The AAAAI Quality Clinical Data Registry:
What you need to know

Today We'll Cover The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

What is the AAAAI QCDR?

Approved by CMS the AAAAI QCDR is intended for physicians specializing in Allergy/Immunology (AAAAI members & non-members) to foster performance improvement and improve outcomes in the care of patients with allergies, asthma, immune deficiencies and other immunologic diseases.

The registry provides participating providers with:

- Continuous view of results to identify opportunities to improve care
- Performance gap analysis and patient outlier identification
- Access to improvement interventions to close performance gaps including patient care management tools; targeted education; resources and other evidence-based interventions
- Comparison versus registry benchmarks and peer-to-peer comparison
- Submission to CMS to satisfy PQRS requirements

Qualified Clinical Data Registry
What Does a Registry Need to Qualify as a QCDR?

- At least 9 measures

- Measures must cross at least 3 national quality strategy domains
  - Domains include: Communication and Care Coordination, Community/Population Health, Effective Clinical Care, Efficiency and Cost Reduction, Patient Safety, Person and Caregiver-Centered Experience and Outcomes

- A QCDR must also include at least 2 outcomes measure
  - An outcome measure, as defined within the CMS Measures Management System Blueprint v10.0, indicates the result of the performance (or nonperformance) of functions or processes. It is a measure that focuses on achieving a particular state of health.

  - If less than 2 outcome measures are available to an EP, report on at least 1 outcome measure and also at least one of the following types of measures:
    - Patient Safety
    - Resource Use
    - Patient Experience of Care
    - Efficiency/Appropriate Use

- A QCDR is not limited to measures within PQRS, and may include up to 30 non-PQRS measures

- A QCDR may include additional measures that are PQRS measures, in addition to the 30non-PQRS measures

Measures Available through this Registry

- The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry is comprised of 31 quality measures covering 5 areas of care

  - Measures for allergy immunotherapy developed by the Joint Task Force on Quality Performance Measures (approved by the AAAAI and ACAAI)

  - PQRS asthma measures modified to remove the upper age limit

  - A Modified asthma care measure developed by Minnesota Community Measurement

Physician Quality Reporting System (PQRS)

What is the Physician Quality Reporting System (PQRS)?

- CMS pay for reporting program

- Performance scores assigned to participants based on quality measure information reported.

- Intended to help health care professionals and group practices measure the care they give their patients and provide patients with the right care at the right time.

- Public Reporting - some of the quality measure performance scores are available on Physician Compare profile pages.

- Failure to meet PQRS reporting requirements would lead to a PQRS payment adjustment (penalty).

PQRS reporting with The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

The AAAAI Quality Clinical Data Registry is a QCDR with 31 quality measures

NEW - GPRO (Group Practice Reporting Option) for PQRS

- New for 2016, group practices of 2 or more EPs participating via GPRO have the option to report quality measures via a QCDR. A PQRS group practice under 2016 PQRS is defined as a single Tax Identification Number (TIN) with 2 or more individual EPs who have reassigned their billing rights to the TIN. PQRS group practices are analyzed at the TIN level; therefore, all EPs (NPIs) under the group's TIN will be taken into account for the 2016 PQRS analysis.

How to Qualify for PQRS?

- Select at least 9 measures for PQRS Reporting and
    - Report on at least 50% of your applicable patients
    - Ensure that at least 3 NQS Domains are covered
    - Ensure that at least 2 Outcome Measures are selected
        - If less than 2 outcome measures are available to an EP, report on at least 1 outcome measure and also at least one of the following types of measures:
            - Patient Safety
            - Resource Use
            - Patient Experience of Care
            - Efficiency/Appropriate Use
    - Complete Attestation Module for submission to CMS

Who is Eligible for PQRS?

