

Measure Information	2024 Performance Period
Title	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy
CMS eCQM ID	CMS645v7
CBE ID	Not Applicable
MIPS Quality ID	462
Measure Steward	Oregon Urology
Description	Percentage of patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.
Measure Scoring	Proportion measure
Measure Type	Process measure
Stratification	None
Risk Adjustment	None
Rationale	Androgen suppression as a treatment for prostate cancer can cause osteoporosis (Qaseem, 2008). Men undergoing prolonged androgen deprivation therapy (ADT) incur bone loss at a rate higher than menopausal women (Guise, 2007). In preserving bone health, the goal is to prevent or treat osteopenia/osteoporosis for the patient on ADT and to prevent or delay skeletal related events. The National Osteoporosis Foundation recommendations including a baseline assessment of bone density with a dual energy X-ray absorptiometry (DEXA) scan and daily calcium and Vitamin D supplementation (Watts, 2012). The DEXA scan is the gold standard for bone density screening. Men at risk for adverse bone consequences from chronic ADT do not always receive care according to evidence-based guidelines. These findings call for improved processes that standardize evidence-based practice including baseline and follow up bone density assessment (Watts, 2012).
Clinical Recommendation Statement	Bone density screening should be performed at the start of Androgen Deprivation Therapy (ADT) for prostate cancer. It should also be performed every 2 years for the patient with continued ADT or for patients with known osteoporosis. Current insurance practice is to possibly cover the cost of bone density screening if osteoporosis is known or if there is a high-risk drug. Some patients choose to delay bone density screening until after ADT is started and they therefore have insurance authorization due to the administration of a high-risk drug.
Improvement Notation	A higher score indicates better quality
Definition	DEXA - Dual Energy X-ray Absorptiometry - A scan that measures the bone of the spine, hip or total body and measures bone mineral density. It is considered one of the most accurate measurements.PDXA - Peripheral Dual Energy X-ray Absorptiometry - Bone mineral density measurement of the wrist, heel or finger.First Androgen Deprivation Therapy - The first Androgen Deprivation Therapy (ADT) is measured as the first order or administration of ADT for an anticipated period of 12 months or greater to a patient with prostate cancer.

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Guidance	In order to capture the practitioner's intent of androgen deprivation therapy (ADT) for a period of 12 months or greater, SNOMEDCT 456381000124102 which is Injection of leuprolide acetate for twelve month period (regime/therapy) is the correct code. This eCQM is a patient-based measure. This version of the eCQM uses QDM version 5.6. Please refer to the QDM page for more information on the QDM.
Initial Population	Male patients with a qualifying encounter in the measurement period AND with a diagnosis of prostate cancer AND with an order for ADT or an active medication of ADT with an intent for treatment greater than or equal to 12 months during the measurement period
Denominator	Equals Initial Population
Denominator Exclusions	None
Numerator	Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT treatment
Numerator Exclusions	Not Applicable
Denominator Exceptions	Patient refused the bone density evaluation at the time ordered or did not have it performed within 3 months after the start of ADT
Telehealth Eligible	Yes