

# THE IMPACT OF QUALITY CARE MEASURES FOR PATIENTS WITH **IMMUNE-MEDIATED INFLAMMATORY DISEASES (IMIDs)**

Working together to close gaps within the patient journey and  
advocate for value-based care in Rheumatology and Dermatology



Inspired by **patients.**  
Driven by **science.**



**Maria Fernanda**, living with  
rheumatoid arthritis

# Why is quality care so important to patients with immune-mediated inflammatory diseases in Rheumatology and Dermatology?

Many patients with an IMID are receiving symptomatic treatment, which fails to address their underlying disease, including patients with

- Rheumatoid arthritis (RA)
- Psoriatic diseases, including psoriasis (PSO) and psoriatic arthritis (PsA)
- Axial spondyloarthritis (axSpA), including nonradiographic axial spondyloarthritis (nr-axSpA)<sup>1</sup>

## Prevalence of IMIDs



IMIDs affect women **75 percent** more often than men<sup>1</sup>



**~7 million** adults are living with PSO in the United States<sup>2</sup>



RA affects approximately **1.3 million** Americans<sup>3</sup>



### In the United States

- **~46% of patients** seen for chronic back pain were subsequently diagnosed with axSpA<sup>4\*</sup>
  - Roughly 4 in 10 patients with axSpA were chronic opioid users and were not receiving targeted therapy for their disease<sup>5†</sup>
- **~350 adults** per 100,000 (0.35%) have nr-axSpA<sup>6</sup>

\*In a multicenter, non-drug treatment, single-visit study conducted at rheumatology practices in the US.  
†From a retrospective cohort study of patients with AS identified in a US claims database.


## IMIDs have a negative effect on quality of life

- The **disability rates** of patients with RA are 28% at 5 years and 44% at 15 years post diagnosis<sup>7</sup>
- ~35% of patients with RA are physically **no longer able to work** after 10 years<sup>8</sup>
- 41% of patients with moderate PSO and 44% of patients with severe PSO **were not employed full time**<sup>9\*</sup>
- **~\$4 billion in work productivity** is lost annually due to psoriatic disease<sup>10</sup>

### Of patients with psoriasis<sup>11</sup>

- **94% reported** that psoriasis was a problem in their daily life
- **88% reported** that psoriasis affected their overall emotional well-being
- **82% reported** that psoriasis interfered with their enjoyment of life

\*A study utilizing data from 2003–2005 National Psoriasis Foundation surveys.



A 5- to 8-year delay in diagnosis of axSpA, including nr-axSpA, **contributes to a significant impact on a patient's mental health**<sup>12,13</sup>

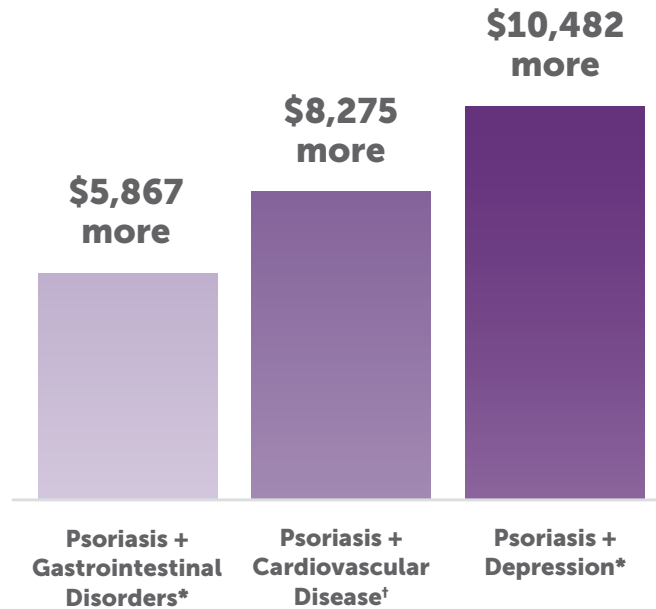
Caroline, living with psoriatic arthritis