Medicare physicians
- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Doctor of Optometry
- Doctor of Oral Surgery
- Doctor of Dental Medicine
- Doctor of Chiropractic

Therapists
- Physical Therapist
- Occupational Therapist
- Qualified Speech-Language Therapist

Practitioners
- Physician Assistant
- Nurse Practitioner*
- Clinical Nurse Specialist*
- Certified Registered Nurse Anesthetist* (and Anesthesiologist Assistant)
- Certified Nurse Midwife*
- Clinical Social Worker
- Clinical Psychologist
- Registered Dietician
- Nutrition Professional
- Audiologists

*Includes Advanced Practice Registered Nurse (APRN)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2016_PQRS_List_of_EPs.pdf
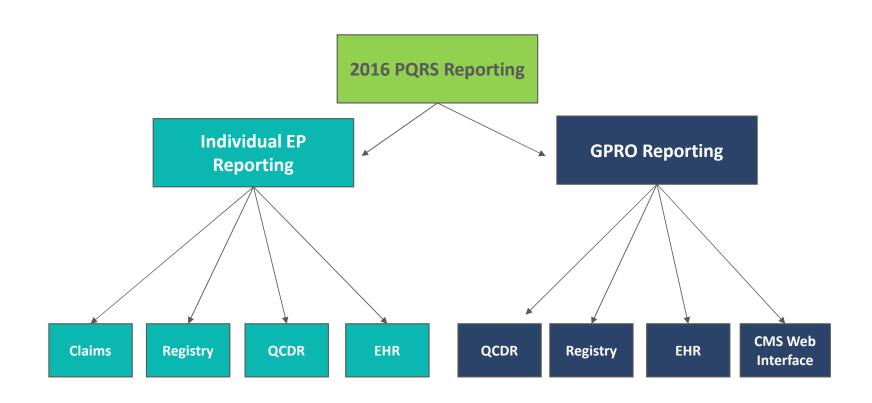
Value Based Modifier (VBM)

What is the Value Based Modifier (VBM)?

▷ CMS Pay for Performance program

▷ Adjusts Medicare Physician Fee Schedule (PFS) payments based on quality and cost performance attributed to a physician or group of physicians

▷ Failure to meet PQRS reporting requirements would lead to an additional VBM payment adjustment (penalty)

▷ VBM score determines payment adjustment to all TIN's future claims: upward, downward, and neutral

PQRS Reporting: Individual and GPRO

2016 PQRS: GPRO Self-Nomination

GPRO Self-Nomination

The timeframe for 2016 CMS Registration/Self-Nomination was April 1, 2015- June 30, 2016

Information regarding PQRS GPRO is available at

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/Self-Nomination-Registration.html

Please refer to the 2016 PQRS GPRO Registration Guide for important information including registration, the self-nomination process, and other requirements on the CMS website

Summary of Financial Risk: PQRS & VM together

Group Size	Reporting Year	Year of Financial Impact	Providers/Groups That DON'T Successfully Report PQRS	Providers/Groups That DO Successfully Report PQRS	
				PQRS	VBM Cost/Quality-Tiering Adjustment
Physicians, PAs, NPs, CNSs, & CRNAs in groups with 2-9 EPs and solo providers	2016	2018	**-4%** (Includes PQRS and VBM penalties)	No Penalty	Negative (up to -2%), Neutral (0%) or Upward (up to 2%)
Physicians, PAs, NPs, CNSs, & CRNAs in groups with 10+	2016	2018	**-6%** (Includes PQRS and VBM penalties)	No Penalty	Negative (up to -4%), Neutral (0%) or Upward (up to 4%)
Groups & Solo Providers (All Non-Physician EPs)	2016	2018	**-2%** (Includes PQRS and VBM penalties)	No Penalty	Neutral (0%) to Upward (up to2%)

Meaningful Use:
Specialized Registry Reporting

Meaningful Use:
Specialized Registry Reporting

The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity, is currently accepting data from Eligible Professional (EPs), to fulfill the Meaningful Use EHR Incentive Programs Public Health Objective, Measure 3, submission of data for specialized registry reporting. To meet this objective EPs are requested to electronically submit data from Certified Electronic Health Record Technology (CEHRT) to AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry.

