

Quality Payment PROGRAM

QUALIFIED CLINICAL DATA REGISTRY (QCDR) AND NEXT STEPS FORWARD

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CMS investing in a system for **better care, smarter spending, and healthier people**

Public and Private Sectors

Evolving Future

Key characteristics

- Producer-centered
- Incentives for volume
- Unsustainable
- Fragmented care

Key characteristics

- Patient-centered
- Incentives for outcomes
- Sustainable
- Coordinated care



Quality Payment Program

MIPS and Advanced APMs



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides for two participation tracks:

MIPS

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you will be subject to a performance-based payment adjustment through MIPS.

OR

Advanced APMs

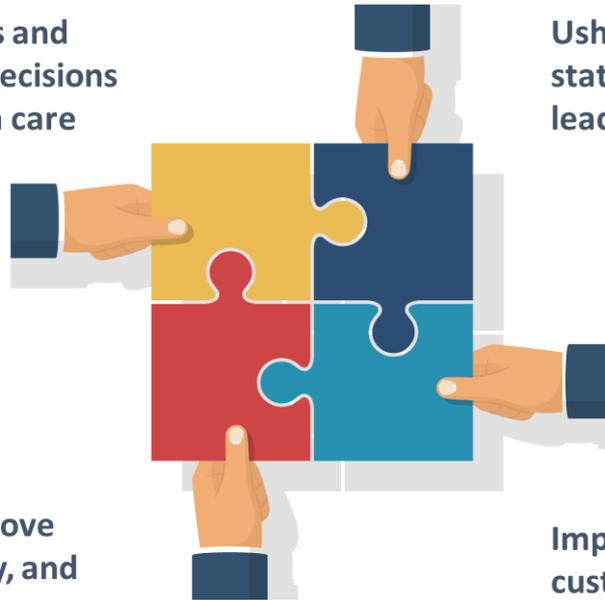
Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

A New Approach to Meaningful Outcomes

Empower patients and doctors to make decisions about their health care

Usher in a new era of state flexibility and local leadership



Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs' statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

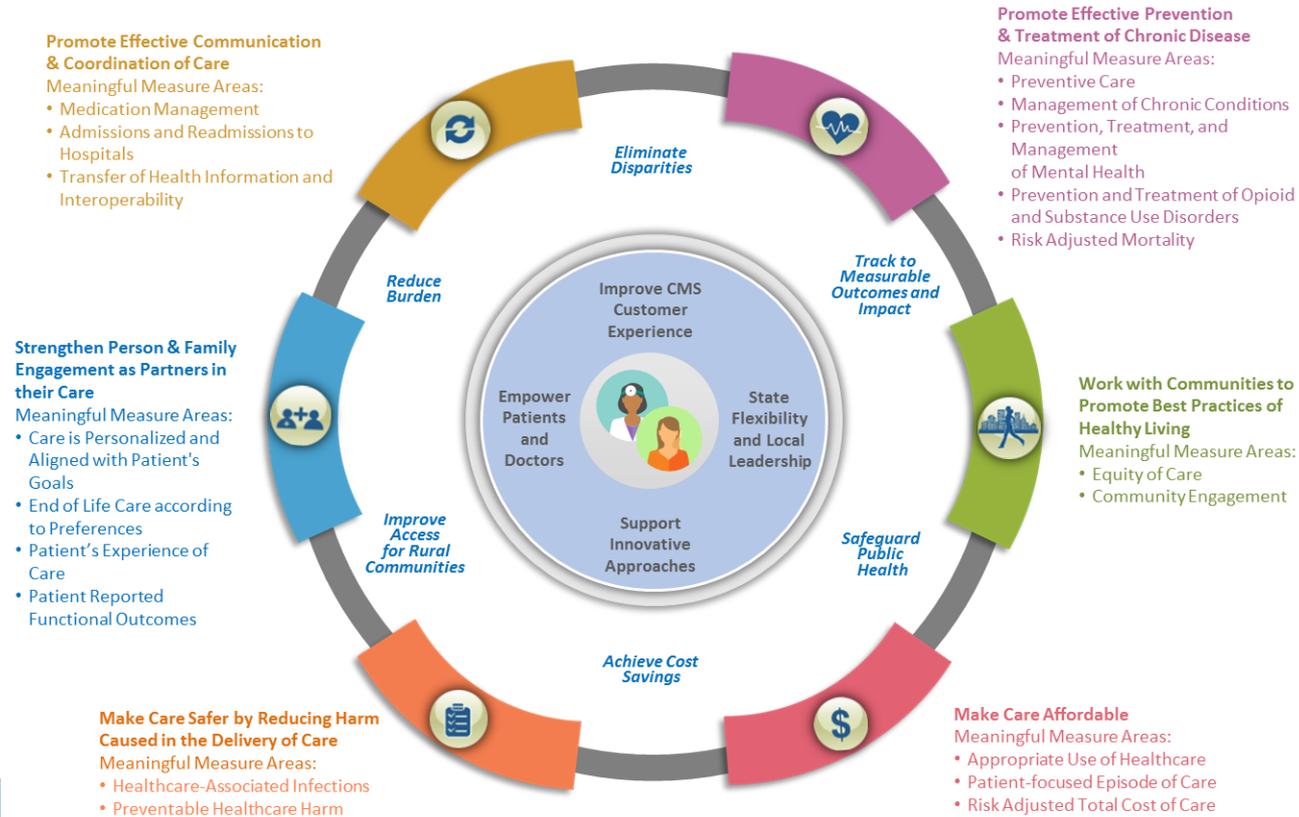
Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

