Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) Candidate for Consideration for the 2024 Performance Year

Quality Care for Otolaryngology

MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Public Candidate Feedback Process](#) on the QPP website.

The 2024 MVP Candidate Feedback Period ended on February 8, 2023. Review the feedback received from the general public below, following the MVP candidate details.

Note: This document is for the 2024 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2023 performance year.

TABLE 1: Quality Care for Otolaryngology MVP

Quality	Improvement Activities	Cost
Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**IA_AHE_3: Promote Use of Patient-Reported Outcome Tools** (High)	**Medicare Spending Per Beneficiary**
Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Collection Type: Medicare Part B Claims, eCQM, MIPS CQM)	**IA_BE_4: Engagement of patients through implementation of improvements in patient portal** (Medium)	
Q277: Sleep Apnea: Severity Assessment at Initial Diagnosis (Collection Type: MIPS CQM)	**IA_BE_15: Engagement of Patients, Family, and Caregivers in Developing a Plan of Care** (Medium)	
Q331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) (Collection Type: MIPS CQM) High Priority	**IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop** (Medium)	
Q332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use) (Collection Type: MIPS CQM) High Priority	**IA_CC_13: Practice improvements to align with OpenNotes Principles** (Medium)	
Q355: Unplanned Reoperation within the 30 Day Postoperative Period (Collection Type: MIPS CQM) High Priority, Outcome	**IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation**	
Q357: Surgical Site Infection (SSI) (Collection Type: MIPS CQM) High Priority, Outcome	**IA_PM_16: Implementation of medication management practice improvements** (Medium)	
Q402: Tobacco Use and Help with Quitting Among Adolescents (Collection Type: MIPS CQM)	**IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements** (Medium)	
AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation (Collection Type: QCDR) High Priority	**IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes** (Medium)	
AAO20: Tympanostomy Tubes: Comprehensive Audiometric Evaluation (Collection Type: QCDR)		
AAO21: Otitis Media with Effusion (OME): Comprehensive Audiometric Evaluation for Chronic OME > or = 3 months (Collection Type: QCDR)		
AAO23: Allergic Rhinitis: Intranasal Corticosteroids or Oral Antihistamines (Collection Type: QCDR)		

TABLE: Foundational Layer

The Foundational Layer is the same for every MVP.

Foundational Layer

Population Health Measures	Promoting Interoperability
Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims) **Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions** (Collection Type: Administrative Claims)	• Security Risk Analysis • Safety Assurance Factors for EHR Resilience Guide (SAFER Guide) • e-Prescribing • Query of the Prescription Drug Monitoring Program (PDMP) • Provide Patients Electronic Access to Their Health Information • Support Electronic Referral Loops By Sending Health Information **AND** • Support Electronic Referral Loops By Receiving and Reconciling Health Information **OR** • Health Information Exchange (HIE) Bi-Directional Exchange **OR** • Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) • Immunization Registry Reporting • Syndromic Surveillance Reporting (Optional) • Electronic Case Reporting • Public Health Registry Reporting (Optional) • Clinical Data Registry Reporting (Optional) • Actions to Limit or Restrict Compatibility or Interoperability of CEHRT • ONC Direct Review

Quality Care for Otolaryngology MVP Feedback

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Quality Care for Otolaryngology MVP. We didn't include feedback considered out of scope to the draft 2024 MVP candidate.

Feedback: One commenter recommended the addition of the following 2 high priority measures that include the eCQM collection type:
- Q130: Documentation of Current Medications in the Medical Record
- Q374: Closing the Referral Loop: Receipt of Specialist Report

Feedback: One commenter recommended the addition of IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record. The commenter also expressed the desire for CMS to develop, validate, and implement meaningful cost measures that have clinical association with the quality measures in the MVP to replace the Medicare Spending Per Beneficiary (MSPB) Clinician and Total Per Capita Cost measures.

Feedback: One commenter recommended the addition of the following improvement activities:
- IA_AHE_5: MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- IA_AHE_6: Provide Education Opportunities for New Clinicians

Version History

Date	Description
02/22/2023	Original posting.