If you are interested in submitting data to AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry complete and submit a request form to CECity through the Medconcert.com/AAAAIQIR webpage

Automated submission is available for users of EHRs such as:

Athenahealth	Allscripts	Aprima
NextGen	Greenway	STI / ChartMarker®
Quest Diagnostics / CareMark®	ModuleMD	

CECity's Registry Cloud Platform (v4.0) is 2014 Edition compliant and has been certified by ICSA Labs in accordance with applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent any endorsement by the U.S. Department of Health and Human Services. ONC CHPL Numbers: 140367R00 (ambulatory) and 150007R00 (inpatient). Read more about our certifications

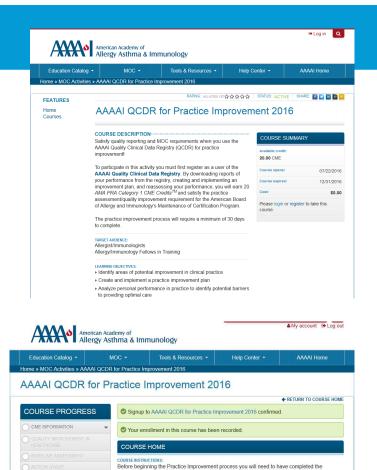# Maintenance of Certification (MOC)

Satisfy MOC Requirements

Satisfy quality reporting and MOC requirements when you use the AAAAI Quality Clinical Data Registry (QCDR) for practice improvement!

To participate in this activity you must first register as a user of the AAAAI Quality Clinical Data Registry.

By downloading reports of your performance from the registry, creating and implementing an improvement plan, and reassessing your performance, you will earn 20 AMA PRA Category 1 CME Credits™ and satisfy the practice assessment/quality improvement requirement for the American Board of Allergy and Immunology's Maintenance of Certification Program.

The practice improvement process will require a minimum of 30 days to complete.

Looking Ahead:
Proposed MACRA Reform Timeline

MACRA reform timeline
(Medicare Access and CHIP Reauthorization Act of 2015)

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026

Permanent repeal of SGR

Updates in physician payments

0.5% (7/2015-2019) | 0% (2020-2025)

Track 1

PQRS pay for reporting

2015 -1.5%	2016 & beyond -2.0%

Meaningful Use Penalty (up to %)

2015 -1.0%	2016 -2.0%	2017 -3.0%	2018 -3.0%

Value-based Payment Modifier

2015 ± 1.0%	2016 ± 2.0%	2017 +2/±4.0%	2018 ±2/±4.0%

Merit-Based Incentive Payment System (MIPS) adjustments

Measurement period

2019 +/-4%	2020 +/- 5%	2021 +/- 7%	2022 & beyond +/- 9%

MIPS exceptional performance adjustment; ≤ 10% Medicare payment (2019-2024)

0.25% update

Track 2

Measurement period

Advanced APM participating providers exempt from MIPS; receive annual 5% bonus (2019-2024)

0.75% update

MIPS Overview

2019 **2020** **2021**

Jan 1- Dec 31, 2017 is the performance period for 2019 payment

2019
- 25%
- 15%
- 10%
- 50%

2020
- 25%
- 15%
- 15%
- 45%

2021
- 25%
- 15%
- 30%
- 30%

■ **Quality** — PQRS Measures, PQIs (Acute and Chronic), Readmissions

■ **Resource use** — MSPB, Total Per Capita Cost, Episode Payment

■ **Advancing care information** — Meaningful Use Objectives and Measures

■ **Clinical practice improvement activities** — Expanded access, population management, care coordination, beneficiary engagement, patient safety, and Alternative payment models.

- • Sets performance targets in advance, when feasible
- • Sets performance threshold at median.
- • Considers improvement in year 2 (seeking input)

▸ 2015 ▸ 2016 ▸ 2017 ▸ 2018 ▸ 2019 ▸ 2020 ▸ 2021 ▸ 2022 ▸ 2023 ▸ 2024 ▸ 2025 ▸ 2026

Merit-Based Incentive Payment System (MIPS) adjustments

| Measurement period | 2019 +/-4% | 2020 +/- 5% | 2021 +/- 7% | 2022 & beyond +/- 9% |

MIPS exceptional performance adjustment; ≤ 10% Medicare payment (2019-2024)

