

# 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
<a href="#">00101-01-C-MIPS</a>	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients
Measure Steward	CMS Program
American College of Cardiology Foundation	<a href="#">Merit-Based Incentive Payment System (MIPS)</a>

Measure Overview	
<p><b>Rationale:</b> Cardiac imaging is a mainstay in medical decision-making for patients with known or suspected heart disease. However, expenditures related to imaging comprise a significant portion of the health care budget. Much scrutiny has been focused on cardiovascular imaging with regard to the potential for overuse, especially in view of substantial geographic variation in ordering patterns and the limited amount of evidence-based data supporting the use of imaging as it relates to patient outcomes. Given the significant contribution of heart disease to morbidity and mortality, it is important to determine the appropriate use of diagnostic tests.</p>	
<p><b>Description:</b> Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low-risk surgery patients 18 years or older for preoperative evaluation during the 12-month submission period.</p>	
<p><b>Numerator:</b> Number of stress SPECT MPI, ECHO, CCTA, or CMR primarily performed in low-risk surgery patients for preoperative evaluation within 30 days preceding low-risk non-cardiac surgery.</p> <p><b>Exclusions:</b> None</p>	
<p><b>Denominator:</b> All instances of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed on patients aged 18 years and older during the submission period.</p> <p><b>Exclusions:</b> None</p>	
<p><b>Measure type:</b> Process</p>	<p><b>Measure is a composite:</b> No</p> <p><b>Measure is digital and/or an eCQM:</b> Yes (a MIPS CQM is considered a dQM).</p>
<p><b>Level(s) of analysis:</b> Clinician-level</p>	<p><b>Care setting:</b> Ambulatory: Office-based care Hospital: Outpatient Department (HOD) Imaging facility</p>

<b>Risk adjustment and/or stratification:</b> No	<b>Data source(s):</b> Electronic Clinical Data (non-EHR), Electronic Health Record (EHR), Registries <sup>1</sup>
<b>Data collection method:</b> Manual abstraction, EHR, Registries <sup>2</sup>	<b>Reporting frequency:</b> Procedure <sup>3</sup>
<b>All required data are collected as part of clinical workflow:</b> Yes	<b>Reporting overlap with similar/related measures:</b> 00097-01-C-HOQR Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery also assesses use of cardiac imaging in low-risk surgery patients.
<b>Does this measure fill a statutorily required category for the program?</b> No	<b>Is this measure included in upcoming rulemaking?</b> Yes, proposed revisions to the measure are in the CY 2025 Physician Fee Schedule (PFS) Proposed Rule (Table D.30).

Measure Status	
<b>Current CBE Endorsement Status:</b> Not Endorsed	<b>CBE Endorsement History:</b> None

## II. Measure Performance<sup>4</sup>

### 00101-01-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](https://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 in 2020 is 7, and the median score in 2021 and 2022 increased to 10. The lower 25<sup>th</sup> percentile and the upper 75<sup>th</sup> percentile are the same for each year, so no boxes appear on the plots.

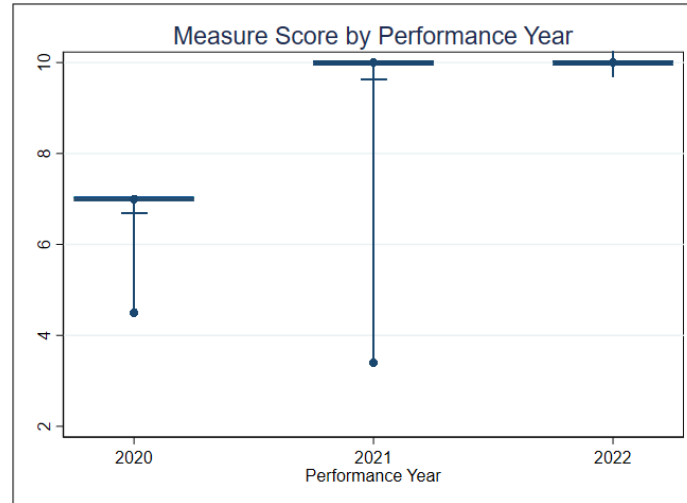
<sup>1</sup> Note from CMS program lead on MIPS CQMs: Data may be gathered from paper, electronic charts, or collected with the assistance of a third-party intermediary.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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 \(QPP\) \(cms.gov\)](https://www.cms.gov/QualityPaymentProgram).

**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, 9 of the 10 deciles have an average score of 10. In fact, 99.7% of the entities have a score of 10. This suggests that the measure may be topping out.

**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)	9.98 (0.39)	3	9.79	10	10	10	10	10	10	10	10	10	10
Entities	982	3	99	98	98	98	98	99	98	98	98	98	979