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# Renal Physicians Association Kidney Quality Improvement Registry™

This registry has been approved by CMS as a Qualified Clinical Data Registry (QCDR) for eligible clinicians and group practices for the 2018 Quality Payment Program (QPP) performance period.

QCDR MEASURES	MEASURE ID
<p><b>Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR1</b>
<p><b>Adequacy of Volume Management</b></p> <p>Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR2</b>
<p><b>Arteriovenous Fistula Rate</b></p> <p>Percentage of calendar months within a 12-month period during which patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) and receiving maintenance hemodialysis are using an autogenous arteriovenous (AV) fistula with two needles in an outpatient dialysis facility.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR4</b>
<p><b>Transplant Referral</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of end-stage renal disease (ESRD) on hemodialysis or peritoneal dialysis for 90 days or longer who are referred to a transplant center for kidney transplant evaluation within a 12-month period.</p> <p><b>National Quality Strategy Domain:</b> Communication and Care Coordination  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR5</b>
<p><b>Advance Care Planning (Pediatric Kidney Disease)</b></p> <p>Percentage of patients aged 17 years and younger with a diagnosis of ESRD on hemodialysis or peritoneal dialysis for whom there is documentation of a discussion regarding advance care planning.</p> <p><b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR9</b>
<p><b>Hospitalization Rate Following Procedures Performed under Procedure Sedation Analgesia</b></p> <p>Percentage of inpatient hospitalizations immediately following procedures performed on patients aged 18 years and older under procedure sedation analgesia.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	<b>RPAQIR11</b>

QCDR MEASURES	MEASURE ID
<p><b>Arterial Complication Rate Following Arteriovenous Access Intervention</b></p> <p>Percentage of arterial complications in patients aged 18 years and older following angiography, angioplasty or thrombectomy procedures.</p> <p><b>National Quality Strategy Domain:</b> Patient Safety  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR12
<p><b>Rate of Timely Documentation Transmission to Dialysis Unit/Referring Physician</b></p> <p>Percentage of patients aged 18 years and older for whom documentation is sent to the dialysis unit or referring physician within two days of the procedure completion or consultation.</p> <p><b>National Quality Strategy Domain:</b> Communication and Care Coordination  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR13
<p><b>Arteriovenous Graft Thrombectomy Success Rate</b></p> <p>Percentage of clinically successful arteriovenous graft (AVG) thrombectomies for patients aged 18 years and older.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR14
<p><b>Arteriovenous Fistulae Thrombectomy Success Rate</b></p> <p>Percentage of clinically successful arteriovenous fistulae (AVF) thrombectomies for patients aged 18 years and older.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR15
<p><b>Peritoneal Dialysis Catheter Success Rate</b></p> <p>Percentage of clinically successful peritoneal dialysis (PD) catheter placements in patients aged 18 years and older.</p> <p><b>National Quality Strategy Domain:</b> Effective Clinical Care  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR16
<p><b>Peritoneal Dialysis Catheter Exit Site Infection Rate</b></p> <p>Percentage of patients aged 18 years and older with an exit site infection within 2 weeks of a peritoneal dialysis (PD) catheter invasive intervention.</p> <p><b>National Quality Strategy Domain:</b> Patient Safety  <b>Type:</b> Outcome  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR17
<p><b>Advance Directives Completed</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of Stage 3, 4 &amp; 5 chronic kidney disease (CKD) or ESRD who have advance directives or end of life medical orders completed based on their preferences.</p> <p><b>National Quality Strategy Domain:</b> Caregiver-Centered Experience and Outcomes  <b>Type:</b> Process  <b>Data Submission Method(s):</b> Registry Measure</p>	RPAQIR18

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b>	001	CMS122v6	0059
Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.			
<b>National Quality Strategy Domain:</b> Effective Clinical Care			
<b>Type:</b> Intermediate Outcome			
<b>High-Priority:</b> Yes			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			
<b>Medication Reconciliation Post-Discharge</b>	046	---	0097
The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.			
This measure is reported as three rates stratified by age group:			
• Submission Criteria 1: 18–64 years of age			
• Submission Criteria 2: 65 years and older			
• Total Rate: All patients 18 years of age and older			
<b>National Quality Strategy Domain:</b> Communication and Care Coordination			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Care Plan</b>	047	---	0326
Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.			
<b>National Quality Strategy Domain:</b> Communication and Care Coordination			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections</b>	076	---	---
Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed.			
<b>National Quality Strategy Domain:</b> Patient Safety			
<b>Type:</b> Process			
<b>High-Priority:</b> Yes			
<b>Data Submission Method(s):</b> Registry Measure			
<b>Preventive Care and Screening: Influenza Immunization</b>	110	CMS147v7	0041
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.			
<b>National Quality Strategy Domain:</b> Community/Population Health			
<b>Type:</b> Process			
<b>High-Priority:</b> No			
<b>Data Submission Method(s):</b> Electronic Measure, Registry Measure			

