Following is an overview of the clinical quality measures in GIQuIC that can be reported to CMS for the Quality performance category of the Merit-Based Incentive Payment System (MIPS) via the GIQuIC Qualified Clinical Data Registry (QCDR) for the 2025 program year. Additional detail on GIQuIC's QCDR measures available for public reporting follows on the subsequent pages.

The GIQuIC 2025 QCDR has been approved to support individual eligible clinician, group, subgroup (MVP), and virtual group reporting to the Quality, Improvement Activities, and Promoting Interoperability performance categories. The GIQuIC 2025 QCDR supports reporting to the Gastroenterology Care MIPS Value Pathway (MVP) in addition to reporting traditional MIPS.

Traditional MIPS

Measure #	Title	Outcome/ High-Priority
GIQIC26	Screening Colonoscopy Adenoma Detection Rate	Outcome
GIQIC23	Appropriate follow-up interval based on pathology findings in screening colonoscopy	High-Priority
NHCR4	Repeat screening or surveillance colonoscopy recommended within one year due to inadequate/poor bowel preparation	High-Priority
QPP185	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	High-Priority
QPP275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	
QPP320	Appropriate follow-up interval for normal colonoscopy in average risk patients	High-Priority

Gastroenterology Care MVP

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QPP275	Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	
QPP320	Appropriate follow-up interval for normal colonoscopy in average risk patients	High-Priority
QPP113	Colorectal Cancer Screening	
QPP400	One-Time Screening for Hepatitis C Virus (HCV) and Treatment Initiation	
QPP401	Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with Cirrhosis	
QPP130	Documentation of Current Medications in the Medical Record	High-Priority
QPP226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
QPP374	Closing the Referral Loop: Receipt of Specialist Report	High-Priority
QPP487	Screening for Social Drivers of Health	High-Priority
QPP503	Gains in Patient Activation Measure (PAM®) Scores at 12 Months	High-Priority

GIQIC26: Screening Colonoscopy Adenoma Detection Rate

Description: The percentage of patients aged 45 to 75 years with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy.

Denominator: Patients aged 45 to 75 years undergoing a screening colonoscopy - (Strata 1) Male patients aged 45 to 75 years undergoing a screening colonoscopy; (Strata 2) Female patients aged 45 to 75 years undergoing a screening colonoscopy

Denominator Exceptions: Documentation that neoplasm detected in a patient is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma - (Strata 1) Documentation that neoplasm detected in a male patient is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma; (Strata 2) Documentation that neoplasm detected in a female patient is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma

Denominator Exclusions: Documentation the colonoscopy is in follow up to a positive stool-based colorectal cancer screening test - (Strata 1) Documentation the colonoscopy is in follow up to a positive stool-based colorectal cancer screening test; (Strata 2) Documentation the colonoscopy is in follow up to a positive stool-based colorectal cancer screening test

Numerator: Number of patients aged 45 to 75 years with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy - (Strata 1) Number of male patients aged 45 to 75 years with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy; (Strata 2) Number of female patients aged 45 to 75 years with at least one conventional adenoma or colorectal cancer detected during screening colonoscopy

Rationale and Supported Evidence:
The United States Preventive Services Task Force has recommended screening colonoscopy for adults, beginning at age 45 and continuing until age 75 (aged 50-75 is a Grade A recommendation, 45-49 is a Grade B recommendation). Screening exams are those performed to detect lesions in the absence of signs, symptoms, or personal history of colon neoplasia. The adenoma detection rate is an independent predictor of risk of developing colorectal cancer between screening colonoscopies. However, studies have documented wide variation in adenoma detection rates, illustrating the need for measuring and monitoring this metric for endoscopists. The adenoma detection rate varies between genders, with a lower rate demonstrated in women. Multi-specialty and stakeholder guidelines support the importance of measuring the adenoma detection rate in the prevention of colorectal cancer. Guidelines and the supporting literature support performance targets for adenoma detection rate of 25% for a mixed gender population (20% in women and 30% in men).

The removal of adenomatous polyps during a screening colonoscopy is associated with a lower risk of subsequent colorectal cancer incidence and mortality. Higher adenoma detection rates (> 25% in a mixed gender population OR 20% in women and 30% in men) are associated with significant protection against incident colorectal cancer in the five years following screening colonoscopy.

High priority status: Yes, Intermediate Outcome

Measure type: Outcome

Care Setting(s): Ambulatory Care: Clinician Office/Clinic; Ambulatory Surgical Center; Hospital Outpatient; Outpatient Services

Number of performance rates required for measures: 3

Traditional vs. inverse measure: Traditional

Proportional, continuous variable, outcome, and ratio measure indicator: Proportional

The measure is risk adjusted: No

Submission pathway: MIPS Qualified Clinical Data Registry

National Quality Strategy (NQS) domain: Effective Clinical Care

Meaningful Measure Area: Preventative Care

GIQIC23: Appropriate follow-up interval based on pathology findings in screening colonoscopy

Description: Percentage of procedures among average-risk patients aged 45 to 75 years receiving a screening colonoscopy with biopsy or polypectomy and pathology findings who had a follow-up interval consistent with US Multi-Society Task Force (USMSTF) recommendations for repeat colonoscopy documented in their colonoscopy report.