Elisabeth, living with axial spondyloarthritis

## IMIDs represent a significant burden to patients and the healthcare system at large

**Increased Healthcare Costs with Psoriasis and Comorbidities<sup>14-16</sup>** | Comorbidities are estimated to lead to an additional \$22,713 in costs on average per patient per year



*I often have to depend on others for help, sometimes for simple tasks like opening jars or packaging.*

– Woman with RA, 68

### Patients with Psoriatic Diseases Have an Increased Risk of Cardiovascular Diseases<sup>17</sup>

- Cardiovascular death** - 2.3x more likely
- Myocardial infarction** - 2.3x more likely
- Stroke** - 5.5x more likely

\*A cohort study using retrospective administrative medical claims data for patients with psoriasis (N = 2,489) between Apr 1, 1996, and Dec 31, 1999, treated with systemic therapy and/or phototherapy.

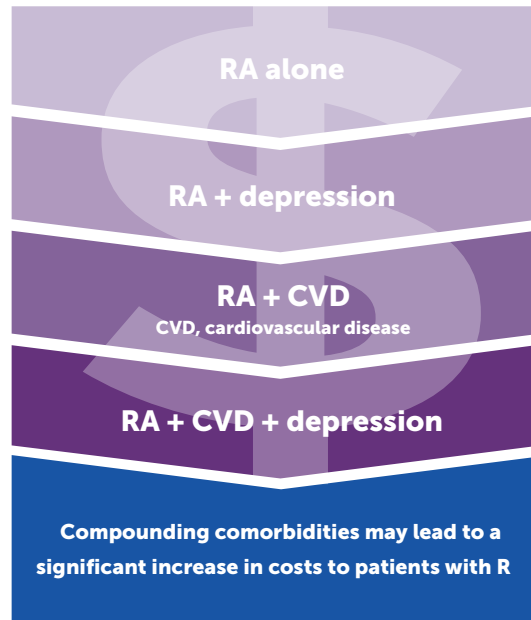
†A retrospective, US cohort analysis using claims data for patients with psoriasis (N = 56,406) between Jan 1, 2010, and Dec 31, 2011.

## Higher adjusted annual mean healthcare costs per person<sup>19</sup>:

*I feel like it really had an impact on my mood. I've never been a depressed person, but when I was going through all that, I didn't know what was happening or why I was having pain.*

– Woman with axSpA, 21

**Patients with axial spondyloarthritis had an average of 4x more total healthcare costs than the general population<sup>18\*</sup>**



**A significant opportunity exists** to assess the IMID patient journey with quality measures and implement programs that facilitate quality care



Caroline, living with psoriatic arthritis

\*MarketScan analysis of patients with AS diagnosis between January 1, 2013, and December 31, 2013.

## Implementing meaningful quality measures can promote patient-focused care practices and improved outcomes

### DERMATOLOGY MEASURES

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Psoriasis:</b> <i>TB Prevention for Psoriasis, PsA and RA Patients on Biological Immune Response Modifier</i>	<b>NQF337</b>	<p><b>NQF337 is a process measure that may be implemented for patients with PsA, PSO, and RA.</b></p> <ul style="list-style-type: none"> <li>• Anti-tuberculosis testing both prior to the initiation of a biologic therapy and annually during treatment is recommended.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_337_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_337_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Dermatology Measures
<b>Closing the Referral Loop:</b> <i>Receipt of Specialist Report</i>	<b>NQF374</b>	<p><b>NQF374 is a high-priority process measure that may be implemented for all patients with a referral.</b></p> <ul style="list-style-type: none"> <li>• Care coordination is a focal point in the current healthcare reform and our nation's ambulatory health information technology (HIT) framework.</li> <li>• The National Priorities Partnership recently highlighted care coordination as one of the most critical areas for development of quality measurement and improvement.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_374_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_374_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Dermatology Measures
<b>Psoriasis:</b> <i>Clinical Response to Systemic Medications</i>	<b>NQF410</b>	<p><b>NQF410 is a high-priority outcome measure that may be implemented for psoriasis vulgaris (plaque psoriasis) patients.</b></p> <ul style="list-style-type: none"> <li>• This measure evaluates the proportion of psoriasis vulgaris patients receiving systemic medication who meet minimal physician- or patient-reported disease activity levels.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_410_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2019_Measure_410_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Dermatology Measures

