

THE IMPACT OF QUALITY CARE MEASURES FOR PATIENTS WITH PSORIATIC DISEASE

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



Inspired by patients.
Driven by science.



Psoriatic disease includes psoriasis and psoriatic arthritis

Psoriasis is one of the most common immune-mediated inflammatory diseases, affecting **125 million people worldwide**¹

7.5 million

adults living with psoriasis in the United States²

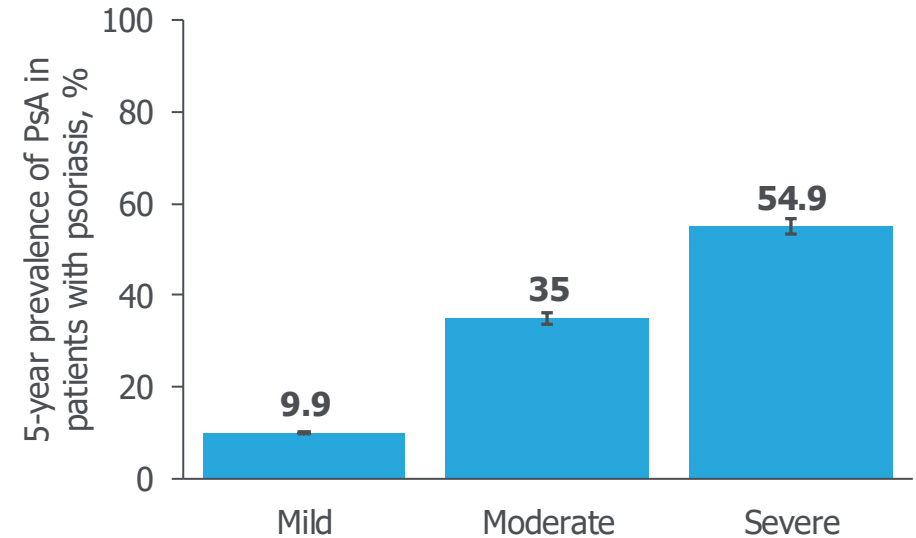
About 30%

of patients with psoriasis have PsA³

About 80%

of patients with PsA have active skin symptoms⁴

Prevalence of PsA stratified by psoriasis severity

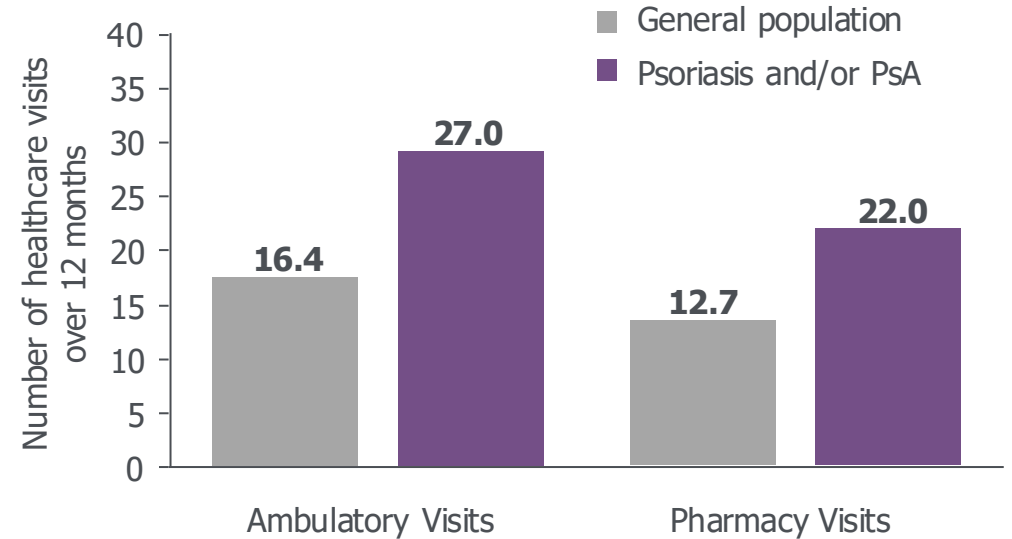
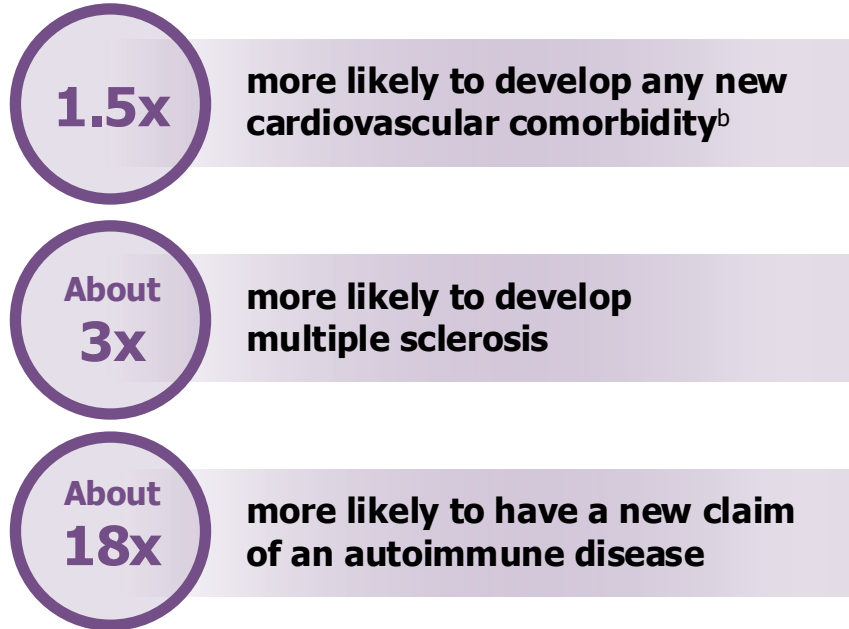


The risk of developing PsA increases with disease severity in patients with psoriasis⁵

Psoriatic diseases represent a significant burden to patients and the healthcare system at large

