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
00039-01-C-MIPS	Age Appropriate Screening Colonoscopy
Measure Steward	**CMS Program**
American Gastroenterological Association	Merit-Based Incentive Payment System Program (MIPS)

Measure Overview	
Rationale: The benefit of colorectal cancer screening for an individual patient is dependent on that patient's life expectancy and probability of harm from colonoscopy. Individuals aged 86 and older have an average life expectancy of less than 5 years and are at increased risk for colonoscopy-related complications. We are proposing the removal of this quality measure from MIPS due to the quality action being measured having become standard of care based upon MIPS performance data and, thus, has limited opportunity to improve clinical outcomes. Performance on this measure is extremely high and unvarying, making this measure extremely topped out.	
Description: The percentage of screening colonoscopies performed in patients greater or equal to 86 years of age from January 1 to December 31.	
Numerator: Screening colonoscopies performed in patients greater than or equal to 86 years of age. **Exclusions:** None	
Denominator: All screening colonoscopy examinations performed on patients greater than or equal to 45 years of age during the encounter period. **Exclusions:** None	
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: Clinicians	**Care setting:** Ambulatory Care Settings
Risk adjustment and/or stratification: No	**Data source(s):** Registries[1]

[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:** Procedure[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:** 01118-01-C-MIPS assesses episode-based costs for patients who undergo screening or surveillance colonoscopies. 00071-02-C-MIPS assesses patients who receive follow-up colonoscopies in the appropriate timeframe. Several other measures that assess colorectal cancer screening rates are not colonoscopy specific.
Does this measure fill a statutorily required category for the program? No	**Is this measure included in upcoming rulemaking?** Yes, being proposed for removal in the CY 2025 Physician Fee Schedule (PFS) Proposed Rule (Table C.8).

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

II. Measure Performance[4]

00039-01-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.

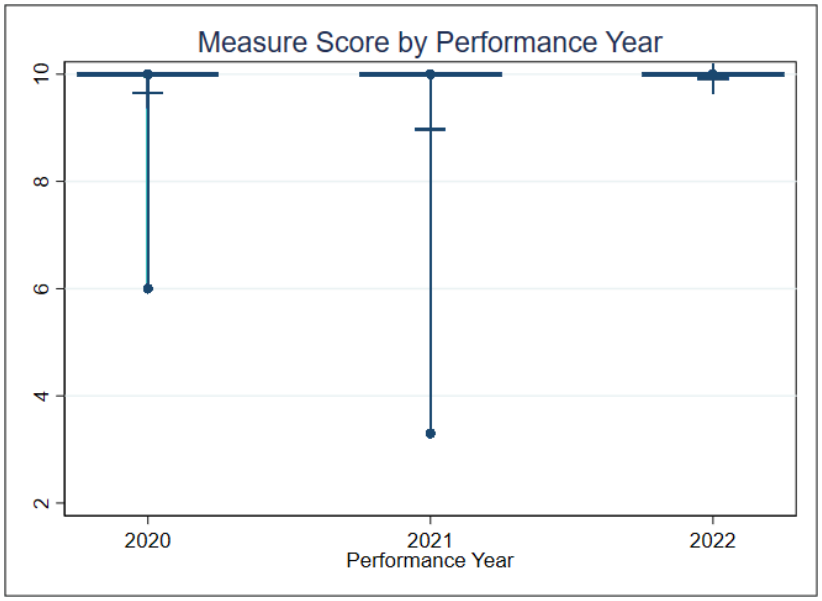
Figure 1 is a boxplot that shows the distribution of the performance over the past 3 years (where available). For each performance year, the dots indicate the lower 5th and upper 95th percentiles, and the vertical line is the range between these values (90% of the measure scores are between the dots). 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.

Interpretation: In the plot below, the median score is 10 for all three years. The lower 25th percentile and the upper 75th percentile are both 10 for all years, so no boxes appear on these plots. Entities that scored below 10 in previous years have improved their score (or not reported) and so the variation in the 2022 score is much lower than in previous years. Based on

[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 provided by CMS program lead. MIPS only allows reporting of data during the submission period January – March and ongoing reporting by episode, visit or other defined frequency occurs during that period.
[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).

the consistently high performance across entities during these years, we can infer that the measure may be topped out.

Figure 1. Boxplot of Measure Score by Year



Importance Table

Interpretation of measure scores: This table shows the relative spread of the scores and can also be used to evaluate the impact of improving the score. For example, here, 9 of the 10 deciles have an average score of 10. In fact, 98.9% of the entities have a score of 10, suggesting that this measure may be topping out.

Table 1. Importance (Decile by performance 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)	9.92 (0.74)	3.00	9.20	10	10	10	10	10	10	10	10	10	10
Entities	2,100	24	210	210	210	210	210	210	210	210	210	210	2,076