PIMSH 2025_QCDR_Measure_Specifications_PUB

Specialty	Category	Measure ID	QCDR Name	Additional QCDRs Supporting the QCDR Measure	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	Numerator Exclusions	Data Source Used for the Measure	CMS ID Number	High Priority	High-Priority Type	Measure Type	Inverse Measure	Proportion/Measure	Continuous Variable Measure	Ratio Measure	If Continuous Variable and/or Ratio is Chosen, what would be the Range of the Score(s)?	Number of Numerators/Ratios to Be Calculated and Submitted	Performance Rate Description(s)	Clinical Performance Rate	Measure Risk-Adjusted?	If Risk-Adjusted, Describe Risk Factors Data is Risk-Adjusted	QCDR Use Measure Results Are Use of Composite Measure?	MIPS Reporting Options	Care Setting	Includes Telehealth?	Clinical/Recommendation Statement	QCDR Measure Rationale	QCDR Measures with Areas of Duplication
Hematology & Oncology	general	PIMSH16	Premier Insights by McKesson - QCDR	The Oncology Quality Tree	Antiemetic Therapy for Low- and Minimal Emetic Risk Antineoplastic Agents in the Outpatient Setting - Evidence of Concise Lower Score - Better	The number of cancer patients aged 18 years and older treated with low- or minimal-emetic risk antineoplastic agents in the outpatient setting who are administered single-agent pre-treatment antiemetic therapy.	Denominator: 2 Patients who are prescribed any emetic risk antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator 2: Patients who receive minimal-emetic risk intravenous antineoplastic agents during cycle 1 of the patient's first chemotherapy regimen Denominator Guidance: For multi-drug regimens, select antiemetic therapy based on the drug with the highest risk. For a list of intravenous antineoplastic agents, please refer to Table 1, Emetic Risk of Single-Intravenous Antineoplastic Agents, in Aapro, Molassiotis et al., 2020, pp. 1787-1794.	Numerator: 2 Patients who are administered pre-treatment a single-agent antiemetic prior to the first chemotherapy administration Numerator 2: Patients who are administered pre-treatment a 5-hydroxytryptamine receptor antagonist (5-HT3 receptor antagonist), dexamethasone, or dexamethasone Numerator Guidance: For the purposes of the measure, the following antiemetics would meet the measure: -Antiemetics administered on the same day as cycle 1 day 1 (C1D1) of the therapy -Any oral or rectal prescription order of antiemetics on the same day as cycle 1 day 1 of the therapy, or within 30 days prior to cycle 1 day 1 of the therapy OR -Any record of antiemetics as with 1 of the medication list within 30 days prior to cycle 1 day 1 of the therapy	None	None	None	Medical record, including problem list, drug lists, and lab reports The Oncology Quality Tree - Claims, EHR, Administration claims data: Old use claims data to determine denominator eligible visits and EHR data is used to identify eligible medication orders, ordered and administered to the patient.	545	No	Appropriate Use	Process	No	No	No	No	No		No clinical performance score submitted as a weighted average of: (Numerator 1 / Denominator 1) / Denominator 2) (Denominator 1 = Denominator 2)	No Performance Rate	No	n/a	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic	No	Recommendations for the use of high- and moderate-emetic risk antineoplastic agents included in ASCO's 2020 antiemetic guideline are unchanged (Hesketh et al., 2020, p. 2789). Low emetic risk antineoplastic agents -Adults treated with low emetic risk antineoplastic agents, including oral agents, should not be given antiemetics in a single-firing dose of dexamethasone before antineoplastic treatment (Type informed consistency, benefits outweigh harm, Evidence quality: low, Strength of recommendation: moderate). Minimal emetic risk antineoplastic agents -Adults treated with minimal-emetic risk antineoplastic agents should not be offered routine antiemetic prophylaxis (Type informed conditional, benefits outweigh harm, Evidence quality: low, Strength of recommendation: moderate).	Aiming to aid in achieving Triple Aim/Quadruple Aim, this measure focuses on the use of low- and minimal-emetic risk antineoplastic agents in the outpatient setting. Adherence to the guideline ensures that patients starting on a chemotherapy regimen that are a low or moderate risk of causing nausea and vomiting receive the appropriate antiemetic treatment regimen that has a high risk of causing nausea and vomiting. " (Schneyer et al., 2013, pp. 3082-3083). Some antiemetic agents, and their combinations are substantially more expensive than other agents, and their use is unnecessary if it does not be necessary to manage the expected risk of nausea and vomiting associated with chemotherapy, unnecessary treatment costs (Tadesse & Gaishell, 2017). The first ASCO guideline for antiemetics was published in 2006 and updated in 2011, 2016, 2017, and 2020. Recommendations for adults in the 2020 guideline update are unchanged from the previous guidance, with minor discrepancy in the setting of hematopoietic stem cell transplantation. Evidence for the remaining recommendations is unchanged in the 2017 guideline (Hesketh et al., 2020).	
