

2018 MIPS Quality Performance Category Fact Sheet



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 60% of ALL your patients for a full calendar year

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 2018 MIPS Anesthesiology Measure Set

44 (Process): Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery

*76 (Process): Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections

226 (Process): Tobacco Use Screening and Cessation Intervention

402(Process): Tobacco Use and Help with Quitting Among Adolescents

*404 (Intermediate Outcome): Anesthesiology Smoking Abstinence

*424 (Outcome): Perioperative Temperature Management

*426 (Process): Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)

*427 (Process): Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)

*430 (Process): Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy

463(Process): Prevention of Post-Operative Nausea and Vomiting (PONV) – Pediatrics

* high priority measure

Note: If using the 2018MIPS 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 QCDR measures to choose from to assist you with identifying and reporting 6 measures.

Qualified Clinical Data Registry (QCDR)

- 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 Quality 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.

