

## Qualified Clinical Data Registries (QCDRs)

### ◆ What is a Clinical Data Registry?

A clinical data registry records information about the health status of patients and the health care they receive in an organized system. Clinical data registries collect uniform data (administrative, clinical, patient-reported, and other data) to evaluate specified clinical processes and outcomes. Clinical data registries typically focus on patients who share a common reason for needing health care. Registries have emerged as valuable solutions for harnessing the power of information technology to capture statistically-relevant, evidence-based data to aid in decisions regarding the most optimal patient care. Information from registries may also be used to compare the performance of healthcare providers with regard to their patient outcomes.

### ◆ What is a CMS Qualified Clinical Data Registry?

The 2012 American Taxpayer Relief Act authorized a new standard for individual eligible professionals (EPs) to satisfy Physician Quality Reporting System (PQRS) reporting requirements beginning in 2014. This new mechanism recognizes satisfactory participation in a qualified clinical data registry (QCDR) in lieu of reporting traditional PQRS measures to CMS. QCDRs may submit information on both PQRS measures and up to 30 additional non-PQRS specialty specific measures. Also QCDRs give a better picture of the overall quality of care provided, because QCDRs collect and report quality information on patients from all payers, not just Medicare patients.

### ◆ Why is ACEP providing a Clinical Data Registry?

ACEP's mission is to promote the highest quality of emergency care. For 2015 CMS has retired 4 of the 5 PQRS measures, which are most commonly reported by emergency physicians. Simultaneously, they continue to up the ante by requiring 9 measures across 3 domains with up to 6% of Medicare reimbursements at risk for most emergency physicians. The timing is right for emergency physicians to be among the early adopters in strategically deploying information technology to drive quality improvement objectives.

### ◆ What are the advantages of QCDRs over traditional PQRS registry reporting?

Traditional PQRS registries	Qualified Clinical Data Registries (QCDRs)
Provide quality data for Medicare patients only	Provides quality data on patients from all payers
Limited to PQRS measures	Includes PQRS measures plus up to 30 additional specialty specific measures
Requires new "cross-cutting" measures	Does not require "cross-cutting" measure
Requires groups of 100 or more to report "PQRS-CAHPS"	Does not require CAHPS reporting
Less control over quality measures reported	More meaningful measures to choose from
Quality measure data collected will be used to calculate the quality composite of the Value Modifier.	CMS will not include first-year QCDR measures in the VM quality composite until such time as CMS has historical data to calculate benchmarks for them. For the 2017 VM, in cases where groups are assessed under the "50% option" and all EPs report via QCDR in 2015, then CMS will classify the group's quality composite score as "average".

### ◆ **Is ACEP capable of delivering a quality information technology solution?**

ACEP is partnering in the development of a clinical data registry with FIGMD, Inc., a company that specializes in integrating practice management, billing, and coding software as well as electronic health records (EHRs) with registries. FIGMD has developed and maintained registries for the American College of Cardiology, the American Academy of Ophthalmology, and the American Urological Association, has completed integration projects for more than 50 major EHRs, and is capable of working quickly with new practice management, billing, coding, and EHR systems.

### ◆ **Building a Bridge to the Future for PQRS Reporting**

The ACEP QCDR is being designed to build a bridge for emergency physicians from the claims-based reporting of the past to the electronic clinical quality measures (eQMs) of the future. During the 2015 pilot of ACEP's Clinical Data Registry we will continue to focus on collecting quality data codes from claims and administrative data sets, and begin testing e-measures for future reporting periods. By building this bridge most participants should be ready to report a mix of administrative and electronic clinical quality measures to CMS for the 2016 reporting period. ACEP's goal is to have all emergency clinicians reporting eQMs by the 2017 reporting period when CMS intends to completely eliminate the claims-based reporting mechanism. As ACEP develops more eQMs for emergency care and more and more EDs are integrated with the registry, the administrative burden on coders and billers to submit quality data codes should be significantly alleviated.

### ◆ **What are the benefits of participating in a QCDR?**

ACEP is submitting an application to meet Centers for Medicare & Medicaid Services (CMS) requirements for Physician Quality Reporting System (PQRS) and Qualified Clinical Data Registry (QCDR) reporting by the January 31, 2015 deadline for the PQRS 2015 performance year/reporting period. Use of the registry under PQRS and QCDR will minimize or avoid negative financial reimbursement from CMS.

With the transition upon us to a value-based system in which health service providers are paid based on, quality of care, efficiency, patient satisfaction, and outcomes the QCDR will provide a means for providers to track such parameters from patient encounter information they already document, and adjust practice as necessary to maintain compliance with the highest of standards. PQRS was introduced by CMS to evaluate patient outcomes and quality of care. PQRS registries, and now QCDRs introduced in 2014, are considered key vehicles to automate the reporting of data to qualify for full Medicare Fee-For-Service reimbursement. Private payers are also moving to collect these quality measures to evaluate agreements with providers.

With participation from emergency clinicians nationwide, data from the QCDR will be used to generate regular feedback reports that summarize local practice patterns and treatment outcomes, and compare an ED's patterns with those of a number of others across the nation. The reports could also be used to identify process-of-care variables that may correlate with key patient outcomes.

### ◆ **For more information**

For more information on ACEP's PQRS registry reporting options including the clinical data registry option, please visit [www.acep.org/quality/pqrs](http://www.acep.org/quality/pqrs)