# Increase MIPS Versatility and Results with an ONC-Health IT Certified QCDR

written by Dave Halpert | May 18, 2017



Providers focusing on MACRA in 2017 have a menu of choices for

implementation—perhaps even too many. But don't overlook this option for meeting requirements for MIPS (or preparing for an Alternative Payment Model or APM): a Qualified Clinical Data Registry (QCDR). And make sure that your review of the QCDR option focuses on the top tier. That means your QCDR should be both ONC-Health IT Certified and have capabilities that go beyond quality reporting.

There is a growing recognition of the unique role that clinical registries may play in improving outcomes over time, and related benefits. CMS has reinforced that role through a special reporting method that rewards use of Qualified Clinical Data Registries. Partnering with a QCDR can help you succeed in Medicare's MIPS and APMs, as well as realize long term improvement in cost and quality.

But, does the QCDR you're considering meet all your needs, or is something missing?

Each QCDR is unique, with different tools and technology for accomplishing its objectives. Just because a QCDR has been newly sanctioned by CMS for data submission in MIPS does not guarantee that it can report all measures or help you fulfill the Improvement Activity or Advancing Care Information components of MIPS. The distinguishing feature that allows for these functions is Health Information Technology Certification from the Office of the National Coordinator (ONC).

With an ONC-certified QCDR, you can take advantage of its features for a one-stop-shop for MIPS success. Let's take a closer look at some of those key features:

## Scoring Advantage for MIPS Quality Measures

There are 271 total MIPS Quality measures. Some may only be submitted through one mechanism (e.g. the all-cause readmission measure may only be calculated by CMS), and others have multiple options for submission. The QCDR will give you the greatest number of measures available for reporting.

> If you are planning on only picking measures that can be submitted via EHR, there are 53 measures available, but not all EHRs have modules for each measure.
> If you are reporting through a Registry or QCDR, there are 241 measures available (although not all Registries and QCDRs are qualified for each measure).

An ONC-certified Registry (qualified for both EHR and Registry measures) can submit for either set, and that set includes all but two MIPS measures. The freedom to choose from 269 potential measures is advantageous to you for several reasons:

> “Topped Out” measures cap your performance: 61 MIPS measures are “topped out” when submitted through the QCDR/Registry or EHR methods. This means that unless your performance is perfect, there’s an artificial ceiling on the number of points you may earn.
> Measures without benchmarks are risky: 72 MIPS measures have not been benchmarked using either the EHR or Registry/QCDR submission methods. Unless they are subsequently benchmarked, they are only worth 3 points out of 10, making them poor risks.
> There are limited specialty-specific measures: Even with 271 total MIPS measures (of which 269 may be reported by an ONC-Certified QCDR), certain specialties are under-represented

in terms of available clinically relevant measures. For example, the Orthopedic Surgery set does not include an outcome measure. Any limitation can make success more challenging.

For many specialists, having four times as many potential measures can be a critical advantage, because the MIPS Quality category is worth the majority of the MIPS Composite Score.

## More Options for Improvement Activities and Advancing Care Information

If your QCDR is ONC-Certified, you can link your Improvement Activities and Advancing Care Information measures in a way otherwise unavailable.

As for the Quality category, having a QCDR can open Improvement Activities to you that are unavailable through another reporting method. There are 13 Improvement Activities that require a QCDR to complete the activity. If your QCDR is ONC-Certified as well, you also gain an opportunity for bonus points in the Advancing Care Information category.

An ONC-Certified QCDR can submit the 18 Improvement Activities that enable providers to earn a bonus in the Advancing Care Information category. Even if you actually tracked and performed them in your EHR, your ONC-certified QCDR may submit the results on your behalf, so that you earn the bonus points.

## Seamless End-to-End Electronic Reporting

An ONC-Certified QCDR can also fulfill “End-to-End” Reporting, wherein a MIPS-Eligible group or clinician submits measure data

through multiple systems (e.g. EHR to QCDR to CMS) in a “hands-off” manner, meaning that numerators, denominators, exclusions and scores are calculated exclusively using the data transmitted from source to source. End-to-End Reporting requires that all information must flow electronically from one source to another, and if an individual manually adds or updates a record in the QCDR, that chain is broken. This includes data abstraction.

With End-to-End Reporting, any results or observations made in free text, or scanned/saved images or documents, will not be included in your data transmission, and may not be subsequently added to your results. For example, you may know that a patient received a mammography, but if you only have the report and not discrete data that shows that the patient’s breast cancer screening results are current, you will not receive credit for that measure.

End-to-End Reporting can be a disadvantage if you are not confident that your EHR is configured to ensure complete inclusion of data to support measure performance. However, if you are ready to take this step, you can do so with an ONC-certified QCDR, which will allow you to adhere to End-to-End Reporting guidelines, and also support the greater measure capabilty, improvement activities, and Advancing Care information.

## ONC-Certified QCDR Can Propel Value-Based Health Care Into Incentives

With all of these features, an ONC-Certified QCDR can not only help you meet MIPS requirements, but potentially lift your total MIPS score into the realm of incentives. Especially in a

year in which Cost is weighted at zero in the MIPS formula, it is a benefit to providers to start experimenting with QCDRs.

ONC-Certification of QCDRs, coupled with unique functions in MIPS, signals that a higher bar is being set for Medicare's Value-Based Health Care programs. That bar is Performance Improvement in both quality/outcomes and in cost. QCDRs are unique in the health care technology spectrum because they offer more extensive technology and services, and meet the requirement to track outcomes over time.

Under previous programs, providers needed only to report quality measures and activities under PQRS and Meaningful Use. Although the Value Modifier calculations performed by CMS compared and penalized providers below the norm in quality and cost, providers often were unaware that this occurred. But under MACRA—both through MIPS reporting and APM risk—the stakes are higher and providers are being pushed into improving performance in cost and quality.

*Founded as ICLOPS in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through Solutions that help providers improve their value and succeed in Risk. Roji Health Intelligence is a CMS Qualified Clinical Data Registry.*

Image Credit: Andrea Reiman