Quality Measures



Meaningful Measures



- A **qualified clinical data registry (QCDR)** was a reporting mechanism that began in 2014 for the Physician Quality Reporting System
- A QCDR is a CMS-approved entity that collects medical and/or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
- In each successive year, PQRS which is now incorporated as part of the **Merit-Based Incentive Payment System (MIPS)** program, CMS has sought to raise the bar on QCDR measure requirements
- Measures Under Consideration process

The Role of QCDRs in MIPS



- Allow specialty societies and collaboratives to work directly with MIPS-eligible clinicians to measure and report on data meaningful to their practice.
- To collect medical or clinical data for the purpose of patient and disease tracking to foster improvement in the quality of care provided to patients.
- Fulfill performance gaps not being measured within the Quality Payment Program measures
- Provide a single submission mechanism, available to individual MIPS-eligible clinicians, groups and virtual groups who wish to report data for multiple performance categories, thereby reducing the burden of reporting.
- Provide individual MIPS-eligible clinicians, groups and virtual groups with feedback reports at least four times a year, on all performance categories supported by the QCDR.

How to Become a Designated QCDR for MIPS

Overview



Entities that want to be considered for designation as a QCDR must:

- Have at least 25 participants.
- Submit an attestation statement during the data submission period verifying that all of the data and results are accurate and complete.
- Submit data via a CMS-specified secure method for data submission.
- Provide information on the entity's process for data validation for individual MIPS-eligible clinicians, groups and virtual groups through an acceptable data validation plan.

CMS allows entities to collaborate with an external organization or vendor to satisfy the technology component of being a QCDR as long as there is a signed, written agreement detailing the relationship and responsibilities of the entity with the external organization.

How to Become a Designated QCDR for MIPS

Requirements



- QCDRs must meet the minimum requirement of having at least **6 quality measures, including 1 outcome measure or 1 high priority measure.**
- QCDRs can request to be approved to report both MIPS quality measures and QCDR measures.
 - If a QCDR submits 6 QCDR measures for consideration (and no MIPS quality measures), and not all of their QCDR measures are approved for use, they are offered the opportunity to support additional MIPS quality measures.
 - QCDRs are not permitted to propose additional QCDR measures to meet the minimum of 6 quality measures once the self-nomination period closes.
 - If the QCDR chooses not to support additional MIPS quality measures to meet the minimum of 6 quality measures, their application will be rejected in its entirety.
- All QCDR measures require CMS review and approval.

