2026 RISE Registry Quality Measure Changes Summary

Changes to some of the measures in the RISE registry could impact how you care for your patients this year. Below are details on what changed from the 2025 performance year (Jan. 1, 2025 – Dec. 31, 2025) to the 2026 performance year (Jan. 1, 2026 – Dec. 31, 2026) and the potential impact on your practice. Please note these changes take effect in 2026 and will not affect RISE participants' 2025 Quality Payment Program (QPP) MIPS reporting.

What Changed	What It Means
Measures Added to RISE registry	
- **ACR18: Patient Reported Outcome Physical Function Survey for Patients with Rheumatology Conditions**	Measure available for Traditional MIPS in the 2026 performance year.
- **ACR19: Avoiding the Prolonged Use of Moderate/High Dose Glucocorticoids for Patients with Systemic Lupus Erythematosus**	Measure available for Traditional MIPS in the 2026 performance year.
- **ACR20: Hydroxychloroquine Use in Patients with Systemic Lupus Erythematosus**	Measure available for Traditional MIPS in the 2026 performance year
Measures Removed from RISE registry	
- **ACR16: Rheumatoid Arthritis Patients with Low Disease Activity or Remission**	Removed by CMS.
- **QPP487: Screening for Social Drivers of Health**	Removed by CMS
- **QPP498: Connection to Community Service Provide**	Removed by CMS
- **QPP 508: Adult COVID-19 Vaccination Status**	Removed by CMS
Changes to ACR Stewarded Measures	
- **ACR12: Disease Activity Measurement for Patients with PsA** is now eligible for Telehealth.	The ACR expanded ACR12 for Telehealth services.
- **ACR14: Gout: Serum Urate Target** Now requires "an active" diagnosis of gout treated with urate-lowering therapy (ULT) for at least 12 months, whose most recent serum urate result is less than 6.0 mg/dL.	The ACR added further clarification requiring an active diagnosis of gout during the measurement period.
- **ACR17: Methotrexate to Biologic Adherence to Treatment Pathway for Patients with Rheumatoid Arthritis** was updated to include using a biologic disease-modifying antirheumatic drug (DMARD) who had a prescription for a conventional synthetic (cs) DMARD at least 10 weeks prior.	The ACR added further clarification for using a biologic disease-modifying antirheumatic drug (DMARD) who had a prescription for "conventional synthetic (cs)" DMARD.

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The remaining QPP measure changes are owned and managed by CMS and are highlighted in the 2026 Quality Payment Program Final Rule.

If you have any questions about the measure changes and their impact on you, feel free to reach out to ACR staff by e-mailing RISE@rheumatology.org or by calling (404) 633-3777.

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