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Psoriasis:</b> <i>Screening for Psoriatic Arthritis</i>	<b>AAD7</b>	<p><b>AAD7 is a high-priority process measure that may be implemented for patients with PsA.</b></p> <ul style="list-style-type: none"> <li>• Dermatologists are strongly encouraged to actively seek signs and symptoms of PsA at each visit. If PsA is diagnosed, treatment should be initiated to alleviate signs and symptoms of PsA, prevent structural damage, and maximize quality of life (QOL).</li> <li>• Dermatologists uncomfortable or untrained in evaluating or treating patients with PsA should refer such patients to rheumatologists.</li> </ul> <p><b>Source:</b> <a href="https://assets.ctfassets.net/1ny4yoiyrgia/73GOHHJyAh6TsEeZ7PUFcr/29b868a5b4703d91038e77b7c9f5581d/AAD_7_Psoriasis_Screening_for_Psoriatic_Arthritis_2020.pdf">https://assets.ctfassets.net/1ny4yoiyrgia/73GOHHJyAh6TsEeZ7PUFcr/29b868a5b4703d91038e77b7c9f5581d/AAD_7_Psoriasis_Screening_for_Psoriatic_Arthritis_2020.pdf</a></p>	<b>American Academy of Dermatology Association (AAD), DataDerm</b>
<b>Chronic Skin Conditions:</b> <i>Patient-Reported Quality of Life</i>	<b>AAD8</b>	<p><b>AAD8 is a high-priority process measure that may be implemented for patients with chronic skin conditions.</b></p> <ul style="list-style-type: none"> <li>• Quality-of-life (QOL) assessments are one of the most important, quantifiable health outcomes for most skin diseases.</li> <li>• Measuring patients' experiences is important for documenting the effectiveness of what dermatologists do in clinical care and for evaluating different kinds of care. "Global items" assess general domains of health and functioning, including symptoms, emotions, and activities, which this measure does, to get a picture of overall perceived quality of life.</li> </ul> <p><b>Source:</b> <a href="https://assets.ctfassets.net/1ny4yoiyrgia/2VRa3Qf0iGTD0jyVbVvBkg/f498dadedff3688e1bd88d4792d1e46f/AAD_8_Chronic_Skin_Conditions_PRO_QOL_2020.pdf">https://assets.ctfassets.net/1ny4yoiyrgia/2VRa3Qf0iGTD0jyVbVvBkg/f498dadedff3688e1bd88d4792d1e46f/AAD_8_Chronic_Skin_Conditions_PRO_QOL_2020.pdf</a></p>	<b>American Academy of Dermatology Association (AAD), DataDerm</b>
<b>Psoriasis:</b> <i>Improvement in Patient-Reported Itch Severity</i>	<b>AAD9</b>	<p><b>AAD9 is an outcome measure that may be implemented for patients with psoriasis.</b></p> <ul style="list-style-type: none"> <li>• Pruritus is a subjective and multifaceted symptom that manifests in patients in various ways that affect quality of life by contributing to the development of depression, global distress, and sleep impairment.</li> <li>• This measure aims to improve pruritus in patients who carry a large burden with this disease by assessing itch and aiming to make the symptom more manageable. Furthermore, the use of itch will be a measure of overall disease improvement/response.</li> </ul> <p><b>Source:</b> <a href="https://assets.ctfassets.net/1ny4yoiyrgia/6tEolZPSO1xOkbfBxJcqOA/d9edc354ba15083df0f7edd75c584002/AAD_9_Psoriasis_PRO_Improvement_Itch_Severity_2020.pdf">https://assets.ctfassets.net/1ny4yoiyrgia/6tEolZPSO1xOkbfBxJcqOA/d9edc354ba15083df0f7edd75c584002/AAD_9_Psoriasis_PRO_Improvement_Itch_Severity_2020.pdf</a></p>	<b>American Academy of Dermatology Association (AAD), DataDerm</b>

