in 2021 and increased slightly to 9.5 in 2022.

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[2] Note from CMS program lead: Other data collection methods are available for use with MIPS CQMs depending on clinician/system workflow and who is collecting the data.

[3] Reporting frequency provide by CMS lead. The reporting submission period for MIPS is January-March yearly.

[4] Analyses presented in this PA may differ slightly from those conducted by MIPS program analysts due to variation in analytic methods. Additional resources and information about MIPS scoring and benchmarks are available at Quality Payment Program (QPP) (cms.gov).

Figure 1. Boxplot of Measure Score by Year

Measure Score by Performance Year
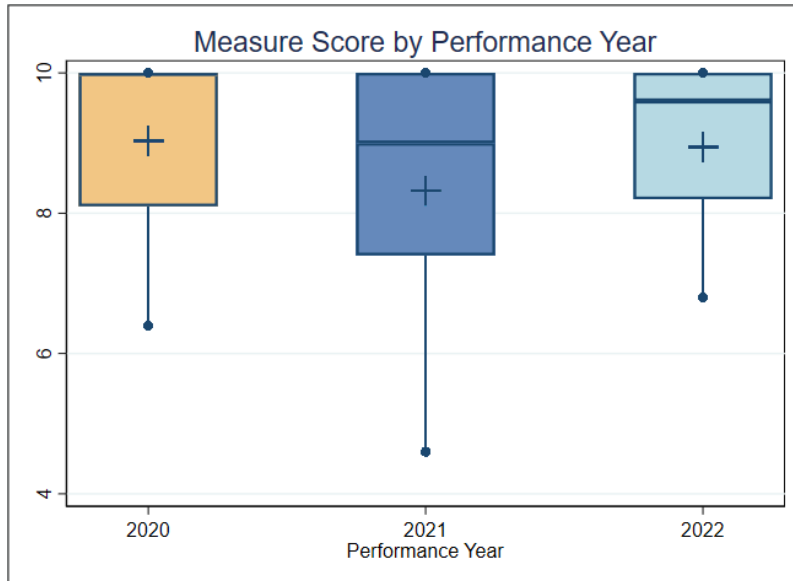
Importance Table

Interpretation of measure scores: Table 1 shows the relative spread of the scores and can also be used to evaluate the impact of improving the score. For example, here, over 40% of the entities have a score of 10. Examining mean scores at the lower deciles shows the relative change required to achieve a score of 10. For Deciles 5 and 6, the score cannot be improved much, but the impact could be significant if the 10% of the entities in Decile 1 were to achieve a score of 10.

Table 1. Importance (Decile by measure score, 2022)

Data Type	Overall	Min	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10	Max
Mean Score (SD)	8.94 (1.40)	3	5.87	7.70	8.19	8.55	9.30	9.80	10	10	10	10	10
Measured Entities	18,179	305	1,818	1,818	1,818	1,818	1,818	1,818	1,818	1,818	1,818	1,817	7,379