

# 2017 MIPS Performance Category Fact Sheet



## QUALITY (Replaces the Physician Quality Reporting System [PQRS])

### Full Participation Requirements for MIPS-Eligible CRNAs:

Try to report on at least 6 applicable measures including 1 outcome or high priority measure for at least 50% of ALL your patients

If reporting as an *Individual Clinician*, or as a *Group*, use one of the following reporting mechanisms:

- **Electronic Health Record (EHR)**—must use a certified EHR system
- **Qualified Registry (QR)**—select a QR that supports measures from the MIPS Anesthesia Measure Set (see table below)
- **Qualified Clinical Data Registry (QCDR)**—select an anesthesia-specific QCDR with non-MIPS quality measures that apply to your practice

**Additional Group reporting options:**

- **Web interface**—report 15 quality measures for a full year
- **Alternative Payment Model (APM) qualifying for special MIPS scoring**—report quality measures through your APM

### Qualified Registry Only 2017 MIPS Anesthesiology Measure Set\*

ID#	Measure Title	Measure Type	High Priority
44	Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Process	No
76	Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections	Process	Yes
130	Documentation of Current Medications in the Medical Record	Process	No
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Process	No
404	Anesthesiology Smoking Abstinence	Intermediate Outcome	Yes
424	Perioperative Temperature Management	Outcome	Yes
426	Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)	Process	Yes
427	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)	Process	Yes
430	Prevention of Post-Operative Nausea and Vomiting (PONV)—Combination Therapy	Process	Yes

\*Note: If using the 2017 MIPS Anesthesiology Measure Set you should use a Qualified Registry. You are responsible for identifying and reporting on all applicable measures (ideally 6 ) that apply to your practice including non-anesthesia measures. If reporting via a Qualified Clinical Data Registry (QCDR), you will have additional non-MIPS measures to choose from to assist you with identifying and reporting 6 measures.

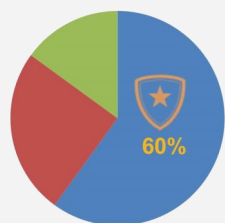
### Qualified Clinical Data Registry

- Up to 30 anesthesia specific measures to choose from
- More likely to find 6 measures that apply to your practice
- Maximize the number of points earned under the MIPS quality performance category
- Potential credit for improvement activities depending on QCDR used

### 2019 MIPS Scoring for CRNAs:

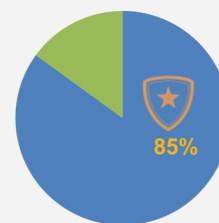
Clinicians receive 3 to 10 points on each quality measure based on performance against available benchmarks. Failure to submit performance data for an applicable measure will result in 0 points for that measure.

### Quality Performance Category Weight



(for CRNAs reporting Advancing Care Information)

- Quality**
- Improvement Activities**
- Advancing Care Information** (optional for CRNAs)
- Cost** (weight=0%; no action required)



(for CRNAs NOT reporting Advancing Care Information)

