

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
00543-01-C-MIPS	Percentage of Patients who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score better)
Measure Steward	CMS Program
American Society of Clinical Oncology	Merit-Based Incentive Payment System Program (MIPS)

Measure Overview	
Rationale: The purpose of this measure is to encourage timely enrollment in palliative care that focuses on symptom management, rather than low utility and aggressive treatments, among dying cancer patients. Chemotherapy utilization at the end of life is associated with a worse quality of life near death among patients with good baseline performance status. The ultimate outcome is an improved quality of life, positive death experience, and reduction in resource utilization costs.	
Description: Percentage of patients who died from cancer receiving systemic cancer-directed therapy in the last 14 days of life.	
Numerator: Patients who received systemic cancer-directed therapy in the last 14 days of life. Exclusions: None	
Denominator: Patients who died from cancer. 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: Group/Practice	Care setting: Home health; Hospital: Inpatient Acute Care Facility; Hospital: Outpatient Department (HOD)
Risk adjustment and/or stratification: No, Process measures are often not risk adjusted.	Data source(s): Digital-Administrative systems: Claims Data; Digital-Clinical Registries ¹

¹ MIPS CQMs: Data may be gathered from paper, electronic charts, or collected with the assistance of a third-party intermediary.

Data collection method: Routinely collected in administrative and claims data ²	Reporting frequency: Patient Intermediate ³
All required data are collected as part of clinical workflow: Yes	Reporting overlap with similar/related measures: Yes, 00542-01-C-MIPS assesses the Percentage of Patients Who Died from Cancer Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life (lower score - better)
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: Endorsed	CBE Endorsement History: Initial Endorsement: August 2009 (CBE ID 0210); Most Recent Endorsement: Spring 2022

II. Measure Performance⁴

00543-01-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.

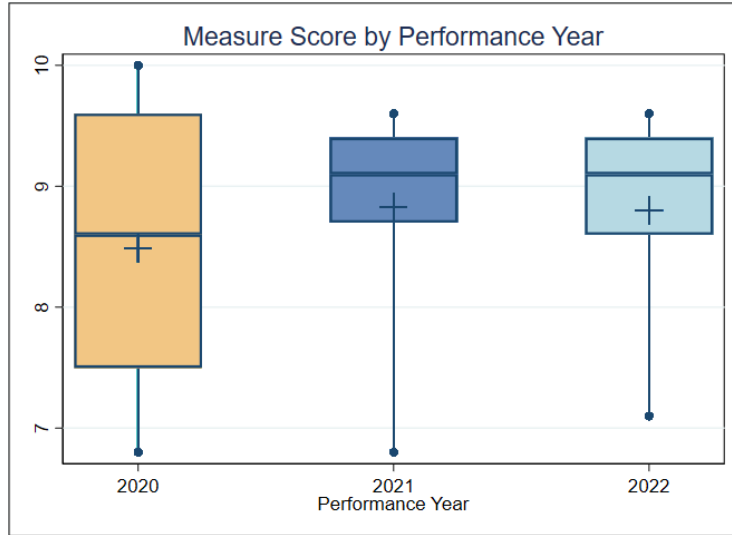
Interpretation: In the plot below, the median score increased slightly from 8.6 in 2020 to 9.1 in 2021 and remained at 9.1 in 2022.

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 \(QPP\) \(cms.gov\)](#).

Figure 1. Boxplot of Measure Score by Year



Importance Table

Interpretation of measure score: 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, about 20% of the entities have a score of at least 9.31. Examining mean scores at the lower deciles shows the relative change required to achieve about 9.31. For Deciles 5-7, the score cannot be improved much, but there would be somewhat more impact if the entities in the lower deciles would achieve a score of at least 9.31.

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)	8.80 (0.78)	3.00	7.18	7.67	8.58	8.84	9.03	9.10	9.17	9.31	9.43	9.70	10
Entities	3,151	3	316	315	315	315	315	315	315	315	315	315	75