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
00069-01-C-MIPS	Appropriate Follow-up Imaging for Incidental Abdominal Lesions
Measure Steward	**CMS Program**
American College of Radiology	Merit-Based Incentive Payment System Program (MIPS)

Measure Overview
Rationale: Incidental renal and adrenal lesions are commonly found during imaging studies where the abdomen can be viewed, with most of the findings being benign. Given the low rate of malignancy, unnecessary follow-up procedures are costly and present a significant burden to patients. To avoid excessive testing and costs, follow-up is not recommended for these small lesions.
Description: Percentage of final reports for imaging studies for patients aged 18 years and older with one or more of the following noted incidentally with a specific recommendation for no follow-up imaging recommended based on radiological findings: cystic renal lesion that is simple appearing (Bosniak I or II), adrenal lesion less than or equal to 1.0 cm, adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign or diagnostic benign by unenhanced computed tomography (CT), or washout protocol CT or magnetic resonance imaging (MRI) with in- and opposed-phase sequences or other equivalent institutional imaging protocols.
Numerator: Final reports for imaging studies that include a description of incidental cystic renal lesion or adrenal lesion stating follow-up imaging is not recommended. **Exclusions:** None
Denominator: All final reports for imaging studies for patients aged 18 years and older with one or more of the following incidentally noted: cystic renal lesion that is simple appearing (Bosniak I or II) or adrenal lesion less than or equal to 1.0 cm or adrenal lesion greater than 1.0 cm but less than or equal to 4.0 cm classified as likely benign or diagnostic benign by unenhanced CT or washout protocol CT, or MRI with in- and opposed-phase sequences or other equivalent institutional imaging protocols. **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/measured entity: Clinician	**Care setting:** Ambulatory Care Setting

Risk adjustment and/or stratification: No. Process measures are generally not risk adjusted.	**Data source(s):** Claims Data; Registries.[1]
Data collection method: Review of claim and registry data.[2]	**Reporting frequency:** Procedure[3]
All required data are collected as part of clinical workflow: Yes	**Reporting overlap with similar/related measures:** No overlap with similar or related measures within this program.
Does this measure fill a statutorily required category for the program? No	**Is this measure included in upcoming rulemaking?** No

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

II.   Measure Performance[4]

00069-01-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 average score. This plot can be used to assess overall trends in the score over time.

Interpretation: In the plot below, the median score was 10 for all three years. For 2020 and 2022, the lower 25th percentile and the upper 75th percentile are both 10, so no boxes appear for these years. This suggests that 2021 had wider variation in performance across entities.

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

[2] From CMS 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. 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).

Figure 1. Boxplot of Measure Score by Year
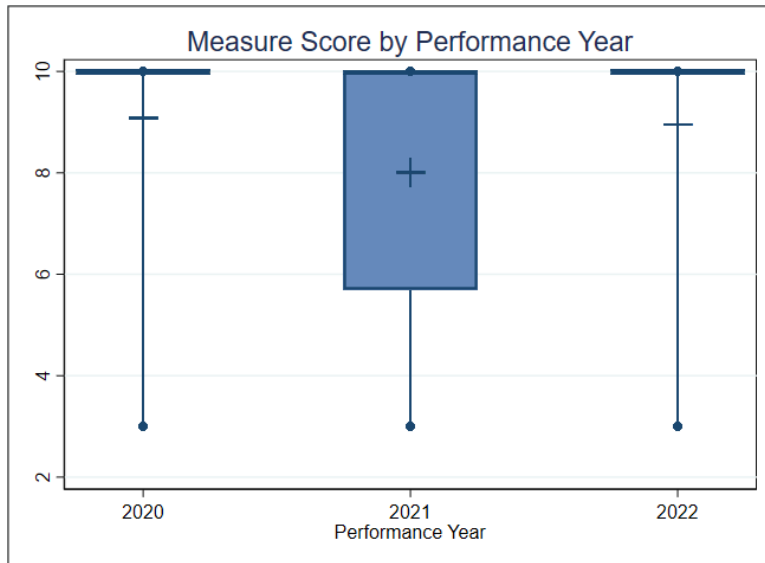
Importance Table

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, 8 of the 10 deciles have an average score of 10. Examining mean scores at the lower deciles shows the relative change required to achieve a score of 10. Here 1,085 entities have a score of 3, so there would be significant impact for about 13% of the entities if they could achieve a score of 10.

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)	8.95 (2.43)	3	3	6.48	10	10	10	10	10	10	10	10	10
Entities	8,233	1,085	824	823	823	824	823	823	824	823	823	823	6,884