The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

Accessing the Registry

How to Use The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

Steps for Participation

- **STEP 1: Determine if the professional is eligible to participate**
  - The list of EPs able to participate as individuals is available on the PQRS web page at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/

- **STEP 2: Go to the following website to register:**
  - https://www.medconcert.com/content/medconcert/Genesis/

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- Timely custom continuous performance monitors

- Performance gap analysis and patient outlier identification

- Access to improvement interventions to close performance gaps including patient care management tools; targeted education; resources and other evidence-based interventions

- Comparison versus registry benchmarks and peer-to-peer comparison

How to Register and Begin Using the AAAAI Registry

www.medconcert.com/aaaaiqir

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Register in MedConcert

Services Agreement

Premier Solution Services Agreement

Please enter the Tax Identification Number for your organization.

I acknowledge and agree that any and all Protected Health Information I submit to the PQRSWizard Application is data created or maintained by the practice or facility, in its capacity as a Covered Entity under HIPAA, with the Federal tax identification number (TIN), indicated below.

Tax Identification Number (TIN):*   000000000

Confirm Tax Identification Number (TIN).:*   000000000

Have you been provided with a Validation Code for your organization?

● Yes   ○ No

Please enter the Validation Code provided by your orga

Validation Code.*

Premier Solution Services Agreement

Please enter the Tax Identification Number for your organization.

I acknowledge and agree that any and all Protected Health Information I submit to the PQRSWizard Application is data created or maintained by the practice or facility, in its capacity as a Covered Entity under HIPAA, with the Federal tax identification number (TIN), indicated below.

Tax Identification Number (TIN):*   000000000

Confirm Tax Identification Number (TIN).:*   000000000

Have you been provided with a Validation Code for your organization?

● Yes   ○ No

Please enter the Validation Code provided by your organization.

Validation Code:*

Continue

All 2016 reporting participants must have a Premier Solution Services agreement in place with their organization at the Tax ID level before data can be collected by the registry.

To begin this process, enter your Tax ID into the fields provided.

If you have worked with the Premier team to complete this agreement offline, a validation code would have been provided to your organization.
- If you have a validation code, please click the "Yes" button for the subsequent question.
- If you are completing this agreement for the first time for the reporting period and do not have a validation code, please click the "No" button.

Complete Online Payment

The annual cost per provider is **$500** for AAAAI member providers and **$650** for non-member providers.

If you are a AAAAI member and have difficulty acing the registry at the member rate please contact MedConcert Support at support@medconcert.com
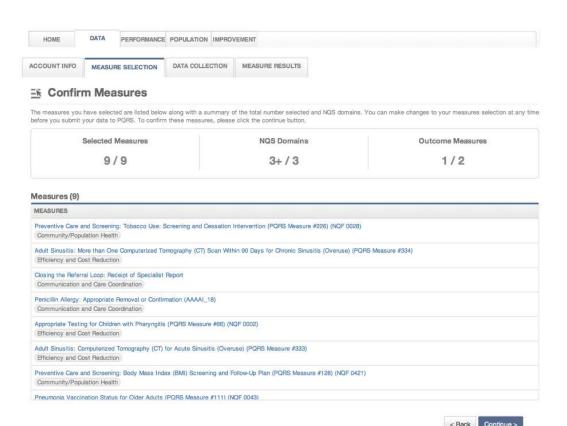
Home Tab

