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What We Need to Know about Qualified Clinical Data Registries (QCDRs)

Dr. Birnholz:
An increasingly important determinant of physician reimbursement from Medicare is the accurate reporting of quality metrics. Qualified Clinical Data Registries, or QCDRs, are keys to Medicare's new payment system in that they collect clinical data for the purpose of patient and disease tracking. But what do we need to know about QCDRs, where to find them for successful reporting and why they are so important for clinical practices?

This is ReachMD. I'm Dr. Matt Birnholz. I'm joined today by a panel of QCDR experts from the AMA: Dr. Kathleen Blake, Lance Mueller and Koryn Rubin. Dr. Kathleen Blake and Lance Mueller both serve as part of the AMA group that works on payment reform and healthcare quality where Dr. Blake is Vice-president and Mr. Mueller is manager. Koryn Rubin serves as Assistant Director of Federal Affairs at the AMA.

Distinguished panel, welcome to the program.

Dr. Blake:
Thank you so much. This is Kathy Blake. I'm happy to be here.

Mr. Mueller:
This is Lance Mueller. Thank you for having us.

Ms. Rubin:
And this is Koryn Rubin. Thank you for having me.

Dr. Birnholz:
It's great to have all three of you here to talk about different aspects of QCDRs in turn, but Dr. Blake, let me start with you. To help us get a foundation, what exactly is a Qualified Clinical Data Registry, and when did it become a central part of quality reporting?

Dr. Blake:
So, Qualified Clinical Data Registries were actually established and defined by a statute that was passed in 2012, signed into law in 2013, and then has subsequently been implemented by CMS, and a Qualified Clinical Data Registry is a vehicle but also a repository where clinical information about patient visits can be entered into that platform, and then applied to it are a series of analytics that then calculates the performance of the
who's entered that data, and then it is able to transmit that data to CMS for quality reporting purposes.

Dr. Birnholz:
And I understand that QCDRs have grown a lot over the last several years. Is that true?

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Dr. Blake:
Well, that's absolutely true. And so, in the first year of the program there were actually, to all of our surprise, a large number of QCDRs, just over 40. That number is around 70 for the last year. And then the qualification process for the Clinical Data Registries is now underway for the 2017 program year.

Dr. Birnholz:
And what would you say the participation has been like? Has it been a good rate of success? Has it been sort of fledgling but growing?

Dr. Blake:
I would say that it, for a brand new program, it had a bit of a slow start but is certainly growing. There are strong incentives that we'll hear about from the other two panelists that promote participation by physicians into CDRs as part of the new CMS Quality Payment Program. And in terms of the success, I think one of the, perhaps, less known facts is that recipients or participants in QCDRs have amongst the highest rates of successful performance reporting in the CMS programs.

Dr. Birnholz:
And if I'm to think about QCDRs from a practical, functional perspective, how do they take shape? I mean, who are the stakeholders in making them operate successfully?

Dr. Blake:
So, there are a number of different types of organizations that are what we would call the stewards of a QCDR, so many physicians will find these, for example, being stewarded by their specialty society. In other instances it may be a health system that is a steward. So, a total, as I said, of 69 different QCDRs were under stewardship, had been qualified for the 2016 program year.

Dr. Birnholz:
Now, Mr. Mueller, let me turn to you for another practical consideration, and that is how clinicians can find these QCDRs and the associated measures that are good fits for their respective practices. What can you tell us about finding them?

Mr. Mueller:
Well, I'll build on what Dr. Blake mentioned is the best place to start is with your medical specialty society of your physicians. Many of the societies have provided QCDRs or partnered with vendors to provide the solution. Another key benefit here is it's usually free to members. If your physicians are members of their medical specialty society, then there's going to be no cost back to the group, back to the physician in participating with that QCDR.

Dr. Birnholz:
If we're looking at where to get started, do physicians often start with their medical specialty societies? Do they have other sort of resource or selection tools that they go to?

