

2023 ACR RISE Registry Recommended Quality Measures List

The ACR RISE registry has identified quality measures recommended for rheumatology practices in RISE. These suggested measures represent a variety of areas important to treating patients with rheumatic diseases while also optimizing the points available for both 2023 traditional MIPS and MVP reporting. This document serves solely as a resource for rheumatology practices having difficulty selecting quality measures; practices are not required to choose these as a part of their preferred measures.

See the full list of [2023 RISE Quality Measures](#) as a reference. As a reminder, practices can only select 10 quality measures in RISE.

****See important note in the description column***

Measure ID#	Name	Description	Reportable via Traditional MIPS, MVP, or Both?
ACR10	Hepatitis B Safety Screening	If a patient is newly initiating biologic OR new synthetic DMARD therapy (e.g. methotrexate, leflunomide, etc.), then the medical record should indicate appropriate screening for hepatitis B in the preceding 12 month period.	Traditional MIPS
ACR12	Disease Activity Measurement for Patients with PsA	If a patient has psoriatic arthritis, then disease activity using a standardized measurement tool should be assessed at $\geq 50\%$ of encounters for PsA.	Both
ACR14	Gout: Serum Urate Target	The percentage of patients aged 18 and older with at least one clinician encounter (including telehealth) during the measurement period and a 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.	Both
ACR15	Safe Hydroxychloroquine Dosing	If a patient is using hydroxychloroquine, then the average daily dose should be less than or equal to 5 mg/kg.	Both

QPP111	Pneumococcal Vaccination Status for Older Adults	Percentage of patients 66 years of age and older who have received a pneumococcal vaccine.	MVP
QPP128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if the most recent BMI was outside of normal parameters.	Traditional MIPS
QPP130	Documentation of Current Medications in the Medical Record	Percentage of visits for patients aged 18 years and older for which the eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.	Both
QPP176	Tuberculosis Screening Prior to First Course Biologic Therapy	If a patient has been newly prescribed a biologic and/or immune response modifier that includes a warning for potential reactivation of a latent infection, then the medical record should indicate TB testing in the preceding 12-month period.	Both
QPP177	Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity using an ACR-preferred RA disease activity assessment tool at $\geq 50\%$ of encounters for RA for each patient during the measurement year.	Both
QPP178	Rheumatoid Arthritis (RA): Functional Status Assessment	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for whom a functional status assessment was performed at least once within 12 months.	Both

QPP236	Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Traditional MIPS
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