Measure Selection

- Choose all or a subset of the 31 measures available

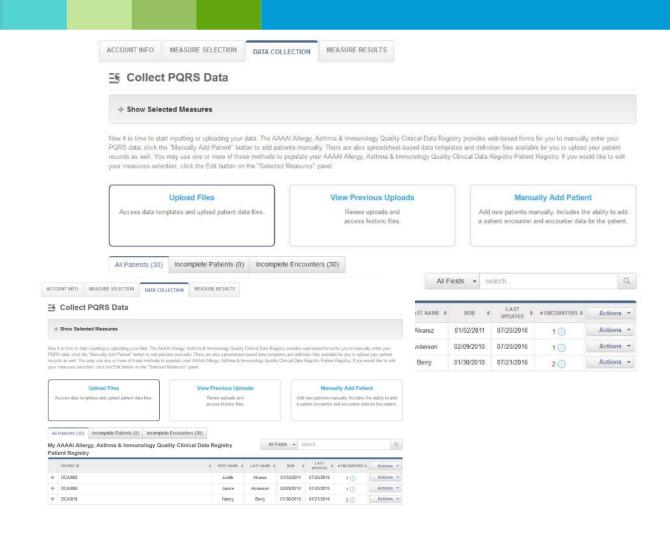- The registry will provide guidance through a counter that will determine that the participant selection will meet PQRS reporting requirements

Data Entry/ Patient List

Input the encounter information:

- The encounter date

- Related encounter and/or diagnosis codes

- Answer the questions according to encounter, and click the save button

- Continue to add patients and you've entered at least 50% of your patients per measure.

- As you enter each patient and progress will be updated in the data
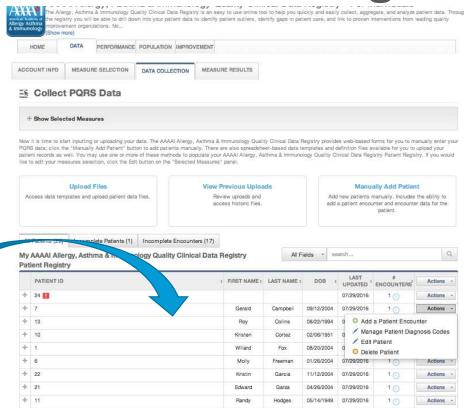
Data Entry Options: Data Upload

Populate a Patient and Encounter File

Complete a Patient Data Template

Upload an Encounter Template Correlating to your Patient List

Upload Data & Review within Registry

Performance Monitor

Continuous Performance Management

How Do We Improve?
Links to Interventions

Fixed Benchmarks and Goals

Measure Name

Performance Trending

Patient Outliers

View a Snapshot of your measures performance and expand to view details
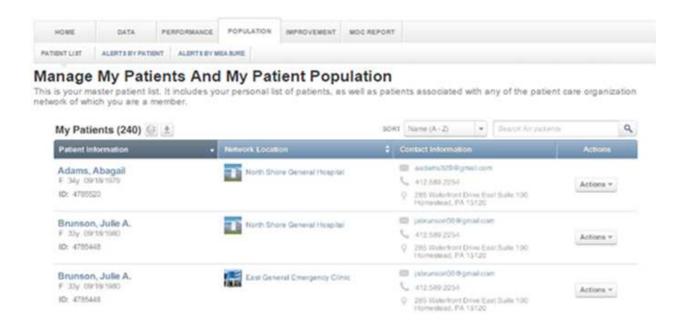
The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry
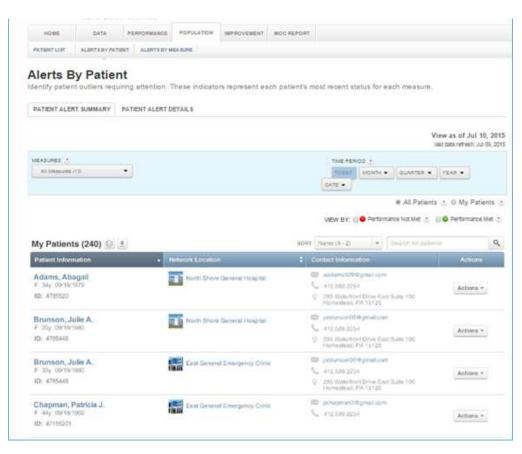
Manage Patient Population

Manage Patient Population – Patient List

This is your master patient list. It includes your personal list of patients, as well as patients associated with any of the patient care organization network of which you are a member.