## RHEUMATOLOGY MEASURES

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Rheumatoid Arthritis (RA): Tuberculosis Screening</b>	<b>NQF176</b>	<p><b>NQF176 is a process measure that may be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>All patients being considered for biologic DMARD should receive a tuberculin skin test, even if the patient has previously received the BCG vaccination. This is a patient safety measure.</li> <li>The American College of Rheumatology (ACR) recommends screening to identify latent TB infection in all RA patients being considered for therapy with biologic agents, regardless of the presence of risk factors for latent TB infection.</li> </ul> <p><b>Source:</b> <a href="https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_176_MIPSCQM.pdf">https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_176_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Rheumatology Measures
<b>Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity</b>	<b>NQF177</b>	<p><b>NQF177 is a process measure that may be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>After establishing a diagnosis of RA, risk assessment is crucial for guiding optimal treatment. For the purposes of selecting therapies, physicians should consider the patient's disease activity at the time of the treatment decisions.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_177_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_177_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Rheumatology Measures
<b>Rheumatoid Arthritis (RA): Functional Status Assessment</b>	<b>NQF178</b>	<p><b>NQF178 is a process measure that may be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>Functional limitations are a significant and disruptive complication for patients living with RA. Assessments of functional limitations are used to assess prognosis and guide treatment and therapy decisions.</li> <li>According to the ACR's RA treatment guidelines, functional status assessment using a standardized, validated measure should be performed routinely for RA patients, at least once per year, but more frequently if disease is active.</li> </ul> <p><b>Source:</b> <a href="https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_178_MIPSCQM.pdf">https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_178_MIPSCQM.pdf</a></p>	<b>MIPS:</b> CQM Rheumatology Measures



Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Rheumatoid Arthritis (RA): Glucocorticoid Management</b>	<b>NQF180</b>	<p><b>NQF180 is a process measure that may be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>• Glucocorticoids are an important part of RA treatment as they inhibit inflammation and may control synovitis. The benefits of low-dose systemic GCs, however, should always be weighed against their adverse effects.</li> <li>• Long-term use of GCs, especially at high doses, should be avoided, due to the potential health complications. Monitoring length and dose of GC treatment for patients with RA is integral to making other clinical decisions.</li> </ul> <p><b>Source:</b> <a href="https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_180_MIPSCQM.pdf">https://mdinteractive.com/files/uploaded/file/CMS2020/2020_Measure_180_MIPSCQM.pdf</a></p>	<b>MIPS: CQM</b> Rheumatology Measures
<b>Rheumatoid Arthritis: Patients with Low Disease Activity or Remission</b>	<b>ACR9</b>	<p><b>ACR9 is a high-priority outcome measure that can be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>• There is universal agreement, as evidenced by multiple clinical guidelines supporting the treat to (low disease activity/remission) target, that disease control is critical to reducing the risk of disability- and disease-related complications.</li> <li>• Further, newer evidence suggests clinicians should consider tapering DMARD therapy after prolonged remission, to reduce medication-associated risks, increasing the need for a measure to help clinicians and patients monitor RA disease activity over time.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_177_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_177_MIPSCQM.pdf</a></p>	<b>MIPS: QCDR</b> Rheumatology Measures
<b>Disease Activity: Measurement for Patients with PsA</b>	<b>ACR12</b>	<p><b>ACR12 is a process measure that may be implemented for patients with psoriatic arthritis (PsA).</b></p> <ul style="list-style-type: none"> <li>• Regular assessment of functional limitations and disease activity are foundational concepts for treatment planning and clinical decision making for patients with psoriatic arthritis.</li> <li>• Approach is further supported by a study conducted by the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis to develop quality indicators reflecting best practices when treating patients with psoriatic diseases.</li> </ul> <p><b>Source:</b> <a href="https://www.rheumatology.org/Portals/0/Files/RISE-Quality-Payment-Program-Measures.pdf">https://www.rheumatology.org/Portals/0/Files/RISE-Quality-Payment-Program-Measures.pdf</a></p>	<b>MIPS: QCDR</b> Rheumatology Measures

