Qualified Clinical Data Registry (QCDR) 2023 Quality Measures

The following quality measures are available for quality performance tracking in the 2023 performance year via the ACR RISE registry. Majority of the quality measures in the registry are a part of the 2023 Quality Payment Program (QPP) and are reportable for traditional Merit-based Incentive Payment System (MIPS) and/or the Advancing Rheumatology Patient Care MIPS Value Pathway (MVP).

ACR RISE QCDR Measures

The ACR developed the following rheumatology-specific measures that are exclusively available and reportable for MIPS via the ACR RISE registry. To learn more about the QCDR measures, access the 2023 RISE Qualified Clinical Data Registry (QCDR) Measure Specifications >

ACR10: Hepatitis B Safety Screening

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

ACR12: Disease Activity Measurement for Patients with PsA

MEASURE DESCRIPTION: If a patient has psoriatic arthritis, then disease activity using a standardized measurement tool should be assessed at >=50% of encounters for PsA.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: No

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

ACR14: Gout: Serum Urate Target

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Intermediate Outcome–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

ACR15: Safe Hydroxychloroquine Dosing
MEASURE DESCRIPTION: If a patient is using hydroxychloroquine, then the average daily dose should be less than or equal to 5 mg/kg.
MEASURE TYPE: Process–High Priority
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

ACR16: Rheumatoid Arthritis Patients with Low Disease Activity or Remission
MEASURE DESCRIPTION: The risk-adjusted proportion of individuals with RA who have low disease activity or are in remission based on the last recorded disease activity score as assessed using an ACR-preferred tool in the measurement year.
MEASURE TYPE: Intermediate Outcome–High Priority
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS ONLY
Note: This is a risk-adjusted measure. Please refer to this documentation for the measure specification, performance rate calculation, and frequently asked questions related to ACR16.

Clinical Quality Measures (CQMs) & Electronic Clinical Quality Measures (eCQMs)

The CQM and eCQM quality measures listed below are valuable assessment tools; they help ensure our health care processes, outcomes, and patient experiences align with our quality goals for health care.

Access the 2023 Clinical Quality Measure Specifications
Access the 2023 Electronic Clinical Quality Measure Specifications

Quality ID #24: Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older
MEASURE DESCRIPTION: Percentage of patients aged 50 years and older treated for a fracture with documentation of communication, between the physician treating the fracture and the physician or other clinician managing the patient's on-going care, that a fracture occurred and that the patient was or should be considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication.
MEASURE TYPE: Process–High Priority
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS ONLY
*Available as CQM only.

Quality ID #39: Screening for Osteoporosis for Women Aged 65-85 Years of Age

MEASURE DESCRIPTION: Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray absorptiometry (DXA) to check for osteoporosis.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM only.

Quality ID #47: Advance Care Plan

MEASURE DESCRIPTION: Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM only.

Quality ID #110: Preventive Care and Screening: Influenza Immunization

MEASURE DESCRIPTION: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: N/A–This measure is not reportable via Traditional MIPS or the Advancing Rheumatology Patient Care MVP.

Available as CQM & eCQM.

Quality ID #111: Pneumococcal Vaccination Status for Older Adults

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who have received a pneumococcal vaccine.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Advancing Rheumatology Patient Care MVP ONLY

Available as CQM & eCQM.

Quality ID #128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: No

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM & eCQM.

Quality ID #130: Documentation of Current Medications in the Medical Record

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM & eCQM.

Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

MEASURE DESCRIPTION: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM & eCQM.

Quality ID #155: Falls: Plan of Care

MEASURE DESCRIPTION: Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM only.

Quality ID #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM only.
Note: This measure was stewarded by the ACR.

Quality ID #177: Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity

MEASURE DESCRIPTION: 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 ≥50% of encounters for RA for each patient during the measurement year.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: No

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM only.
Note: This measure was stewarded by the ACR.

Quality ID #178: Rheumatoid Arthritis (RA): Functional Status Assessment

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM only.
Note: This measure was stewarded by the ACR.

Quality ID #180: Rheumatoid Arthritis (RA): Glucocorticoid Management

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have been assessed for glucocorticoid use and, for those on pro-longed doses of prednisone >5 mg daily (or equivalent) with improvement or no change in disease activity, documentation of glucocorticoid management plan within 12 months.

MEASURE TYPE: Process
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS & Advancing Rheumatology Patient Care MVP

Available as CQM only.
Note: This measure was stewarded by the ACR.

Quality ID #226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

MEASURE DESCRIPTION: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times with in the measurement period AND who received tobacco cessation intervention during the measure-ment period or in the six months prior to the measure-ment period if identified as a tobacco user.

MEASURE TYPE: Process
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS ONLY
Available as CQM & eCQM.

Quality ID #236: Controlling High Blood Pressure

MEASURE DESCRIPTION: 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.

MEASURE TYPE: Intermediate Outcome–High Priority
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS ONLY
Available as CQM & eCQM.

Quality ID #238: Use of High-Risk Medications in Older Adults

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.

MEASURE TYPE: Process–High Priority
TELEHEALTH ELIGIBLE: Yes
MEASURE HAS A BENCHMARK: TBA
SUBMISSION PATHWAY: Traditional MIPS ONLY
Available as CQM & eCQM.

Quality ID #317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

MEASURE DESCRIPTION: Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: No

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM & eCQM.

Quality ID #318: Falls: Screening for Future Fall Risk

MEASURE DESCRIPTION: Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as eCQM only.

Quality ID #374: Closing the Referral Loop: Receipt of Specialist Report

MEASURE DESCRIPTION: Percentage of patients with referrals, regardless of age, for which the referring clinician receives a report from the clinician to whom the patient was referred.

MEASURE TYPE: Process–High Priority

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM & eCQM.

Quality ID #493: Adult Immunization Status

MEASURE DESCRIPTION: Percentage of patients 19 years of age and older who are up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; and pneumococcal.

MEASURE TYPE: Process

TELEHEALTH ELIGIBLE: Yes

MEASURE HAS A BENCHMARK: TBA

SUBMISSION PATHWAY: Traditional MIPS ONLY

Available as CQM only.