Patients with psoriasis and PsA are at a **greater risk of developing a range of other health conditions**, such as cardiovascular disease, obesity, depression, and diabetes^{1,2}

Compared to matched controls, patients with PsA were^{2,a}:



Compared with the general population, patients with psoriasis and/or PsA have an increased number of ambulatory and pharmacy visits³

Why is quality care so critical for patients with psoriatic disease?

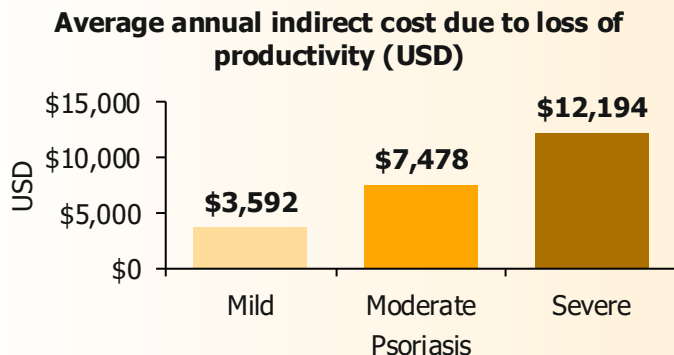
Psoriatic disease often creates significant emotional, social, and economic burdens on patients. Providing quality care may increase the likelihood of desired health outcomes for individuals and populations



Societal impact in the United States: **\$4 billion** annually in lost productivity is associated with presenteeism due to psoriatic disease¹



Work productivity loss is a major contributor to indirect costs related to psoriasis²



Of patients with psoriatic disease^{3,a}:

45%

reported that psoriasis has a moderate-to-large effect on their quality of life

60%

reported some work impairment due to their psoriatic disease



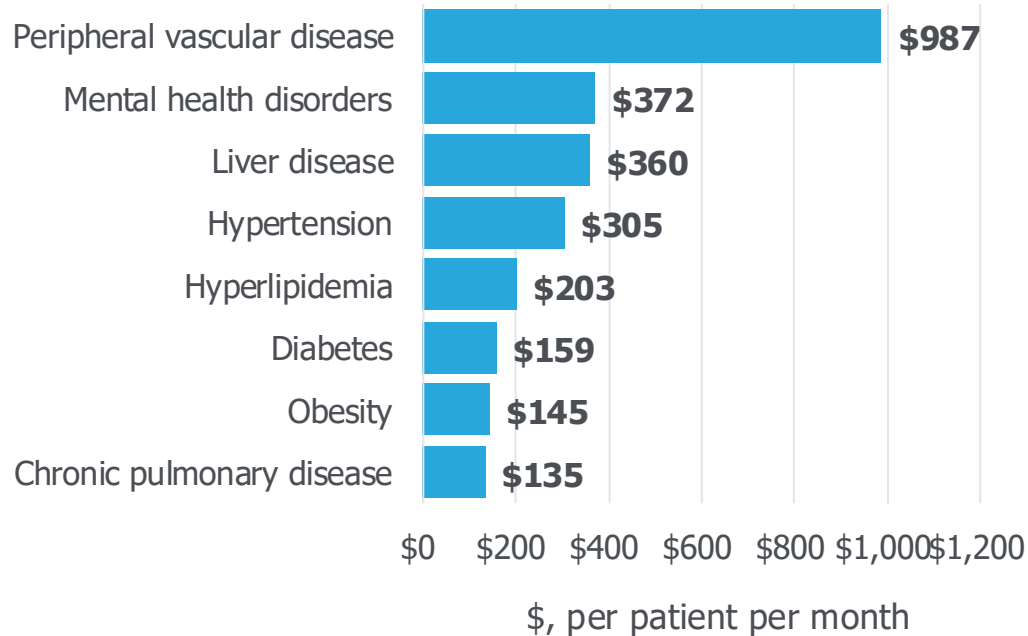
Of patients with psoriasis:

>80%

reported experiences of discrimination and/or humiliation in daily life⁴

Increased healthcare costs with psoriasis and comorbidities

Additional cost of comorbidities for patients with moderate-to-severe psoriasis^a



Comorbidities, in addition to psoriasis, lead to an increased burden on healthcare systems

Health disparities found in patients with psoriasis may impact their quality of care and experiences within the healthcare system

In patients with skin of color who have psoriasis¹:

180 days

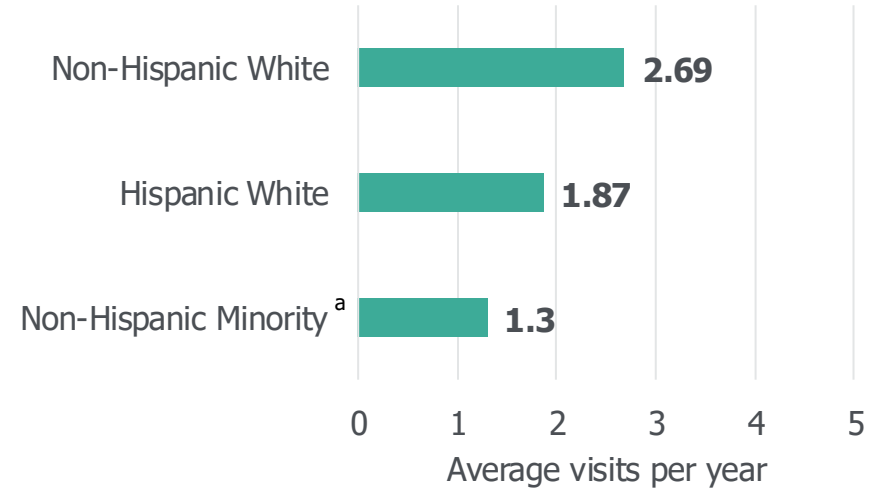
Between initial presentation to dermatologist and final diagnosis vs **60 days** in patients without skin of color

4x

Likelihood of receiving a skin biopsy to confirm diagnosis vs patients without skin of color