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Ankylosing Spondylitis:</b> <i>Controlled Disease</i>	<b>UREQA1</b>	<p><b>UREQA1 is a high-priority outcome measure that may be implemented for patients with ankylosing spondylitis.</b></p> <ul style="list-style-type: none"> <li>Measuring disease activity is important for tracking a patient’s progress toward the treatment target and is extremely important in monitoring outcomes.</li> <li>United Rheumatology recommends the use of the BASDAI to measure disease activity in patients with ankylosing spondylitis. The BASDAI is the result of the work of a research team consisting of rheumatologists, physiotherapists, and research associates with a special interest in ankylosing spondylitis.</li> </ul> <p><b>Source:</b> <a href="https://unitedrheumatology.com/wp-content/uploads/2019/02/UREQA1_Ankylosing_Spondylitis_Controlled_2019_20190206.pdf">https://unitedrheumatology.com/wp-content/uploads/2019/02/UREQA1_Ankylosing_Spondylitis_Controlled_2019_20190206.pdf</a></p>	<p><b>MIPS:</b> QCDR Rheumatology Measures</p>
<b>Ankylosing Spondylitis:</b> <i>Appropriate Pharmacologic Therapy</i>	<b>UREQA2</b>	<p><b>UREQA2 is a high-priority process measure that may be implemented for patients with ankylosing spondylitis.</b></p> <ul style="list-style-type: none"> <li>The ASAS/EULAR recommendations state that NSAIDs should be given continuously and not on an “as-needed” basis.</li> <li>NSAIDs have been demonstrated to be disease modifying in ankylosing spondylitis. They reduce clinical symptoms and delay the rate of radiographic progression, even in patients with elevated C-reactive protein and/or erythrocyte sedimentation rate levels and syndesmophytes at initial evaluation.</li> </ul> <p><b>Source:</b> <a href="https://2plxya2ceaf13hs9qd35hk54-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/UREQA2_Ankylosing-Spondylitis_New_NSAIDS_2020-20200110.pdf">https://2plxya2ceaf13hs9qd35hk54-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/UREQA2_Ankylosing-Spondylitis_New_NSAIDS_2020-20200110.pdf</a></p>	<p><b>MIPS:</b> QCDR Rheumatology Measures</p>
<b>Folic or Folinic Acid Therapy</b> <i>for Patients Treated with Methotrexate</i>	<b>UREQA4</b>	<p><b>UREQA4 is a process measure that may be implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>A 2013 Cochrane review reported that the use of folic or folinic acid by patients taking methotrexate for RA could reduce some of the adverse effects of the drug, including but not limited to nausea, abdominal pain, abnormal liver function tests, and oral ulcers.</li> <li>The report also stated that taking either folic or folinic acid helped patients to continue taking methotrexate for the management of their RA. In addition, taking either of these supplements did not appear to decrease the efficacy of methotrexate for the treatment of RA.</li> </ul> <p><b>Source:</b> <a href="https://unitedrheumatology.com/wp-content/uploads/2019/02/UREQA4_Folic_Acid_Methotrexate_2019_20190206.pdf">https://unitedrheumatology.com/wp-content/uploads/2019/02/UREQA4_Folic_Acid_Methotrexate_2019_20190206.pdf</a></p>	<p><b>MIPS:</b> QCDR Rheumatology Measures</p>

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>Evaluation or Interview</b> <i>for Risk of Opioid Misuse</i>	<b>CMS414</b>	<p><b>CMS414 is a high-priority process that may be implemented for patients with risk of opioid misuse.</b></p> <ul style="list-style-type: none"> <li>• Clinicians may consider a trial of COT as an option if chronic non-cancer pain is moderate or severe, pain is having an adverse impact on function or quality of life, and potential therapeutic benefits outweigh or are likely to outweigh potential harms.</li> <li>• A benefit-to-harm evaluation, including a history, physical examination, and appropriate diagnostic testing, should be performed and documented before and on an ongoing basis during COT.</li> </ul> <p><b>Source:</b> <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2020_Measure_414_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specific_tions/CQM-Measures/2020_Measure_414_MIPSCQM.pdf</a></p>	<b>MIPS:</b> QCDR Rheumatology Measures

