Avoid PQRS and VBPM Penalties and Achieve Long Term Revenues: How to Choose the Right QCDR

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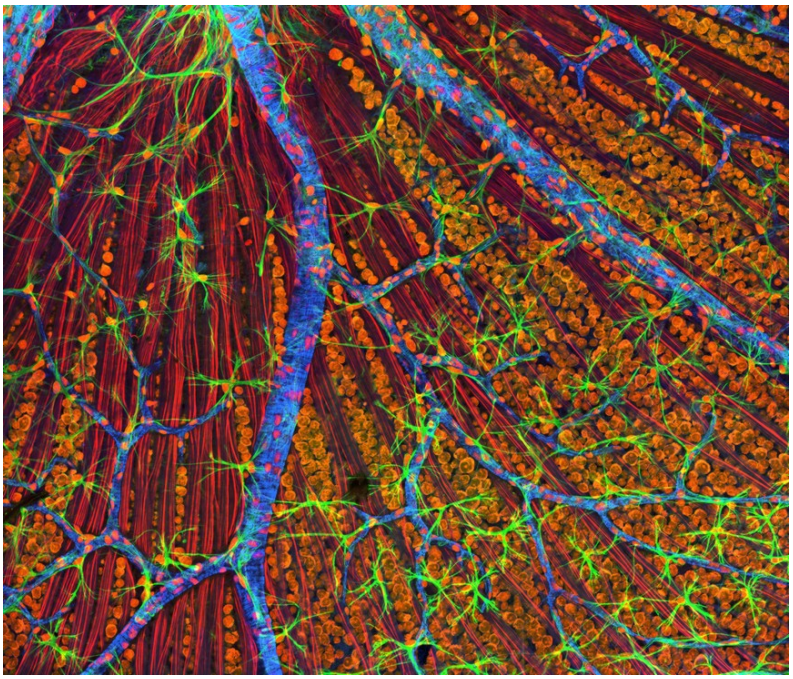

Can you optimize your Value-Based Payment Modifier (VBPM) quality and cost profile to demonstrate better outcomes than others *and* avoid both PQRS and VBPM penalties at the same time? Yes: Use a Qualified Clinical Data Registry (QCDR) to do both.

In 2014, the initial year of QCDR reporting, providers had the opportunity to report non-PQRS measures, but still get credit for participating in PQRS. This year, Medicare has provided additional freedom by giving QCDRs the chance to report 30 non-PQRS measures for PQRS, up from last year's 20. Providers are required to report an additional outcome measure this year (two, rather than one); since the purpose of a QCDR is actually to improve care, rather than just report on it, this change was expected and one reason for the increase in available measures.

QCDRs: Synthesizing Vendor Capabilities and Specialized Measures

Evaluating QCDR reporting can be a challenge. You will need to choose a Registry based on the measures that Registry is able to report plus the vendor's other functionalities (e.g., data integration capabilities and length of time in the Registry business). Because the CMS process for qualifying QCDRs includes both aspects, a specific QCDR will always have a specific menu of measures for reporting.

The ability to select new, more relevant measures makes the QCDR option attractive, but can

also be intimidating. To avoid being paralyzed by an abundance of choice, start by thinking about your practice and what measures make sense for your population. For instance, if you have an older population, a QCDR offering measures primarily focused on pediatrics isn't for you.

Think, too, about your reporting goals. QCDRs may actually develop their own measures for reporting, meaning that you may be reporting a measure that no one else in the country is using. Whether this will make sense depends on whether that measure helps you achieve a specific goal.

For example, if the QCDR has developed measures that will help you achieve an incentive under the VBPM by addressing the CMS quality cost composite, that is a definite advantage. Or, if you are trying to competitively distinguish yourself from another practice, for instance through lower surgical complication rates, a QCDR will provide data that you can use.

Does a QCDR Make Sense for your Practice?

QCDR reporting may seem easier because it can address PQRS along with other quality goals. But it's not. QCDR reporting requires reporting on all patients, not just Medicare B. You can't report as a part of a group practice, or through the Measures Group reporting method.

Here's the big advantage of QCDR reporting: You have more control over your quality improvement process as well as what you will be known for in quality. You can demonstrate value-based health care for your patients, employers and health plans, while adding real value to your practice.

Remember, Medicare has already integrated value-based health care by incorporating the VBPM with PQRS through the quality cost composite. The Value-Based Payment Modifier is a multiple applied to your reimbursement on Medicare Part B services; based on care provided in 2015, groups with 10 or more providers will see 2017 reimbursements "modified" anywhere from minus-4 to plus-4 percent. To earn an incentive, providers must show that, compared to their peers, they perform higher quality care at a lower cost.

Use a QCDR Process to Lower Costs, Increase Quality and Achieve Incentive Revenues

Lowering cost doesn't mean that the price of the care itself must be reduced. *The surest method of cost reduction is to avoid spending money on care that could have been avoided altogether.* This is recognized in the way CMS calculates the cost and quality composites used to determine a provider's VBPM. In several areas—readmissions, ambulatory care sensitive condition (ACSC) admissions and chronic-disease related costs—CMS maintains that better

management in the ambulatory setting can reduce costs.

This is where the right QCDR can help. Your QCDR can help you track the areas where you could face penalties for quality-related costs, such as the components of the VBPM quality and cost composite. You might be able to see readmissions, ACSC admissions and chronic disease patients as an opportunity, rather than an automatic ding, if your QCDR incorporates a Population Health program that will address these issues proactively before they reach the final stage of CMS calculations. Your performance on the measure itself can be improved during the year so that your final results show improvement.

Incorporate Population Health to Manage Your Quality and Cost Composite

The right QCDR ties everything together. To take advantage of a QCDR's most important capabilities, you need a QCDR that incorporates customized Population Health functionality to identify the at-risk population you wish to address, investigate the root causes of adverse outcomes and test the interventions (processes or treatments) that will improve them.

The right QCDR partner will work with you to be sure that the nine measures you report, "home-grown" or otherwise, cover three National Quality Strategy (NQS) Domains and will help you improve your VBPM quality and cost composite.

Most importantly, you will have done more of what's right for your patients, by reviewing data and outcomes that you weren't able to see previously. With a strong QCDR effort, you can improve the quality of life for your patients, sustain your practice and reduce the administrative burden of the CMS quality programs

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