Dermatologists are **less likely to confidently diagnose** psoriasis in Black patients vs White patients²

Number of all ambulatory visits per year



Non-Hispanic minorities have an absolute difference of **1.24 fewer visits** PPPY and a total of over **3 million fewer visits** per year versus non-Hispanic Whites with psoriasis³

Health disparities found in patients with psoriasis may impact their quality of care and experiences within the healthcare system

Although Black patients report more severe psoriasis with greater negative impact on their quality of life, they are **less aware** of biologics as a therapeutic option than are White patients¹⁻³

Black patients are

70%
less likely

to receive biologics for moderate-to-severe psoriasis^{4,a}



Establishing health equity frameworks is the first step to creating standardized measures to further reduce health disparities and improve patient outcomes

Organizational efforts to establish health equity frameworks or roadmaps provide guidance for those looking to reduce health disparities and improve health equity at their institution or on a population level

Organization	Health Equity Focus Areas
<i>The Joint Commission</i> ¹	Leadership, collaboration, data collection, provision of care, and performance improvement
NCQA <i>Health Outcomes Accreditation and Community-focused Care Accreditation</i> ²	<p><i>Health Outcomes Accreditation:</i> Provision of services/resources that address cultural, linguistic, disability-related, or other types of personal needs that prevent access to appropriate and timely care</p> <p><i>Community-focused Care Accreditation:</i> Create infrastructure partnerships with CBOs to connect patients to their required nonmedical resources</p>
CMS <i>ACO REACH Model</i> ^{3,4}	Requires a health equity plan, using innovative payments to improve care delivery for underserved beneficiaries; reports demographic and social needs data; utilizes nurse practitioners to expand access to care; enforces stricter policy on provider-led governance, requiring providers to comprise 75% of the governing board; and adds beneficiary and consumer advocate representatives to the board

ACO, accountable care organization; CBOs, community-based organizations; CMS, Centers for Medicare & Medicaid Services; NCQA, National Committee for Quality Assurance; REACH, Realizing Equity, Access, and Community Health.
References: **1.** Petrovic K. Health care equity certification. The Joint Commission. February 6, 2025. Accessed November 19, 2025. https://www.njhcqi.org/wp-content/uploads/2025/02/TJC-HCE-slide-deck_02.06.25.pdf
2. Health outcomes accreditation + community-focused care accreditation. National Committee for Quality Assurance (NCQA). Accessed November 19, 2025. <https://www.ncqa.org/programs/accreditations-in-health-outcomes-and-community-focused-care/> **3.** Centers for Medicare & Medicaid Services. ACO Realizing Equity, Access, and Community Health (REACH) Model. Accessed November 20, 2025. <https://www.cms.gov/priorities/innovation/media/document/aco-reach-graphic> **4.** ACO REACH Model. Centers for Medicare & Medicaid Services. Accessed November 21, 2025. <https://www.cms.gov/priorities/innovation/innovation-models/aco-reach>

Establishing health equity frameworks is the first step to creating standardized measures to further reduce health disparities and improve patient outcomes (cont'd)

Organization	Health Equity Focus Areas
<i>CMS</i> ¹	Standardizing data and its widespread use, causes of disparities within CMS, addressing inequities found in CMS policies, increase capacity for organizations and employees to reduce disparities, expand access to language and culturally-tailored services, improving health literacy, greater access to healthcare services and coverage
<i>IHI</i> ²	Making health equity a strategic priority, structures and processes, strategies to address multiple determinants of health, institutional racism within the organization, partnerships with community organizations to improve health equity
<i>RWJF</i> ³	Four roles and their impact on health equity – provider, employer, partner, and advocate – and three or four key actions each role should take
<i>NQF</i> ^{4,5}	Uncovering and reducing health disparities, evidence-based interventions, creating and using health equity measures, and incentives for performance

CMS, Centers for Medicare & Medicaid Services; IHI, Institute for Healthcare Improvement; NQF, National Quality Forum; RWJF, Robert Wood Johnson Foundation.