## HEDIS MEASURES

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<p><b>ART:</b> Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis*</p>	<p><b>ART</b></p>	<p><b>ART is a HEDIS process measure that was implemented for patients with RA.</b></p> <ul style="list-style-type: none"> <li>Performance measures related to disease-modifying drugs (DMARDs) are the longest and most widely used rheumatoid arthritis (RA) measures in the US healthcare system.</li> <li>Disease-modifying anti-rheumatic drugs (DMARDs) improve the disease course of RA through attenuation of progression of bony erosions, reduction of inflammation and long-term structural damage. The utilization of DMARDs also improves functional status in individuals with RA.</li> </ul> <p><b>Source:</b> <a href="https://www.ncqa.org/wp-content/uploads/2019/02/20190208_02_ART.pdf">https://www.ncqa.org/wp-content/uploads/2019/02/20190208_02_ART.pdf</a>; <a href="https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/quality-improvement/ABH%20-%202019%20Disease-Modifying%20Anti-Rheumatic%20Drug%20Therapy%20for%20Rheumatoid.pdf">https://www.aetnabetterhealth.com/pennsylvania/assets/pdf/provider/notices/quality-improvement/ABH%20-%202019%20Disease-Modifying%20Anti-Rheumatic%20Drug%20Therapy%20for%20Rheumatoid.pdf</a></p>	<p><b>HEDIS:</b> Rheumatology Measures</p>
<p><b>LBP:</b> Use of Imaging Studies for Low Back Pain**</p> <p>*ART is retiring after the 2020/2021 measurement years</p> <p>**Potentially relevant for nonradiographic axial spondyloarthritis</p>	<p><b>LBP</b></p>	<p><b>LBP is a HEDIS process measure that may be implemented for patients with low back pain.</b></p> <ul style="list-style-type: none"> <li>Evidence shows that unnecessary or routine imaging (X-ray, MRI, CT scans) for low back pain is not associated with improved outcomes. It also exposes patients to unnecessary harms such as radiation and further unnecessary treatment. For the majority of individuals who experience severe low back pain, pain improves within the first 2 weeks of onset.</li> <li>Avoiding imaging for patients when there is no indication of an underlying condition can prevent unnecessary harm and unintended consequences to patients and can reduce healthcare costs.</li> </ul> <p><b>Source:</b> <a href="https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/">https://www.ncqa.org/hedis/measures/use-of-imaging-studies-for-low-back-pain/</a>; <a href="https://qpp.cms.gov/docs/ecqm-specs/2017/EC_CMS166v6_NQF0052_Low_Back_Pain/CMS166v6.html">https://qpp.cms.gov/docs/ecqm-specs/2017/EC_CMS166v6_NQF0052_Low_Back_Pain/CMS166v6.html</a></p>	<p><b>HEDIS:</b> Rheumatology Measures</p>

