Making the Most of Meaningful Use: How the "Specialized Registry" Can Secure Your Future in MIPS

written by Thomas Dent, M.D. | November 4, 2015

Good health care requires insight.

That's the message under Medicare's new Medicare Meaningful Use rules for 2015 through 2017, giving providers the option to use a Specialized Registry to meet the Public Health Reporting Objective. The new rule also lays out how a Clinical Data Registry (CDR) will fit into this and other MU objectives in the future.

Both the Specialized Registry and the CDR reflect a significant opportunity. Why? Because as these Registries collect, analyze and show data from providers *who will need to report in order to be in compliance with Medicare,* there will be a lot of clinical data aggregated for the first time across multiple EMRs and organizations.

The emphasis is on "a lot"—up until now all clinical data reporting has been either voluntary or piecemeal. But with the new Specialized/CDR, taking production data from the EMR means that the data will be richer, and there will be more of it.

Take note: These new rules create the platform for both aggregated outcomes data and comparisons between providers that have been the holy grail of Value-Based Health Care (VBHC). And the use of the term "Public Health" reporting implies that in the future *this data*

could be public in some way.

Registry Distinctions in Medicare's VBHC

If you're not sure what a "Specialized Registry" is, or how it is different from a CDR—or a PQRS Registry, for that matter, you're not alone. CMS has incorporated the use of an aggregated patient database technology in several of its Value-Based Health Care programs: Registry Reporting for PQRS, the Qualified Clinical Data Registry for measure development and reporting; and the Specialized Registry and Clinical Data Registry for Meaningful Use.

As each of these programs has been implemented, the definition of Registry has evolved. And as the programs become more focused on performance and outcomes and less on reporting, there is a need for Registries to have more sophisticated technology, to enable performance improvement and not just reporting, and to serve as a data aggregator and validator. These are some of the characteristics that distinguish them from other technologies:

> The use of a Registry is distinct from an EMR. The EMR is the point of care essential, providing data to the provider to follow quality protocols, record patient information and treatment decisions, as well as maintain patient history. The Registry has a long-term focus in measurement and improvement.
> The EMR collects data directly from providers. While the Registry has an input mechanism, it is a small adjunct to the way most data is collected—from provider source systems, including EMRs.
> The Registry aggregates data from multiple sources. While an EMR may maintain patient registries (small "r"), and provide connectivity with other providers through its own platform or an HIE, it is limited by installation boundaries. A Registry collects information from multiple EMRs and providers, and its purpose is long-term versus point-of-care.
> The Registry audits, validates, analyzes and reports data. These are distinctly Registry functions, and Registries spend most of their time doing these to meet various programs and client requirements.
> *Registries are focused on measuring and improving outcomes over time (new).* This is specifically enhanced under the development contemplated by Medicare under the Specialized Registry and CDR.

Specialized Registry Attributes

CMS has supported the inclusion of a variety of registries under the Specialized Registry banner. Medicare says, "A variety of registries may be considered specialized registries, which allows providers the flexibility to report *using a registry that is most helpful to their patients.*" CMS goes on to state, "We will continue to allow these registries to be considered specialized registries for purposes of reporting the EHR Reporting period in 2015, 2016, and 2017."

While the rules don't go into many specifics about what constitutes a Specialized Registry, it's clear that it must be helpful to patients. This is what the rule describes:

> The Specialized Registry must collect the data from the providers' EHR. However, the Specialized Registry is not responsible for reporting providers' performance on the Clinical Quality Measures (CQMs) to Medicare.
> The provider can satisfy the MU Public Health Reporting objective by reporting Clinical Quality Measures (CQMs) data to a Specialized Registry.
> The Specialized Registry appears likely to become a Clinical Data Registry, enabled under a separate provision of the Public Health Reporting for Stage 3 MU starting in 2017 (optional) and required in 2018. CMS specifically describes the benefit of having "outcomes over time" as the benefit of the CDR.

The collection of outcome data and the introduction of the CDR (CMS requirements to come later!) is an indicator that the Specialized Registry is an interim step to establishing a platform for tracking and improving outcomes over time. CMS refers to the necessary development of CDR capabilities in its rules, and the Specialized Registry fills this gap.

Preparation for Providers: Take These Steps To Secure Your Future in MIPS

As MU becomes one of the components of Medicare's Merit Incentive-Based Programs (MIPS) payment system, providers should start acting now.

> Research Specialized Registries early. Under the MU Public Health Reporting objective, most providers will need to select reporting to a Specialized Registry (or CDR, in the future) because they do not qualify for the other Public Health Reporting options of Immunization Registry or Syndromic Surveillance. Multi-specialty groups will have a particular issue in meeting the MU Public Health Reporting objective, because selection of single-specialty Specialized Registries will not be available for all specialties, and multiple selections of individual Registries may also increase IT workload for creating and maintaining reporting interfaces.
> Create your Public Health Reporting value proposition now. With the advent of this option, you have the opportunity to influence how your reporting will bring value to your patients. You will get a head start as Specialized Registries and CDRs are developing and creating new insights into the data.
> Partner with a Specialized Registry for reporting during the 2016-2017 timeframe. Unless you are already working with a Registry that has made Specialized Registry functionality available in 2015, you will need to use the time now to begin 2016 reporting. Partnering during the initial period will provide data feedback that is essential to performance improvement in preparation for tougher MIPS reimbursement.

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