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2019 QCDR Measure IDs	Measure Title	Measure Description	Denominator	Numerator	Denominator Exclusions	Denominator Exceptions	QCDR Measure Type	Change(s) Made to 2019 Measure (if Applicable)	NQF ID Number (if applicable)	Is the QCDR measure a high priority measure?	High Priority Type	Measure Type	NQS Domain	Meaningful Measure Area	Inverse Measure	Proportional Measure	Continuous Variable Measure	Ratio Measure	Number of performance rates to be calculated and submitted	The submitted performance rate which will represent overall measure performance	Risk-Adjusted
ONSQIR16	Recommendation for Exercise to Adult Cancer Survivors	Percentage of patients aged 18 or older with a current or prior diagnosis of cancer who receive an individualized recommendation for ≥ 150 minutes of moderate intensity or ≥ 75 minutes of high intensity cardio type exercise weekly along with two sessions of resistance and/or flexibility exercise at any visit during the measurement period.	Patients aged 18 years and older with a current or prior diagnosis of cancer seen for a visit during the measurement period.	Patients with a documented recommendation for at least ≥150 minutes of cardiovascular exercise with at least two resistance and/or flexibility exercise activities weekly.	None	Medical reason given not to exercise.	New QCDR Measure	N/A	N/A	No	N/A	Process	Effective Clinical Care	Preventive Care	No	Yes	No	No	1	1st Performance Rate	No
ONSQIR18	Goal Setting and Attainment for Cancer Survivors	Percentage of patients aged 18 years and older who completed the final component of cancer treatment that have at least one post-treatment goal documented and progress toward goal attainment documented within 12 months of completing the final component of cancer treatment.	Patients aged 18 years and older seen in the outpatient setting with diagnosis of cancer who have completed the final component of the recommended treatment plan within the specified time period.	Patients with at least one goal documented based on a patient identified topic, perhaps related to post-treatment education, collaboratively established shortly before the final treatment date or early in the post-treatment time period and progress of goal attainment documented within 12 months of completing the final component of cancer treatment.	Patients who received a second diagnosis of cancer during the measurement period OR patients who die during the measurement period.	None	Existing Approved QCDR Measure With No Changes	N/A	N/A	Yes	Communication and Care Coordination	Patient Engagement/Experience	Person and Caregiver Centered Experience and Outcomes	Care is Personalized and Aligned with Patient's Goals	No	Yes	No	No	1	1st Performance Rate	No
ONSQIR21	Patient Reported Health-Related Quality of Life (HRQOL) during Treatment for Advanced Cancer	Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life. Two rates are reported: 1. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart. 2. Percentage of patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving chemotherapy and/or immunotherapy for treatment of cancer, who have HRQOL assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the most recent total score indicates the same or better quality of life.	All patients aged 18 and older with an active diagnosis of advanced cancer (Stage III or Stage IV) receiving a chemotherapy and/or immunotherapy for treatment of cancer during the measurement period. Population 1: Equals Initial Population. Population 2: Equals Initial Population who were assessed on the FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) at least twice during the measurement period at least 90 days apart, where the same tool was used for both assessments.	Population 1: Patients who were assessed for health-related quality of life (HRQOL) using FACT-G (Version 4) or PROMIS Global Health short form (Version 1.2) assessment tool at least twice during the measurement period at least 90 days apart, where the same tool was used for both assessments. Population 2: Patients whose most recent assessment total score during the measurement period is equal to or greater than any earlier assessment total score during the measurement period that is at least 90 days prior to the most recent assessment, where the same tool was used for both assessments.	Hospice care at any time during the measurement period. Patient expired during the measurement period.	None	New QCDR Measure	N/A	N/A	Yes	Outcome	Patient Reported Outcome (PRO)	Person and Caregiver Centered Experience and Outcomes	Patient Reported Functional Outcomes	No	Yes	No	No	2	2nd Performance Rate	No