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<b>COU:</b> <i>Risk of Continued Opioid Use*</i>	<b>COU</b>	<p><b>COU is a HEDIS process measure that may be implemented for patients with risk of continued opioid use.</b></p> <ul style="list-style-type: none"> <li>• Studies find a consistent link between increasing days' supply of the first prescription with probability of continued opioid use, and the rate of opioid use at 1-year post-initial prescription increases substantially for patients with 31 or more days of opioid therapy.</li> <li>• This measure is intended to identify a population that is at risk for opioid overuse and misuse who may benefit from additional monitoring, services, or support.</li> </ul> <p><b>Source:</b> <a href="https://www.healthcarepartnersny.com/wp-content/uploads/2019/09/HEDIS-Provider-Desk-Reference_MY2019.pdf">https://www.healthcarepartnersny.com/wp-content/uploads/2019/09/HEDIS-Provider-Desk-Reference_MY2019.pdf</a>;  <a href="https://www.cdphp.com/-/media/files/providers/behavioral-health/hedis-toolkit-and-bh-guidelines/hedis-101-for-providers.pdf">https://www.cdphp.com/-/media/files/providers/behavioral-health/hedis-toolkit-and-bh-guidelines/hedis-101-for-providers.pdf</a>;  <a href="https://www.ncqa.org/hedis/measures/risk-of-continued-opioid-use/">https://www.ncqa.org/hedis/measures/risk-of-continued-opioid-use/</a></p>	<b>HEDIS:</b> Rheumatology Measures
<b>HDO:</b> <i>Use of Opioids at High Dosage*</i>	<b>HDO</b>	<p><b>HDO is a HEDIS process measure that may be implemented for patients with high-dose opioid use.</b></p> <ul style="list-style-type: none"> <li>• The Centers for Disease Control and Prevention Guideline on opioid prescribing for chronic, nonmalignant pain recommends the use of "additional precautions" when prescribing dosages <math>\geq 50</math> MME (morphine milligram equivalents) and recommends providers avoid or "carefully justify" increasing dosages <math>\geq 90</math> MME.</li> <li>• The opioid dosage assessed in this measure is a reference point for health plans to identify members who may be at high risk for opioid overuse and misuse.</li> </ul> <p><b>Source:</b> <a href="https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/">https://www.ncqa.org/hedis/measures/use-of-opioids-at-high-dosage/</a></p>	<b>HEDIS:</b> Rheumatology Measures
<b>UOP:</b> <i>Use of Opioids from Multiple Providers*</i>  <p>*Potentially relevant for nonradiographic axial spondyloarthritis</p>	<b>UOP</b>	<p><b>UOP is a HEDIS process measure that may be implemented for patients with opioids from multiple providers.</b></p> <ul style="list-style-type: none"> <li>• Studies show that individuals who receive opioids from four or more prescribers or pharmacies have a higher likelihood of opioid-related overdose death than those who receive opioids from one prescriber or one physician.</li> <li>• Evidence suggests that people who see multiple prescribers and use multiple pharmacies are at higher risk of overdose.</li> </ul> <p><b>This measure provides health plans with a tool to identify members who may be at high risk for opioid overuse and misuse.</b></p> <p><b>Source:</b> <a href="https://www.ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers/">https://www.ncqa.org/hedis/measures/use-of-opioids-from-multiple-providers/</a></p>	<b>HEDIS:</b> Rheumatology Measures

---

## Which organizations can help?

### Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualitymeasures>

**The Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS).**

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of healthcare services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs helps to ensure that our healthcare system is delivering effective, safe, efficient patient-centered, equitable, and timely care eligible for MIPS reporting.

### National Committee on Quality Assurance (NCQA)

<https://www.ncqa.org/hedis/measures/>

Healthcare Effectiveness Data and Information Set (HEDIS) measures are developed by the National Committee on Quality Assurance (NCQA), allowing health plans, purchasers, consumers, and other stakeholders to weigh in on the relevance, scientific soundness, and feasibility of new and revised measures and to provide input on HEDIS guidelines. HEDIS measures/technical specifications are revised every year to include newer and more effective Best Practice Guidelines.

### American Academy of Dermatology (AAD)

<https://www.aad.org/member/clinical-quality/measures>

With a membership of more than 20,500 physicians worldwide, the AAD is committed to advancing the diagnosis and medical, surgical, and cosmetic treatment of the skin, hair, and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair, and nails.

**The Academy has developed a number of dermatology-specific measures that are eligible for MIPS reporting.**

### American College of Rheumatology (ACR)

<https://www.rheumatology.org/practice-quality/clinical-support/quality-measurement>

ACR is a professional membership organization committed to improving the care of patients with rheumatic disease and advancing the rheumatology subspecialty. The ACR develops, tests, and endorses rheumatology quality measures that are clinically meaningful and relevant to rheumatologists and others who care for rheumatic disease patients.

**Our mission to advocate for quality care**  
is shared by our partner organizations

## Partnerships within the Dermatology community



### National Psoriasis Foundation (NPF)

<https://www.psoriasis.org/guidelines-treating-your-psoriasis-patients/>

- The mission of the National Psoriasis Foundation (NPF) is to drive efforts to cure psoriatic disease and improve the lives of those affected.
- The NPF provides up-to-date guidelines on the treatment of psoriatic diseases.

### American Academy of Dermatology (AAD)

<https://www.aad.org/>

The American Academy of Dermatology is the largest, most influential, and representative dermatology group in the United States. Find resources on membership, AAD meetings, education, practice management, publications, clinical care, and more.



