Management of Inflammatory Bowel Disease: Review of the Performance Measures by the Performance Measurement Committee of the American College of Physicians

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Recommendation
ACP does not support PQRS 271: “Inflammatory Bowel Disease: Preventive Care: Corticosteroid Related Iatrogenic Injury-Bone Loss Assessment.”

Rationale
ACP does not support this measure. As written, this measure focuses only on screening when current recommendations stress treatment for patients treated with steroids. Further, the measure could miss patients who are at risk for fracture by only screening patients who receive 10 mg/day of prednisone for 60 days. Evidence demonstrates that hip fractures are significantly higher in patients treated with medium doses (2.5 -7 mg/day) of steroids over a duration of time. Additionally, the measure does not follow the recommendations of The American College of Radiology (ACR). ACR recommends low dose bisphosphonate prophylaxis for patients receiving long-term steroid treatment and Fosamax is recommended for patients receiving more than 5 mg/day for more than three months. Furthermore, the measure excludes patients on tapered dose steroids; fails to exclude patients who are already receiving bisphosphonate therapy; and lacks specification on how to capture the denominator. Finally, the measure incentivizes overuse of dexa-scans rather than evidence-based prophylaxis treatments with bisphosphonates.

Measure Specifications

<table>
<thead>
<tr>
<th>PQRS 271: IBD: Preventive Care: Corticosteroid Related Iatrogenic Injury Bone-Loss Assessment</th>
<th>Status:</th>
<th>Not NQF Endorsed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Steward:</td>
<td>American Gastroenterological Association</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>Percentage of patients aged 18 years and older with an inflammatory bowel disease encounter who were prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year.</td>
<td></td>
</tr>
<tr>
<td>Numerator Statement:</td>
<td>Patients who have received dose of corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year.</td>
<td></td>
</tr>
<tr>
<td>Denominator Statement:</td>
<td>All patients aged 18 years and older with a diagnosis of IBD</td>
<td></td>
</tr>
<tr>
<td>Exclusions:</td>
<td>There are no exclusions as specified for PQRS purposes. In the AGA Digestive Health Recognition Program (TM) because of the use of clinical data those that have not received a dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days are excluded from the denominator.</td>
<td></td>
</tr>
</tbody>
</table>
Type of Measure: Process
Level of Analysis: Clinician: Individual
Care Setting:
Data Source: Electronic Clinical Data: Registry

Recommendation
ACP supports PQRS 275: “Assessment of Hepatitis B Virus Status before Initiation Anti-Tumor Necrosis Factor Therapy.”

Rationale
ACP supports this measure because it is evidenced-based and consistent with clinical guidelines.

Measure Specifications

<table>
<thead>
<tr>
<th><strong>PQRS 275: Assessment of Hepatitis B Virus Status Before Initiation of Anti-TNF Therapy</strong></th>
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<tbody>
<tr>
<td><strong>Status:</strong></td>
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<tr>
<td><strong>Measure Steward:</strong></td>
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<td><strong>Numerator Statement:</strong></td>
</tr>
<tr>
<td><strong>Denominator Statement:</strong></td>
</tr>
</tbody>
</table>
| **Exclusions:** | Documentation of medical reasons for not ordering or performing screening for HCV
Medical reason: Comorbid medical conditions with expected survival <5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons. Patient reasons: Patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment) |

Type of Measure: Process
Level of Analysis:
Care Setting:
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Conflicts of Interest: Any financial and nonfinancial conflicts of interest of the group members were declared, discussed, and resolved. A record of conflicts of interest is kept for each PMC meeting and conference call and can be viewed at:
http://www.acponline.org/running_practice/performance_measurement PMC/conflicts PMC.html

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November 7, 2015

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