



May 31, 2024

Nicole Brennan, MPH, DrPH
Executive Director
Partnership for Quality Measurement

submitted via <https://p4qm.org/media/2656>

Re: 2024 Measure Set Review Cycle - (00039-01-C-MIPS) Age Appropriate Screening Colonoscopy

Dear Dr. Brennan,

The American College of Gastroenterology (ACG), American Gastroenterological Association (AGA), American Society for Gastrointestinal Endoscopy (ASGE), and GI Quality Improvement Consortium (GIQuIC) do not support the inclusion of (00039-01-C-MIPS) Age Appropriate Screening Colonoscopy (QID 439) in the 2024 Measure Set Review (MSR) Cycle. Together, our organizations represent and support virtually all practicing gastroenterologists in the United States. We thank Battelle and the Partnership for Quality Measurement for its ongoing engagement with stakeholders towards an informed and thoughtful quality measure review process.

(00039-01-C-MIPS) Age Appropriate Screening Colonoscopy (QID 439)

The goal of QID 439 is to eliminate inappropriate screening colonoscopies. This measure assesses eligible clinicians routinely performing screening colonoscopy, including those doing lower volumes, to determine if unnecessary screening of the elderly is being performed. We believe this measure should continue to be available for clinician reporting via the Merit-based Incentive Payment System (MIPS) given that it focuses on a vulnerable population and specifically addresses overuse of colonoscopy thereby improving cost and resource efficiency.

Core Quality Measures Collaborative Gastroenterology Measures Set

QID 439 is included in the 2024 Core Quality Measures Collaborative (CQMC) Gastroenterology (GI) Measures Set, a decision that involved input and direction from the Partnership for Quality Measurement (PQM) and Centers for Medicare & Medicaid Services (CMS). This measure will be discussed for continuation in the GI Measures Set in June 2024 during the full maintenance cycle.

The CQMC was initially created in 2015 as a “broad-based coalition of healthcare leaders working to facilitate cross-payer measure alignment through the development of core sets of measures to assess the quality of healthcare in the United States” with the aims of:

- Identifying high-value, high-impact, evidence-based measures that promote better patient outcomes, and provide useful information for improvement, decision-making and payment.
- Aligning measures across public and private payers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.

- Reducing the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers. (<https://p4qm.org/CQMC>)

The CQMC has described maintenance process considerations to include measures that no longer have an opportunity for improvement, no longer align with clinical guidelines, or have implementation challenges. None of these scenarios apply to this measure.

Since the initial development of the GI Measures Set, QID 439 was determined by multiple stakeholders, including CMS, commercial payers, and other experts, to be of high value.

GI Care MIPS Value Pathway

CMS posted a candidate GI Care MIPS Value Pathway (MVP) on the Quality Payment Program (QPP) website on December 15, 2023, as the Agency seeks to advance a GI Care MVP for implementation beginning with the 2025 performance year. QID 439 was included in the candidate GI Care MVP.

Our organizations have expressed serious concerns with the candidate GI Care MVP and included in those comments was strong encouragement for CMS to start with a more narrowly focused MVP for Gastroenterology addressing a singular clinical condition, specifically colorectal cancer prevention. QID 439 specifically addresses inappropriate use of screening colonoscopy and is an appropriate and meaningful measure in advancing the fight against colorectal cancer.

Furthermore, QID 439 is one of six measures included in the GIQuIC qualified clinical data registry (QCDR) measure set, three of which are QPP measures and three of which are GIQuIC QCDR measures. All six of these measures are included in the candidate GI Care MVP and support meaningful and feasible performance measurement of clinicians addressing colorectal cancer prevention. Should QID 439 be eliminated from MIPS, there would be only two reportable measures specifically addressing colorectal cancer prevention (QIDs 185 and 320) in a 2025 GI Care MVP, if finalized. Notably, it is the six quality measures that make up the GIQuIC QCDR Measure set that balance the only specialty-specific cost measure included in the candidate GI Care MVP, the Screening/Surveillance Colonoscopy episode-based cost measure.

GIQuIC 2024 QCDR Measure Set

GIQuIC intends to self-nominate for the 2025 performance year with this same measure set.

Measure #	Title	Outcome/ High-Priority
GIQIC26	Screening Colonoscopy Adenoma Detection Rate	Outcome
GIQIC23	Appropriate follow-up interval based on pathology findings in screening colonoscopy	High-Priority
NHCR4	Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation	High-Priority
QPP185	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	High-Priority
QPP320	Appropriate follow-up interval for normal colonoscopy in average risk patients	High-Priority
QPP439	Age Appropriate Screening Colonoscopy	High-Priority

Our organizations strongly encourage Battelle and the Partnership for Quality Measurement to exclude (00039-01-C-MIPS) Age Appropriate Screening Colonoscopy (QID 439) from the 2024 Measure Set Review Cycle as it is a meaningful and feasible measure for clinicians providing screening colonoscopy services to report and is one of a limited number of GI specialty-specific measures available in MIPS.

We appreciate the opportunity to provide comment on the 2024 MSR Cycle. If you have any questions about our feedback or if we may provide any additional information, please contact Eden Essex, ASGE, at eessex@asge.org; Brad Conway, ACG, at bconway@gi.org; or Kathleen Teixeira, AGA, at kteixeira@gastro.org.

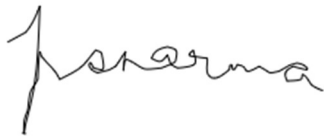
Sincerely,



Jonathan A. Leighton, MD, FACG
President, American College of Gastroenterology



Barbara H. Jung, MD, AGAF
President, American Gastroenterological Association



Prateek Sharma, MD, FASGE
President, American Society for Gastrointestinal Endoscopy



Costas H. Kefalas, MD, MMM, FACG, FASGE
President, GI Quality Improvement Consortium