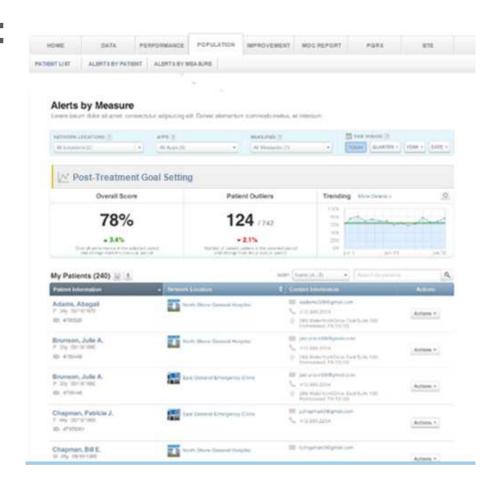# Manage Patient Population – Alerts By Patient

Identify patient outliers requiring attention. These indicators represent each patient's most recent status for each measure.

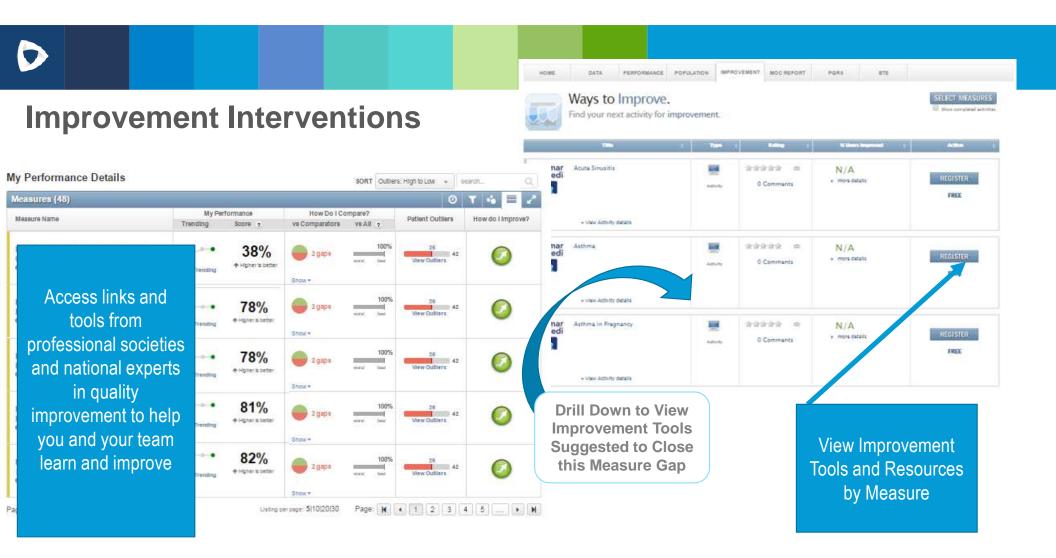# Manage Patient Population: Alerts By Measure

View feedback on patient outliers by measure. Analyze your outliers, communicate with your colleagues, and take steps to address these patients.

The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

Improvement

Improvement Interventions

Access links and tools from professional societies and national experts in quality improvement to help you and your team learn and improve

Drill Down to View Improvement Tools Suggested to Close this Measure Gap

View Improvement Tools and Resources by Measure

HOW MUCH DOES IT COST TO PARTICIPATE?

REGISTRATION AND PAYMENT IS REQUIRED FOR EACH PQRS SUBMISSION PERIOD. THE ANNUAL COST PER PROVIDER IS **$500** FOR AAAAI MEMBER PROVIDERS AND **$650** FOR NON-MEMBER PROVIDERS. THIS SUBSCRIPTION FEE INCLUDES ANNUAL USE OF THE DATA FOR QUALITY IMPROVEMENT PURPOSES AND PQRS SUBMISSION TO CMS.

Please contact us for information regarding pricing for

PQRS GPRO and/or Meaningful Use.

Email: QCDR@aaaai.org

Phone: 414-272-6071

Contact & Questions

If you need assistance with

The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry

Contact us for support

- For Registry and Measures Specifications
  - Visit www.aaaai.org/qcdr
- For Technical Assistance
  - Click the Support Link on The AAAAI Registry MedConcert webpage
- For questions about this registry
  - Email QCDR@aaaai.org
  - Call 414-272-6071