References: **1.** Centers for Medicare & Medicaid Services. *CMS Framework for Health Equity 2022–2032*. Centers for Medicare & Medicaid Services, US Dept of Health and Human Services; 2022. Accessed November 19, 2025. <https://www.cms.gov/files/document/cms-framework-health-equity.pdf> **2.** Institute for Healthcare Improvement. *Improving Health Equity: Make Health Equity a Strategic Priority*. Guidance for Health Care Organizations. Institute for Healthcare Improvement; 2019. Accessed November 19, 2025. https://www.ihl.org/sites/default/files/IHI_ImprovingHealthEquity_MakeEquityStrategicPriorityGuide.pdf **3.** Raising the Bar. *A framework for promoting equity and excellence in healthcare*. Accessed November 20, 2025. <https://rtbhealthcare.org/wp-content/uploads/2022/07/RWJF-RTB-Report-2022-EXECUTIVE-SUMMARY-FINAL-060622.pdf> **4.** National Quality Forum. *A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity*. National Quality Forum, US Dept of Health and Human Services; 2017. Accessed November 19, 2025. https://cms.qualityforum.org/Publications/2017/09/A_Roadmap_for_Promoting_Health_Equity_and_Eliminating_Disparities__The_Four_I_s_for_Health_Equity.aspx **5.** National Quality Forum. 2024 mission highlights. Accessed November 19, 2025. <https://digitalassets.jointcommission.org/api/public/content/ced5dec57b5c4213b2331f59ee154c98?v=4bb47db8>

Existing quality measures for psoriatic disease promote patient-focused care practices

Organizations such as the National Quality Forum and the American Academy of Dermatology Association have developed quality measures focused on, or relevant to, psoriatic disease to objectively assess healthcare performance

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<i>Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy</i>	MIPS 176	<ul style="list-style-type: none"> If a patient has been newly prescribed a biologic disease-modifying anti-rheumatic drug (DMARD) therapy, then the medical record should indicate TB testing in the preceding 12-month period. <p>Source: Quality ID #176: Tuberculosis Screening Prior to First Course of Biologic and/or Immune Response Modifier Therapy (ctfassets.net)</p>	Process CQM for MIPS reporting
<i>Closing the Referral Loop: Receipt of Specialist Report</i>	MIPS 374	<ul style="list-style-type: none"> 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. <p>Source: Quality ID #374: Closing the Referral Loop: Receipt of Specialist Report (cms.gov)</p>	High-priority, Process CQM for MIPS reporting
<i>Screening for Social Drivers of Health</i>	MIPS 487	<ul style="list-style-type: none"> Percent of patients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. <p>Source: Quality ID #487: Screening for Social Drivers of Health (ctfassets.net)</p>	High-priority, Process CQM for MIPS reporting

Existing quality measures for psoriatic disease promote patient-focused care practices (cont'd)

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
Psoriasis: <i>Clinical Response to Systemic Medications</i>	MIPS 410	<ul style="list-style-type: none"> Percentage of psoriasis vulgaris patients receiving systemic medication who meet minimal physician- or patient-reported disease activity levels. It is implied that establishment and maintenance of an established minimum level of disease control as measured by physician- and/or patient-reported outcomes will increase patient satisfaction with and adherence to treatment. <p>Source: Quality ID #410: Psoriasis: Clinical Response to Systemic Medications (ctfassets.net)</p>	High-priority, Outcome CQM for MIPS reporting
Psoriasis: <i>Improvement in Patient-Reported Itch Severity</i>	MIPS 485	<ul style="list-style-type: none"> The percentage of patients, aged 8 years and older, with a diagnosis of psoriasis where at an initial (index) visit have a patient reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 3 or more points at a follow-up visit. <p>Source: Quality ID #485: Psoriasis - Improvement in Patient-Reported Itch Severity (ctfassets.net)</p>	High-priority, Patient-Reported Outcome CQM for MIPS reporting

Existing quality measures for psoriatic disease promote patient-focused care practices (cont'd)

