

Use PQRS 2016 Reporting to Prepare for MACRA MIPS

written by Theresa Hush | August 3, 2016



In the last year of [PQRS reporting](#), you may be tempted to take it easy and complete the bare minimum of reporting requirements. But don't stick your head in the sand. First, PQRS and Value Modifier (VM) penalties are still alive and strong in 2016 and will affect your revenues in 2018. Second, if you've only been meeting reporting requirements and have yet to evaluate your performance, you stand to lose more under the

[tougher requirements of MACRA MIPS](#) next year.

We cannot stress this enough: 2016 should be the year to seriously evaluate your performance and create your strategy. CMS requires quality reporting on all patients beginning with MIPS and is reaching out to commercial plans to create universally adopted measures. What you do now to ensure that you are measuring and [improving performance](#) will determine your survival over the next few years.

How exactly can you build the bridge from PQRS 2016 to MACRA MIPS? Here's a checklist of basic activities to start now:

1. Choose Registry or QCDR Reporting over EHR-Direct.

There are a lot of reasons why EHR-Direct, which may be a convenient method of reporting for your practice, could be a disadvantage as you go into MIPS. First of all, you need to ensure that your data is being validated and audited so that your scores are correct.

Custom templates don't always store your responses in the manner you'd expect. Are your workflow and EHR's pre-fabricated report in sync? Just because you can see what you've recorded does not guarantee that this is the same data that goes out in a reporting stream to CMS. The [EHR-Direct method may carry more risk](#) than you'd expect, and there is no way to

know unless you have another view of your data.

One advantage of a Registry or QCDR is that it can correct any problematic areas of data mapping. To ensure that, however, make sure you ask prospective vendors about their experience and how they plan to do this. Registries differ significantly in their services and expertise with data.

2. Request additional all-patient and group views of your Quality Measures.

A second huge advantage of a Registry or QCDR is that your data are already aggregated, so you should be able to evaluate measures applied to all patients—the starting point when MIPS goes live. Again, this is a customization that you will need to request, but it will be worth it to you to establish tactics to improve reporting before MIPS begins.

If you [did not register for Group Reporting](#) (GPRO)—making your PQRS 2016 reporting more expensive and difficult to succeed—your Registry should be able to provide group views in addition to individual practitioners, so that you can evaluate your group performance. This is important because your Value Modifier and MIPS Resource Use Calculations are based on the group and not individual performance.

3. Even if you report Measures Groups, evaluate your data and performance by all PQRS Measures.

Many groups hoping to do the minimum reporting choose Measures Groups, where only a small number of patients must be reported to CMS. That may help you successfully report PQRS in 2016, but you will also need to create a baseline of your data for MIPS so that you can prepare for the higher standards.

If your Registry vendor is collecting and aggregating your data, ask for all-Measure views, even if it involves some extra cost from the minimum reporting package. You must be able to make your data work to help you determine where you stand with MIPS, while still [succeeding in PQRS](#). If you are considering a Registry that just uses your input data and/or is otherwise unable/unwilling to provide this extra service, you may wish to reconsider your Registry selection criteria.

4. Ask your Registry to predict results of your VM, not just perform PQRS reporting.

Because the Registry has aggregated your source data, it should also be able to integrate it with the patient data you can access with your QRUR reports. Since MIPS is a performance game and not just quality, looking at your performance relative to other groups and developing your action plan for MIPS is a must. Not only will this have a direct effect on VM penalties in

2016, but next year it will affect the Resource Use component of your MIPS score.

[Evaluating your QRURs and VM](#) prospective results will have other advantages as well. It will help you identify activities that you should begin for the [CPIA component of MIPS](#) and also determine where you might stand relative to other practices in an APM.

5. Choose at least one performance improvement activity to begin, based on early PQRS 2016 progress.

Using a higher functioning Registry such as a QCDR will help you transition from performance measurement to improvement. The QCDR will be able to establish custom patient registries, identify at-risk patients and build additional functionality to dig deeper into the root causes of poor performance. [The advantage of using the QCDR](#) is that your data are already validated and prepared for analyses and research.

The last year of PQRS could be a sleeper, but not in the way you might hope. Don't lose your opportunity to make it a cornerstone to success.

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