\*See Quality Measure Specifications at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>

MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Pneumococcal Vaccination Status for Older Adults</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	111	CMS127v6	0043
<b>Diabetes: Medical Attention for Nephropathy</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	119	CMS134v6	0062
<b>Adult Kidney Disease: Blood Pressure Management</b> Percentage of patient visits for those patients aged 18 years and older with a diagnosis of chronic kidney disease (CKD) (stage 3, 4, or 5, not receiving Renal Replacement Therapy [RRT]) with a blood pressure < 140/90 mmHg OR ≥ 140/90 mmHg with a documented plan of care. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Intermediate Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	122	---	---
<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy - Neurological Evaluation</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a neurological examination of their lower extremities within 12 months. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Registry Measure	126	---	0417
<b>Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear</b> Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Registry Measure	127	---	0416
<b>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI ≥ 18.5 and < 25 kg/m <sup>2</sup> . <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	128	CMS69v6	0421

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Documentation of Current Medications in the Medical Record</b> Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list <b>must</b> include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <b>must</b> contain the medications' name, dosage, frequency and route of administration. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	130	CMS68v7	0419
<b>Pain Assessment and Follow-Up</b> Percentage of visits for patients aged 18 years and older with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	131	---	0420
<b>Radiology: Exposure Dose or Time Reported for Procedures Using Fluoroscopy</b> Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available). <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	145	---	---
<b>Falls: Risk Assessment</b> Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	154	---	0101
<b>Falls: Plan of Care</b> Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	155	---	0101
<b>Diabetes: Foot Exam</b> The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	163	CMS123v6	0056

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Functional Outcome Assessment</b> Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the encounter AND documentation of a care plan based on identified functional outcome deficiencies on the date of the identified deficiencies. <b>National Quality Strategy Domain:</b> Communication and Care Coordination <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	182	---	2624
<b>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	226	CMS138v6	0028
<b>Controlling High Blood Pressure</b> Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Intermediate Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	236	CMS165v6	0018
<b>Use of High-Risk Medications in the Elderly</b> Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted. 1) Percentage of patients who were ordered at least one high-risk medication. 2) Percentage of patients who were ordered at least two of the same high-risk medication. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	238	CMS156v6	0022
<b>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</b> Percentage of patients aged 18 years and older seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated. <b>National Quality Strategy Domain:</b> Community/Population Health <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	317	CMS22v6	---
<b>Falls: Screening for Future Fall Risk</b> Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Electronic Measure, Registry Measure	318	CMS139v6	0101

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<b>Pediatric Kidney Disease: Adequacy of Volume Management</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) undergoing maintenance hemodialysis in an outpatient dialysis facility have an assessment of the adequacy of volume management from a nephrologist. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	327	---	---
<b>Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10 g/dL</b> Percentage of calendar months within a 12-month period during which patients aged 17 years and younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal dialysis have a hemoglobin level < 10 g/dL. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Intermediate Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	328	---	1667
<b>Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) who initiate maintenance hemodialysis during the measurement period, whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	329	---	---
<b>Adult Kidney Disease: Catheter Use for Greater Than or Equal to 90 Days</b> Percentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD) receiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular access is a catheter. <b>National Quality Strategy Domain:</b> Patient Safety <b>Type:</b> Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	330	---	---
<b>Surgical Site Infection (SSI)</b> Percentage of patients aged 18 years and older who had a surgical site infection (SSI). <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Outcome <b>High-Priority:</b> Yes <b>Data Submission Method(s):</b> Registry Measure	357	---	---
<b>One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk</b> Percentage of patients aged 18 years and older with one or more of the following: a history of injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV) infection. <b>National Quality Strategy Domain:</b> Effective Clinical Care <b>Type:</b> Process <b>High-Priority:</b> No <b>Data Submission Method(s):</b> Registry Measure	400	---	3059

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MIPS QUALITY & ECQM MEASURES*	QUALITY #	eMEASURE ID	NQF #
<p><b>Adult Kidney Disease: Referral to Hospice</b></p> <p>Percentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from hemodialysis or peritoneal dialysis who are referred to hospice care.</p> <p><b>National Quality Strategy Domain:</b> Person and Caregiver-Centered Experience and Outcomes</p> <p><b>Type:</b> Process</p> <p><b>High-Priority:</b> Yes</p> <p><b>Data Submission Method(s):</b> Registry Measure</p>	403	---	---

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