Hematology & Oncology	general	PIMSH16	Premier Insights by McKesson - QCDR	The Oncology Quality Tree	Appropriate Antiemetic Therapy for High- and Moderate-Emetic Risk Antineoplastic Agents in the Outpatient Center	Percentage of cancer patients aged 18 years and older treated with high- or moderate-emetic risk antineoplastic agents in the inpatient or outpatient setting who are administered appropriate pre-treatment antiemetic therapy.	Denominator Criteria 1: All patients aged greater than or equal to 18 years diagnosed with cancer who receive their first-ever moderate-emetic risk antineoplastic agents during cycle 1 of any chemotherapy regimen Denominator Criteria 2: All patients aged greater than or equal to 18 years diagnosed with cancer who receive their first-ever moderate-emetic risk antineoplastic agents during cycle 1 of any chemotherapy regimen Denominator Guidance: For multi-drug regimens, select antiemetic therapy based on the drug with the highest risk. For a list of intravenous antineoplastic agents, please refer to Table 2, Emetic Risk of Single Intravenous Antineoplastic Agents, in Aapro, Hesketh et al., 2020, p. 2789.	Numerator Criteria 1: Patients who are administered pre-treatment a four-drug combination of a neurokinin 1 (NK1) receptor antagonist, a serotonin (5-HT3) receptor antagonist, dexamethasone, and olanzapine Numerator Criteria 2: Patients who are administered pre-treatment a three-drug combination of a 5-HT3 receptor antagonist, dexamethasone, and olanzapine Numerator Guidance: For the purposes of the measure, the following antiemetics would meet the measure: -Antiemetics administered on the same day as cycle 1 day 1 (C1D1) of the therapy -Any oral or rectal prescription order of antiemetics on the same day as cycle 1 day 1 of the therapy, or within 30 days prior to cycle 1 day 1 of the therapy -Any record of antiemetics as with 1 of the medication list within 30 days prior to cycle 1 day 1 of the therapy	None	Denominator Exception Criteria 1: Patient allergy or intolerance to neurokinin 1 (NK1) receptor antagonist, serotonin (5-HT3) receptor antagonist, dexamethasone, or olanzapine Denominator Exception Criteria 2: Patient allergy or intolerance to 5-HT3 receptor antagonist, or dexamethasone	None	Process Insights by McKesson - QCDR - EHR: Medical record, including problem list, drug lists, and lab reports The Oncology Quality Tree - Administration claims data: Old use claims data to determine eligible patients and EHR data is used to identify eligible medications ordered and administered to patients, calculation of numerator and denominator	545	No	Patient Safety	Process	No	No	No	No	No		No scored performance score submitted as a weighted average of: (Numerator 1 / Numerator 2) (Denominator 1 = Denominator 2)	No Performance Rate	No	n/a	No	Traditional MIPS	Ambulatory Care: Clinician Office/Clinic	No	Recommendations for the use of high- and moderate-emetic risk antineoplastic agents included in ASCO's 2020 antiemetic guideline are unchanged (Hesketh et al., 2020, p. 2789). High emetic risk antineoplastic agents -Adults treated with cisplatin and other high-emetic risk single agents should be given a four-drug combination of a neurokinin receptor antagonist, a serotonin (5-HT3) receptor antagonist, dexamethasone, and olanzapine (Key 1), Dexamethasone and olanzapine (Type informed consistency, benefits outweigh harm, Evidence quality: moderate, Strength of recommendation: strong). -Adults treated with an anthracycline combined with cyclophosphamide should be given a three-drug combination of a 5-HT3 receptor antagonist, a 5-HT3 receptor antagonist, dexamethasone, and olanzapine (Key 1), Olanzapine should be given on Days 1–4 (Type informed consistency, benefits outweigh harms, Evidence quality: high, Strength of recommendation: strong). Moderate emetic risk antineoplastic agents -Adults treated with carboplatin area under the curve (AUC) greater than or equal to 2 regimen,(not should be offered a 3-drug combination of a neurokinin receptor antagonist, 5-HT3 receptor antagonist, and dexamethasone (key 1), (Type evidence based, benefits outweigh harms, Evidence quality: low, Strength of recommendation: strong). -Adults treated with moderate emetic risk antineoplastic agents (excluding carboplatin AUC greater than or equal to 2	Aiming to aid in achieving Triple Aim/Quadruple Aim, this measure focuses on the use of high- and moderate-emetic risk antineoplastic agents in the outpatient setting. Adherence to the guideline ensures that patients starting on a chemotherapy regimen that are a low or moderate risk of causing nausea and vomiting receive the appropriate antiemetic treatment regimen that has a high risk of causing nausea and vomiting " (Schneyer et al., 2013, pp. 3082-3083). Some antiemetic agents, and their combinations are substantially more expensive than other agents, and their use is unnecessary if it does not be necessary to manage the expected risk of nausea and vomiting associated with chemotherapy, unnecessary treatment costs (Tadesse & Gaishell, 2017). The first ASCO guideline for antiemetics was published in 2006 and updated in 2011, 2016, 2017, and 2020. Recommendations for adults in the 2020 guideline update are unchanged from the previous guidance, with minor discrepancy in the setting of hematopoietic stem cell transplantation. Evidence for the remaining recommendations is unchanged in the 2017 guideline (Hesketh et al., 2020).	