

Maximize success by employing a Qualified Clinical Data Registry (QCDR)

Successful reporting of several key components is critical to maximizing your performance under the new Merit-based Incentive Payment System (MIPS). This resource highlights these requirements and provides tips on how to successfully report. **It is important to recognize that Medicare payments in 2019 are based on reporting in 2017.** Currently, CMS has proposed a twelve month reporting period beginning January 1, 2017. The AMA has urged CMS to establish a later start date of July 1, 2017 to allow more time for physicians to prepare. These details will not be final until fall 2016. Therefore, it is important that you begin to understand and plan your reporting strategy now.

MIPS performance components

There are four components to MIPS:

1. Quality
2. Resource use
3. Advancing Care Information (ACI)
4. Clinical Practice Improvement Activities (CPIA)

In 2017, eligible physicians must report to CMS on three of these four components: quality, ACI, and CPIA. As proposed, CMS will calculate the resource use part of your quality score based on administrative/claims data.

Quality reporting

The quality performance category under MIPS replaces the Physician Quality Reporting System (PQRS) and streamlines some of the reporting requirements. Physicians will need to report on six measures for ninety percent of their eligible patients. Of the six measures, one must be a cross-cutting measure and outcome measure. This is a reduction from the nine measures required under PQRS and CMS eliminates the domain requirement. Physicians will receive credit toward their total quality score for each measure they successfully report. CMS also emphasizes outcome measures by proposing to offer bonus points for reporting on more than one outcome measure. Furthermore, CMS encourages and recognizes the cost to report through electronic sources by offering potential additional incentives when reporting through a QCDR.

Resource Use

For groups of 10 or more, three population health measures from the former Value-based Payment Modifier (VM) program will be calculated by CMS using claims information. For groups of 9 or less, CMS will calculate two claims based measures from the former VM program. The following are the three population health measures:

- Acute Composite
- Chronic Composite
- All-Cause Hospital Readmission (only groups 10 or more)

Clinical Practice Improvement Activities (CPIA)

CPIA is a new performance category under MIPS to promote ongoing improvements and innovation in clinical activities. Physicians must select at least one CPIA from 90+ proposed activities, many of which may already be underway in your practice, but to receive full credit a physician or group may have to select multiple CPIA depending on their weight and practice size. CMS has proposed a 90-day reporting period for CPIA. Some of the proposed activities include:

- Completing modules in the [AMA STEPSForward](#) program
- Participating in a QCDR
- Utilizing patient experience data to improve practice
- Participating in the Transforming Clinical Practice Initiative (TCPI)

Employing a Qualified Clinical Data Registry (QCDR)

QCDRs are a key feature of MACRA and the MIPS reporting method. A QCDR is a CMS-approved entity that collects clinical data for the purpose of patient and disease tracking. This approach fosters improvement in the quality of care provided to patients. A QCDR is different from a qualified registry. The data submitted to CMS via a QCDR includes reporting on all patients, regardless if the patient is a Medicare beneficiary or not.

QCDRs can be utilized for reporting across three performance categories:

- Quality
- Advancing Care Information (ACI)
- Clinical Practice Improvement Activities (CPIA)

The list of 2016 Approved QCDRs can be found [here](#). The final list of approved 2017 QCDRs will not be posted until the spring of 2017. Therefore, verify with your vendor or specialty society whether they plan on maintaining or applying to become an approved QCDR in 2017. If looking to utilize a QCDR to satisfy CPIA, it will be necessary to reach out to your vendor to determine what CPIA they can support.

Tips for successful reporting under MIPS via QCDRs

- QCDRs offer a single-stop mechanism for collection and submission of your data to CMS to satisfy reporting under MIPS. A good QCDR will actively partner with you to improve the quality of care. CMS provides a [list](#) of QCDRs to help you find a partner.
- Speak with your electronic health record (EHR) vendor to understand how the EHR will facilitate MIPS reporting.
- Find a QCDR with measures that are relevant to your patients and how you practice medicine. Measures that lessen the burden of reporting are preferable. Measures calculated using data taken directly from your EHR will decrease this burden.
- Another early step is to contact your specialty society to ask if they offer a QCDR solution. Some QCDR stewards are quality improvement organizations (QIOs) or involved in the Transforming Clinical Practice Initiative (TCPI).

AMA. Practice transformation series: Quality Reporting. 2016.