

The CMS Qualified Clinical Data Registry: A Promising Avenue for Provider Engagement and Measure Alignment



NRHI Member Webinar

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WCHQ PQRS Background

- WCHQ has been reporting Physician Quality Reporting System (PQRS) data since 2008 and is one of the largest registries in the U.S. reporting on behalf of >2700 providers from WI and MN.
- Registry methods that we have been approved for have varied from year to year including: traditional registry, data submission vendor (DSV) method, and now in 2014 the new Qualified Clinical Data Registry (QCDR).
- For 2014 WCHQ will also offer the Group Practice Reporting Option (GPRO) for submission of PQRS and Meaningful Use measures through the DSV method.

So what's different for 2014 with regard to PQRS?

- The final federal rule was released on November 27, 2013. Under the new rule the QCDR method was introduced as another method for submission of PQRS and MU measures to CSM on behalf of individual eligible providers.
- A QCDR is a CMS-approved registry that has self-nominated and has successfully completed the qualification process to collect and report clinical data directly to CMS on behalf of providers.
- Under the QCDR there is *now the ability to utilize a maximum of 20 local clinical quality measures on behalf of individual providers for reporting PQRS.*

Reporting Methods and Requirements: Qualified Clinical Data Registry (QCDR)

- Self nominates to CMS by January 31, 2014. Registry must have a minimum of 50 participants by January 1, the year prior to the year for which the registry seeks to submit measures. Not all participants are required to participate in PQRS through the QCDR.
- Reports individual measures on behalf of eligible providers for submission of ambulatory clinical quality measure results to CMS for PQRS and Meaningful Use.
- WCHQ self nominated, and was accepted as a QCDR in 2014

Reporting Methods and Requirements: Qualified Clinical Data Registry (QCDR)

- Reports a minimum of 9 measures, including 1 outcome measure, covering at least 3 of the 6 National Quality Strategy domains AND report each measure for at least 50 percent of the eligible professional's patients.
- Approved QCDRs must be able to refresh measure results quarterly, and provide updates to participating providers
- Current WCHQ measures will meet the individual PQRS reporting requirements. Under the current final rule, meaningful use measures will need to be reported using CMS electronic clinical quality measures (eCQM's).

Reporting Methods and Requirements: Data Submission Vendor (DSV) Group Practice Reporting Option (GPRO)

- Reports measures at the group (TIN) level on behalf of eligible providers for submission of ambulatory clinical quality measure results to CMS for PQRS and MU. Group practice size must be 2 or more providers. CMS eCQM measures must be used for this method.
- Reports a minimum of 9 measures covering at least three of the six National Quality Strategy domains OR for groups of 25 or more providers the option to report all CG CAHPS survey measures via a CMS-certified survey vendor, AND report at least 6 measures covering at least 2 of the NQS domains.

Why is this important, and how does it relate to the work of NRHI members?

- CMS allows a QCDR to submit local quality measures, like those used by many RHICs.
- The use of local measures for PQRS and Meaningful Use reporting furthers regional measure harmonization across reporting initiatives.
- WCHQ's ability to report data for PQRS and Meaningful Use on behalf of WI providers has generated an increased interest in WCHQ's services, and may be an avenue to provider engagement in other RHIC communities.
 - Of note, a failure of practices with >10 providers to report PQRS measures in 2014 will result in a 2.0% Medicare reimbursement penalty in 2016

Benefits of the QCDR for NRHI Members

- Flexibility in selection of measures, including option to use measures selected by NRHI members for individual PQRS reporting
- Reports on all patients, all payers, not just Medicare Fee for Service patients
- Reduces reporting burden for providers that report measures to both NRHI members and individual PQRS reporting
- Reduces cost for calculation of similar measures for multiple reporting initiatives

Benefits of the QCDR for WCHQ and other Stakeholders

- Reduces confusion associated with reporting of similar measures across multiple reporting initiatives
- Quarterly reporting of measures submitted to CMS
- Benchmarking of measure results
- No state boundaries for use of QCDR providing opportunities to offer service outside of Wisconsin
- Provides WCHQ and their members the opportunity to interact with CMS regarding its measurement and reporting initiatives

Future Opportunities for QCDR

Collaborate with CMS to provide increased flexibility in reporting, including the following:

- Use of local measure specifications for reporting clinical quality measures for Meaningful Use benchmarking of measure results
- Group Practice Reporting Option (GPRO) for QCDR's
- Ability to report on behalf of ACO's to CMS

Questions?