

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
00076-02-E-MIPS	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
Measure Steward	CMS Program
Centers for Medicare & Medicaid Services (CMS)	Merit-Based Incentive Payment System Program (MIPS)

Measure Overview
<p>Rationale: This measure is expected to increase recording of patient risk for fracture data and decrease the amount of inappropriate dual-energy x-ray absorptiometry (DXA) scans. Current osteoporosis guidelines recommend using bone measurement testing to assess osteoporosis risk in women 65 years and older. In postmenopausal women younger than age 65, guidelines recommend using a formal clinical risk assessment tool to establish a patient’s risk for osteoporosis to determine whether to screen a patient for osteoporosis using bone measurement testing. Clinical information, such as age, body mass index, parental hip fracture history, and smoking and alcohol use, can be used to determine a woman's fracture risk.¹ 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.</p>
<p>Description: The percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.</p>
<p>Numerator: Female patients who received an order for a DXA scan in the measurement period. Exclusions: Patients with a result on one of the following tools, which indicates the patient should be considered for bone density testing, any time in the patient's history prior to the time of the first DXA scan during the measurement period: FRAX[R] ten-year probability of all major osteoporosis related fracture \geq 8.4 percent ORAI score of \geq9 OSIRIS score of $<$1 OST score of $<$2.</p>
<p>Denominator: Female patients ages 50 to 64 years with an encounter during the measurement period. Exclusions: There are denominator exclusions for several risk factors including body mass index (BMI), alcohol consumption, a history of osteoporosis osteopenia, gastric bypass, and malabsorption syndromes. Full list available at CMIT through link in the ID.</p>

¹ U.S. Preventive Services Task Force, 2018
<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/osteoporosis-screening>

Measure type: Process	Measure is a composite: No Measure is digital and/or an eCQM: Yes
Level(s) of analysis/measured entity: Clinician	Care setting: Ambulatory Care Setting
Risk adjustment and/or stratification: No	Data source(s): Electronic Health Record (EHR)
Data collection method: EHR	Reporting frequency: Patient-based ²
All required data are collected as part of clinical workflow: Yes	Reporting overlap with similar/related measures: 00674-01-C-MIPS Assesses Screening for Osteoporosis for Women Aged 65-85 Years of Age
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.10).

Measure Status	
Current CBE Endorsement Status: Endorsed	CBE Endorsement History: Endorsed 2019

II. Measure Performance³

00076-02-E-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](#).

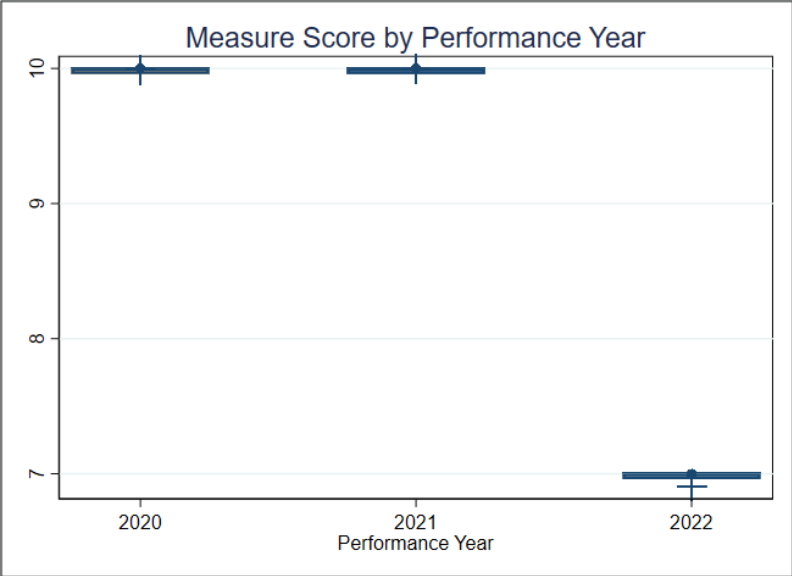
Figure 1 is a boxplot that shows the distribution of the performance over the past 3 years (where available). For each performance year, the dots indicate the lower 5th and upper 95th percentiles, and the vertical line is the range between these values (90% of the measure scores are between the dots).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

² Reporting frequency provided 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.

³ 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 \(QPP\) \(cms.gov\)](#).

Interpretation: In the plot below, the median score was 10 in 2020 and 2021 and has dropped to 7 in 2022. The lower 25th percentile and the upper 75th percentile are the same for each of the years, so no boxes appear on these plots.

Figure 1. Boxplot of Quality Measure Score by 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, 8 of the 10 deciles have an average score of 7. In fact, 97.7% of the entities have a score of 7, down from 10 in 2021.

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)	6.91 (0.60)	3.00	6.06	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00
Entities	4,789	112	479	479	479	479	479	479	479	479	479	478	4,677