Denominator: All complete and adequately prepped screening colonoscopies of average-risk patients aged 45 to 75 years with biopsy or polypectomy and pathology findings of

(Strata 1) only hyperplastic polyps

(Strata 2) findings of 1-2 tubular adenoma(s)

(Strata 3) findings of 3-4 tubular adenomas

(Strata 4) findings of 5-10 tubular adenomas

(Strata 5) Advanced Neoplasm (>= 10 mm, high grade dysplasia, villous component)

(Strata 6) Sessile serrated polyp >= 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma

Denominator Exceptions:

(Strata 1) Patients aged 66 to 75 or polyps were removed via piecemeal

(Strata 2) Patients aged 66 to 75 or polyps were removed via piecemeal

(Strata 3) Patients aged 66 to 75 or polyps were removed via piecemeal

(Strata 4) Patients aged 66 to 75 or polyps were removed via piecemeal

(Strata 5) polyps were removed via piecemeal

(Strata 6) polyps were removed via piecemeal

Denominator Exclusions:

(Strata 1) >= 21 hyperplastic polyps or the number of polyps removed does not equal the number of polyps retrieved or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal or included in findings is at least one hyperplastic polyp >=10 mm

(Strata 2) The number of polyps removed does not equal the number of polyps retrieved or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal

(Strata 3) The number of polyps removed does not equal the number of polyps retrieved or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal

(Strata 4) The number of polyps removed does not equal the number of polyps retrieved or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal

(Strata 5) Colonoscopy with findings of > 10 adenomas or findings of adenocarcinoma or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal

(Strata 6) Colonoscopy with findings of > 10 adenomas or findings of adenocarcinoma or Use of endoscopic mucosal resection or patient is referred for polyp/mass removal

Numerator: Number of complete and adequately prepped screening colonoscopies of average-risk patients aged 45 to 75 years

(Strata 1) with biopsy or polypectomy and pathology findings of only hyperplastic polyps for which a recommended follow-up interval of 10 years for repeat colonoscopy was given to the patient

(Strata 2) with biopsy or polypectomy and pathology findings of 1-2 tubular adenoma(s) for which a recommended follow-up interval of not less than 7 years and not greater than 10 years was given to the patient

(Strata 3) with biopsy or polypectomy and pathology findings of 3-4 tubular adenomas for which a recommended follow-up interval of not less than 3 years and not greater than 5 years was given to the patient

(Strata 4) with biopsy or polypectomy and pathology findings of 5-10 tubular adenomas for which a recommended follow-up interval of 3 years was given to the patient

(Strata 5) with biopsy or polypectomy and pathology findings of Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component) for which a recommended follow-up interval of 3 years for repeat colonoscopy was given to the patient

(Strata 6) with biopsy or polypectomy and pathology findings of Sessile serrated polyp ≥ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma who had a recommended follow-up interval of 3 years for repeat colonoscopy was given to the patient

Rationale and Supported Evidence:
Average-risk patients aged 45 years and older receiving a screening colonoscopy with biopsy or polypectomy and pathology findings should have a recommended follow-up interval consistent with USMSTF recommendations for repeat colonoscopy.

After high-quality screening colonoscopy, patients with polyps are risk-stratified based on the histology, number, location, and size of polyps detected. Studies support villous histology as a potential risk factor for advanced neoplasia and there is extended evidence to support high-grade dysplasia as a risk factor for metachronous advanced neoplasia and CRC; therefore, a shorter interval for follow-up colonoscopy is recommended for patients with these findings. Evidence to support best practices for surveillance colonoscopy has strengthened and has helped to support close follow-up for some groups, as well as less intense follow-up for others.

High priority status: Yes, Care Coordination

Measure type: Process

Care Setting(s): Ambulatory Care: Clinician Office/Clinic; Ambulatory Surgical Center; Hospital Outpatient; Outpatient Services

Number of performance rates required for measures: 7

Traditional vs. inverse measure: Traditional

Proportional, continuous variable, outcome, and ratio measure indicator: Proportional

The measure is risk adjusted: No

Submission pathway: MIPS Qualified Clinical Data Registry

National Quality Strategy (NQS) domain: Communication and Care Coordination

Meaningful Measure Area: Appropriate use of Healthcare

NHCR4: Repeat screening or surveillance colonoscopy recommended within one year due to inadequate bowel preparation

Description: Percentage of patients recommended for repeat screening or surveillance colonoscopy or an alternate tier 1 or tier 2 colorectal cancer screening modality within one year or less due to inadequate bowel preparation quality

Denominator: Number of screening and surveillance colonoscopies with bowel preparation documented as inadequate

Denominator Exceptions: None

Denominator Exclusions: None

Numerator: Number of screening and surveillance colonoscopies with bowel preparation documented as inadequate and whose recommended follow-up was less than or equal 1 year

Rationale and Supported Evidence:
If bowel cleansing is inadequate to identify polyps >5 mm in size, and the procedure is being performed for colorectal cancer screening or colon polyp surveillance, then the procedure should be repeated in 1 year or less. Adequate preparation carries the implication that the recommended interval before the next colonoscopy will be consistent with guidelines.

In instances where the inadequately prepped patient would benefit from an alternate screening modality (e.g., poor prep and tortuous colon), an alternate screening modality may be recommended within 1 year or less. In 2017 the US Multi-Society Task Force on Colorectal Cancer issued updated screening recommendations that divide screening tests into three tiers, based upon their effectiveness. Tier 1 tests consist of the following: Colonoscopy, fecal immunochemical test (FIT). Tier 2 tests consist of the following: CT colonography, FIT–fecal DNA, Flexible sigmoidoscopy.

High priority status: Yes, Care Coordination

Measure type: Process

Care Setting(s): Ambulatory Care: Clinician Office/Clinic; Ambulatory Surgical Center; Hospital Outpatient; Outpatient Services

Number of performance rates required for measures: 1

Traditional vs. inverse measure: Traditional

Proportional, continuous variable, outcome, and ratio measure indicator: Proportional

The measure is risk adjusted: No

Submission pathway: MIPS Qualified Clinical Data Registry

National Quality Strategy (NQS) domain: Communication and Care Coordination

Meaningful Measure Area: Appropriate use of Healthcare