ONSQIR22	PCR Test with MR2 or greater result (BCR-ABL1 transcript level <= 1% [IS]) for patients receiving TKI for at least 6 months for Chronic Myelogenous Leukemia	Percentage of patients aged 18 and older with chronic myelogenous leukemia who are receiving TKI therapy for at least 6 months, who have at least 1 PCR test performed with the most recent result equal to or greater than MR2 (BCR-ABL1 transcript level <= 1% [IS]) during the measurement period.	Percentage of patients aged 18 and older with chronic myelogenous leukemia who have been receiving TKI therapy for at least 6 months at any time during the measurement period.	Percentage of patients that have at least 1 PCR test performed with the most recent result equal to or greater than MR2 (BCR-ABL1 transcript level <= 1% [IS]) during the measurement period.	Hospice care at any time during the measurement period. Patient expired during the measurement period	None	New QCDR Measure	N/A	N/A	Yes	Outcome	Intermediate Outcome	Effective Clinical Care	Medication Management	No	Yes	No	No	1	1st Performance Rate	No
ONSQIR23	Assessment for and management of immune-related adverse events during cancer treatment with checkpoint inhibitors (ICPi)	Percentage of patients aged 18 and older receiving a checkpoint inhibitor (ICPi) for cancer experiencing immune-related adverse events of documented grade 3+ diarrhea OR documented grade 3+ hypothyroidism OR documented grade 3+ dermatitis OR documented grade 3+ pneumonitis AND for each adverse event, there is guideline concordant intervention (per ASCO/NCCN guideline) during the measurement period.	Percentage of patients aged 18 and older receiving an immune checkpoint inhibitor (ICPi) for cancer experiencing immune-related adverse events of documented grade 3+ diarrhea OR documented grade 3+ hypothyroidism OR documented grade 3+ dermatitis OR documented grade 3+ pneumonitis during the measurement period.	Patients who have, for each immune-related adverse event, guideline concordant intervention during the measurement period to include the following interventions for these Checkpoint Inhibitor (ICPi) Medications – Atezolizumab – Avelumab – Durvalumab – Ipilimumab – Nivolumab – Pembrolizumab: Grade 3+ Diarrhea in the presence of ICPi: - 7+ stools/day over baseline - Requiring hospitalization for diarrhea - Limited ability to perform self-care - IV fluids required >24 hours - Enterocolitis diagnosis Best-available intervention for Diarrhea: - Antidiarrheals (loperamide, atropine/diphenoxylate) - Corticosteroids (prednisone, prednisolone, methylprednisolone) - ICPi discontinuation or hold Grade 3+ Hypothyroidism in the presence of ICPi: - TSH >10mIU/L - Bradycardia - Hypothermia - Limited ability to perform self-care - Hospitalization indicated Best available intervention for Hypothyroidism: - Corticosteroids (prednisone, prednisolone, methylprednisolone) - ICPi discontinuation or hold - Endocrine consultation - Thyroid supplementation (levothyroxine sodium) Grade 3+ Dermatitis in the presence of ICPi: - Intense, widespread pruritis - Rash, pustules >30% of body - Limited ability to perform self-care - Sleep interruption due to pruritis Best-available intervention for Dermatitis: - Corticosteroids (prednisone, prednisolone, methylprednisolone) - ICPi discontinuation or hold Grade 3+ Pneumonitis in the presence of ICPi: - Diffuse lung parenchyma inflammation, >50%+ of lung parenchyma - Limited ability to perform self-care - Requiring hospitalization Best available intervention for Pneumonitis: - ICPi discontinuation - Corticosteroids (prednisone, prednisolone, methylprednisolone) - Bronchoscopy with BAL - Infliximab, IVIG, mycophenolate, or mofetil - Pulmonary and/or infectious disease consultation.	None	None	New QCDR Measure	N/A	N/A	Yes	Outcome	Intermediate Outcome	Effective Clinical Care	Medication Management	No	Yes	No	No	1	1st Performance Rate	No