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
Chronic Skin Conditions¹: <i>Patient-Reported Quality of Life</i>	AAD8	<ul style="list-style-type: none"> The percentage of patients aged 18 years and older with a chronic skin condition whose self-assessed quality-of-life was recorded at least once in the medical record within the measurement period. This measure includes psoriasis, hidradenitis suppurativa, atopic dermatitis, contact dermatitis (irritant and allergic), nummular dermatitis, acne, rosacea, urticaria, alopecia, vitiligo, and/or keloids. <p>Source: AAD-Quality-8-Measure-Specifications-2025.pdf (ctfassets.net)</p>	High-priority, Process QCDR Measure for MIPS reporting
Psoriasis¹: <i>Appropriate Assessment & Treatment of Severe Psoriasis</i>	AAD15	<ul style="list-style-type: none"> Percentage of patients with a diagnosis of psoriasis with a documented Body Surface Area (BSA) greater than 10% for whom phototherapy or an oral systemic or biologic medication was prescribed. <p>Source: AAD-Quality-15-Measure-Specifications-2025.pdf (ctfassets.net)</p>	Process QCDR Measure for MIPS reporting

The following **2024** QCDR measures were **not included as 2025 measures¹⁻³**:

AAD7 Psoriasis: *Screening for Psoriatic Arthritis*

AAD19 Psoriasis: *Shared Decision-Making in the Treatment of Psoriasis*

AAD, American Academy of Dermatology; MIPS, Merit-based Incentive Payment System; QCDR, Qualified Clinical Data Registry.

References: 1. AAD 2025 quality measures for MIPS reporting. American Academy of Dermatology Association. Accessed November 19, 2025.

<https://www.aad.org/member/practice/mips/measures/2025> 2. American Academy of Dermatology/Association. AAD 7: Psoriasis: Screening for Psoriatic Arthritis. Accessed November 19, 2025.

<https://assets.ctfassets.net/1ny4yojyria/6D0ffWC8sBY871XHt4fea/116119c174b4aa1ebd7a17a89c701ec7/AAD-Quality-7-Measure-Specifications-2024.pdf> 3. American Academy of Dermatology/Association. AAD 19: Psoriasis – Shared Decision Making in the Treatment of Psoriasis. Accessed November 19, 2025.

<https://assets.ctfassets.net/1ny4yojyria/2F5w8xVf67zTq659nsuxle/a6775a4878be8a3df689d333f0e94b6e/AAD-Quality-19-Measure-Specifications-2024.pdf>

Which organizations can help?



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

The American Academy of Dermatology, founded in 1938, is the largest, most influential, and most representative of all dermatologic associations. 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.

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/medicare/quality/measures>

The 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 help to ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

National Committee on Quality Assurance (NCQA)

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

Healthcare Effectiveness Data and Information Set (HEDIS) measures are developed by the 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.

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

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

GRAPPA is 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.

Psoriasis & Psoriatic Arthritis Clinics Multicenter Advancement Network (PPACMAN)

<https://www.ppacman.org>

The mission of PPACMAN is to optimize the clinical care of patients with psoriatic disease through multidisciplinary collaboration, education, and innovative research. Their goals focus on improving education for trainees and practicing dermatologists and rheumatologists about the importance of early identification of psoriatic arthritis and value of collaborative care for patients with psoriatic disease.

Partnerships within the dermatology community



National Psoriasis Foundation (NPF)

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

- The mission of the 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.



**Corporate Partner
Circle**

American Academy of Dermatology (AAD)

<https://www.aad.org>

- The AAD is a nonprofit medical specialty association with a mission to promote leadership in dermatology and excellence in patient care through education, research, and advocacy. Committed to advancing the frontiers of dermatologic care, the AAD is the premier resource for dermatologic education, practice management, clinical guidelines & quality improvement, professional publications, and more.
- More information about the largest dermatologic clinical data registry, DataDerm™, is available at: <https://www.aad.org/member/practice/dataderm> or contact AAD directly at Dataderm@aad.org

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