Mr. Mueller:
It usually is that someone in the group or in the practice, so a practice manager or other designated person, reaches out to the medical specialty society to get the process going. QCDR participation is not something where every individual physician needs to go and sign up. It's usually done at the group level, and the group would sign up with a QCDR. That QCDR then has a couple of different options on how you report. You can report to CMS where every physician is scored individually, or you could do it where the entire group is scored as a unit. The QCDR you end up partnering with should be able to support both those options.

Dr. Birnholz:
And I understand that there are three performance categories that are reported on. Can you just reiterate for our audience what those are?

Mr. Mueller:
In the Quality Payment Program, QCDRs are able to report across three of the different performance categories within MIPS. That is:

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quality, advancing care information and improvement activities. The QCDR you partner with, you really want them to be able to report across all three categories. If they can't, then you're going to go have to find another solution to report in one of those categories if you want to get credit on your performance score.

Dr. Birnholz:
And as far as the resources available out there, I understand there are government-based sites. There are also sites such as STEPS Forward. Can you talk about some of these resource sites where our audience can move into to get a better sense of what their next steps would be?

Mr. Mueller:
One of the key things to look at is to pull the QRURs for your clinicians. The QRURs will help you identify areas where you might be able to find some improvement opportunities around your quality measures, and those improvement activities will also lead you into finding some areas that you might want to do an improvement activity on, and that will help you cover two of the areas in MIPS. Additional resources can be found on the AMA Steps Forward program. We have a module on how to utilize a QCDR for MIPS reporting. There is also on the CMS QPP site there is a lot of very useful information. Two of the key areas on that site is the ability to put in some keywords and search which quality measures apply, so you can use that to really get down to a granular level where you are finding measures that are applicable to your clinicians in their care setting. And the same thing applies for improvement activities. If from the QRUR you have identified an opportunity for improvement, you can go to the CMS Quality Payment Program site, put in that keyword, and you'll see what improvement activities apply to that.

As a reminder, the quality measures available on the CMS QPP site don't included the QCDR specific measures. Please contact the individual QCDRs to see what additional measures they may have available.

Dr. Birnholz:
Well, for those who are just tuning in, this is ReachMD. I'm Dr. Matt Birnholz, and I'm speaking with Dr. Kathleen Blake, Mr. Lance Mueller and Miss Koryn Rubin about qualified Clinical Data Registries, or QCDRs.

Now, Miss Rubin, I'm going to turn to you. You've been waiting patiently. And I know from your vantage point in Federal Affairs you're heavily invested in sharing ways in which QCDR participation is incentivized in the Quality Payment Programs, sort of the Why It Matters question. Can you give us an overview of this?

Ms. Rubin:
The use of the QCDR is heavily incentivized and encouraged within the QPP program. CMS provides several ways for physicians to utilize a QCDR to satisfy the QPP. Primarily where you would receive the most credit and for satisfying requirements is through the quality category, so a physician or a practice can meet the quality category by utilizing a QCDR to report on quality measures. You also can receive credit, and depending on the activities you choose, you can satisfy all of the improvement category requirements. You also can receive some bonus points in advancing care information category if you report the optional Clinical Data Registry measure, and you would do that by utilizing a QCDR.

Dr. Birnholz:
And can you talk a little bit about reduction in the number of quality measures that comes alongside this?

Ms. Rubin:
If you look at the old program, the Physician Quality Reporting System, often known as PQRS that now sunsets and transitions into QPP, specifically the quality category, CMS previously required reporting on nine measures, and you also had to pick through three domains. Now a physician only has to report on six measures.

Dr. Birnholz:
And there's also opportunities for getting credits of sorts for participating in this. What type of credit do clinicians receive?