Elisabeth, living with axial spondyloarthritis

## Partnerships within Rheumatology



**Coalition of State Rheumatology Organizations (CSRO)**

<https://csro.info/>

CSRO is comprised of 32 member organizations representing 38 states. The organization's mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality care for the management of rheumatologic and musculoskeletal disease.



**Association of Women in Rheumatology (AWIR)**

<https://awirgroup.org/>

AWIR is focused on their mission to promote the science and practice of rheumatology, foster the advancement and education of women in rheumatology, and advocate access to the highest quality healthcare. They also focus on management of patients with rheumatic diseases.

**The Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)**

<https://www.grappanetwork.org/>

GRAPPA organized exclusively for non-profit, educational, and scientific purposes, specifically to facilitate sharing of information related to psoriasis and psoriatic arthritis, networking among different medical disciplines that see psoriasis and psoriatic arthritis patients, and to enhance research, diagnosis and treatment of psoriasis and psoriatic arthritis.



**Arthritis Foundation (AF)**

<https://www.arthritis.org/>

The Arthritis Foundation is boldly pursuing a cure for America's #1 cause of disability while championing the fight against arthritis with life-changing resources, science, advocacy, and community connections.



**United Rheumatology**

<https://unitedrheumatology.com/>

United Rheumatology is the pre-eminent rheumatology care management organization that empowers rheumatologists and payers to advance the standard of care by providing an unparalleled network and platform to develop coordinated care pathways. UR created UREQA, a Qualified Clinical Data Registry, to help independent rheumatologists easily report relevant MIPS quality data to CMS.

**American College of Rheumatology (ACR)**

<https://www.rheumatology.org/>

ACR is a professional membership organization committed to improving the care of patients with rheumatic disease and advancing the rheumatology subspecialty. Founded in 1934, they are a not-for-profit, global medical society that serves over 7,700 physicians, health professionals, and scientists worldwide.

Join us in our mission to create value-based care for patients

**References:** **1.** American Autoimmune Related Diseases Association. The Cost Burden of Autoimmune Disease. 2011. **2.** Helmick CG, et al. *Am J Prev Med.* 2014;47(1):37-45. **3.** Arthritis Foundation. Arthritis by the Numbers. 2019; v3; 4100.1710445. **4.** Deodhar AA, et al. *Arthritis Rheum.* 2016;68(7):1669-1676. **5.** Sloan, et al. *J Rheum.* 2019; 46(4); 1-30. **6.** Strand V, et al. *Arthritis Care Res (Hoboken).* 2013;65(8):1299-1306. **7.** Han GM, et al. *Clin Rheumatol.* 2016; 35:1483-1492. **8.** Allaire SL, et al. *Arthritis Rheum.* 2008;59(4):474-480. **9.** Horn EJ, et al. *J Am Acad Dermatol.* 2007;57(6):963-71. **10.** Vanderpuye-Orgle J, et al. *J Am Acad Dermatol.* 2015;72(6):961-967. **11.** Armstrong AW, et al. *PLoS One.* 2012;7(12):e52935. **12.** Masson BV, et al. *Joint Bone Spine.* 2017;84(4):467-471. **13.** Sykes MP, et al. *Rheumatology (Oxford).* 2015;54(12):2283-2284. **14.** AJMC Website. Managed Care Aspects of Psoriasis and Psoriatic Arthritis. <https://www.ajmc.com/view/managed-care-aspects-of-psoriasis-and-psoriatic-arthritis>. Accessed April 2021. **15.** Crown WH, et al. *Curr Med Res Opin.* 2004;20(12):1929-1936. **16.** Feldman SR, et al. *BMC Health Serv Res.* 2017;17(1):337. **17.** Ogdie A, et al. *Ann Rheum Dis.* 2015;74(2):326-332. **18.** Walsh JA, et al. *Rheumatol Ther.* 2018;5:463-474. **19.** Joyce AT, et al. *J Rheumatol.* 2009;36(4):743-752.

Inspired by patients.  
Driven by science.

UCB, Inc., Smyrna, GA 30080. All rights reserved. US-P-DA-PSO-2100031