2018 QCDR Measure Submission



- Measures submitted by a QCDR may include measures from one or more of the following categories, with a **maximum of 30 QCDR measures** allowed per QCDR:
 - CAHPS for MIPS Survey*
 - National Quality Forum endorsed measures
 - Current 2018 MIPS quality measures with substantial changes
 - Measures developed or used by boards or specialty societies
 - Measures developed or used by regional quality collaboratives
 - Other CMS approved measures

***The CAHPS for MIPS measure is considered a QCDR measure if it is reported through a QCDR versus a CMS-approved CAHPS for MIPS Survey vendor.**



Measure criteria for QCDRs



- Focus on a quality action instead of documentation
- Prove to be clinically relevant, harmonized and aligned among all public and private payers
- Report as easy as possible
- Duplicate an existing or a proposed measure
- Development surpass the concept development phase
- Include a data submission method other than claims-based data submission
- Prove to be outcome-based rather than a clinical process measure
- Address patient safety and adverse events
- Identify appropriate use of diagnosis and therapeutics
- Address the domain for care coordination, or patient and caregiver experience
- Address efficiency, cost and utilization of healthcare resources
- Address a performance gap or measurement gap
- Addresses 1 or more of the 6 National Quality Strategy priorities

2018 QCDR Annual Self-Nomination and Qualification



To be designated as a CMS-approved QCDR in the MIPS program, an entity is required to go through an **annual self-nomination and qualification process**.

- For 2018, CMS required vendors to submit their completed self-nomination statement, including measures supported (MIPS quality measures and QCDR measures, if applicable) and data validation plan, by November 1, 2017 to be considered for inclusion in the 2018 performance period.
- *Note:* Approval in the previous year **does not** automatically guarantee approval in subsequent years. QCDRs that have large numbers of data errors or fail to submit data for their eligible clinicians may be placed on probation for future program participation.

QCDRs for MIPS in 2018



- There were 176 QCDR vendors that self-nominated for the MIPS program, and **150 were approved** for inclusion in the 2018 performance period.

Visit the [Quality Payment Program Resource Library](#) section of [CMS.gov](#) to view the list of **2018 CMS-Approved QCDRs for MIPS**

- Of the 150 approved QCDRs, 57 are reporting only on MIPS quality measures and did not self-nominate QCDR measures.
- For 2018, a total of **1,452** QCDR measures were submitted for review. Of these, 8 were withdrawn leaving a total of **1,444** measures to review.
- **822** of the 1,444 measures were approved; these include:
 - 366 outcome measures
 - 261 high priority measures
- CMS organized a kick-off meeting in April 2018 with all the approved QCDRs, and is hosting reoccurring monthly support calls.

Process Improvement Event



- Address QCDRs self-nomination and QCDR measure review pain points
- Short-Term/Long-Term goals based on event:
 - Developing a “sandbox” for QCDRs to collaborate regarding measures
 - Had a “measures workgroup” webinar and planning one in June. During this presentation, we outline how we evaluate measures for QCDRs.
 - Planning for office hours to address vendor questions
 - May move the self-nomination timeline in the future
 - Looking to simplify self-nomination process (i.e. “short form” for vendors re-upping for the next year). Looking to possibly replace JIRA as the self-nom tool
 - Earlier posting of requirements
 - Offering meetings w/QCDRs regarding measure concepts early in their development process

Final thoughts



- We desire to work closely with the QCDRs to ensure robust measures that are meaningful.
 - Focus on better care, better health, and smarter spending;
 - Engage in achieving better outcomes at lower cost;
 - Invest in quality and safety infrastructure
 - Focus on data and performance transparency
 - Test new innovations
 - Relentlessly pursue improved patient outcomes.
- Concerns around having too many measures so that comparability becomes difficult, small numbers
- Encourage societies to partner together to support the development of registries that encourage alignment, across specialties, across diseases and settings.

Thank you



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