Ms. Rubin:

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In reference to the requirements for satisfying the category, if you utilize a QCDR, you must first find a QCDR that best suits your specialty or practice, and then once you identify that QCDR, you have to report on six measures, of which one must be an outcome measure. If there are no outcome measures within that QCDR, then you would report on a high-priority measure. CMS defines a high-priority measure as a measure that covers appropriate use, patient safety, care coordination or patient experience. Also, if you're going for, or trying to obtain an incentive when you report in 2017 and not just avoid a penalty, the measures that you report on must be reported on 50% of applicable patients.

Dr. Birnholz:
And when you mentioned being incentivized versus avoiding a penalty, which for some is incentive enough, there has been the question of how to improve compliance for people who are getting on board based on the penalty, some saying, "Well, maybe I should just take the penalty because it's harder to get on board with this." What have you seen about that in terms of tracking from your vantage point in Federal Affairs to help boost the compliance rate for getting involved with QCDRs?

Ms. Rubin:
Once you identify the QCDR and your practice might actually be utilizing one since you could use it to satisfy PQRS, we've heard it's a pretty easy process to engage in, and the vendor of your specialty society would assist you with setting your practice up and also kind of walking you through the steps for compliance and ensuring that you are meeting the requirements. One thing that is a benefit of a QCDR over some of the other reporting mechanisms is that you are given more routine feedback. QCDRs are actually required to provide quarterly feedback reports to participants, and they also receive benchmark information so you can see how you're doing in comparison to physicians in your practice but also among your peers.

Dr. Birnholz:
Now, before we close this interview, we've covered a number of different aspects of QCDRs with the three of you, and I want to be able to come back to each of you in turn to add any other closing comments from both your vantage point in your role with the AMA and also potentially piggybacking on anybody else's comments that you just wanted to chime in on.

So, Dr. Blake, anything that we missed in discussing the foundation of QCDRs, the history of it and some various aspects there, or any other comments from our other guests?

Dr. Blake:
I think one of the things that we'd like to highlight is that we do often times hear from physicians that the measures that they see in some of the established federal programs did not apply to their particular practice. They might be a specialist in a very specific area of healthcare practice. And so an advantage with a QCDR, because so many of them were developed by specialty societies, is that the measures within those QCDRs are generally targeted to the members of that particular specialty, and so those measures, which have been developed by clinicians in those same fields, are then available to the participants in the QCDR, so you get to measures, what we really call the Holy Grail, which is meaningful measures that have an impact on the care that's delivered to patients.

Dr. Birnholz:
Thanks, Dr. Blake. Now, Mr. Mueller, let me turn back to you again. Any highlights or points that you've made that you want to reiterate for our audience again just to close?

Mr. Mueller:
One thing to pay particular attention to is what was mentioned earlier about the high success rate in reporting via a QCDR. This is really important, and it's going to really give everyone a chance to be successful in the MIPS program this year and moving forward.

Dr. Birnholz:
That's a great parting comment, Mr. Mueller. Thank you. And, Miss Rubin, just to take us home, any parting comments?

Ms. Rubin:
QCDR use is really incentivized in the QPP program. CMS offers bonus points if you're reporting measures through a QCDR,

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particularly if it meets the definition of end-to-end electronic reporting, meaning that the information that's in the EHR is electronically transferred into the QCDR, and also, a lot of your engagement with the QCDR satisfies and qualifies for the improvement activities, and you can receive credit for it. Thirteen of the 90 improvement activities are related to QCDRs, and a lot of the activities really do not involve additional work because it's things that are kind of built-in functionality to the QCDR or part of the engagement with actively participating in a QCDR.

Dr. Birnholz:
Great reminders for us, Miss Rubin.

And with that I would like to thank my guests, Dr. Kathleen Blake, Lance Mueller and Koryn Rubin. We've been talking about the Qualified Clinical Data Registries as an important determinant of physician reimbursement within Medicare's new payment system.

To access this interview and other related content, visit ReachMD.com or download the ReachMD app. I'm Dr. Matt Birnholz, as always, inviting you to be part of the knowledge.

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