Making sense of reporting requirements and increasing your "value" as a practitioner

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Learning objectives

1. Understand the latest reporting requirements for allergy practices – PQRS, meaningful use, etc.
2. Describe how technology can help practices meet reporting requirements
3. Describe AAAAI resources for helping practices meet regulatory requirements

Note

- Select content in this presentation is from an AAAAI webinar presented by Hart Health Strategies
- The full webinar can be accessed at http://www.aaaai.org/about-aaaai/advocacy/sustainable-growth-rate-fix
Tweet per CMS chief, Andy Slavitt

• In 2016, MU as it has existed-- with MACRA-- will now be effectively over and replaced with something better #JPM16
— Andy Slavitt (@ASlavitt) January 12, 2016

MACRA

• Medicare Access and Summary CHIP Reauthorization Act (MACRA)
• Will combine elements of Physician Quality Reporting System (PQRS), the Value Modifier Program, and the Medicare Electronic Health Record (EHR) Incentive Program ( Meaningful Use)

MACRA

• MACRA will have 2 paths:
  1. MIPS-Merit-based Incentive Payment System (MIPS)
     • Will affect 746,000 eligible physicians
  2. APM-Alternative Payment Models
     • Will affect approximately 90,000 physicians
MIPS application

- MIPS will apply only to individual physicians, not hospitals or facilities
- 3 groups of physicians will be exempt from MIPS
  - those in their first year of Medicare participation
  - those in the APMs that qualify for bonus payments
  - those whose panel of Medicare patients fall below the low volume threshold

MIPS components

- Cost, replacing the cost component of the Value Modifier Program (10% of their total score in year one)
- Quality, replacing PQRS and the quality component of the Value Modifier Program (50% of their total score)
- Clinical practice improvement (15% of their total score)
- Advancing care information, replacing Meaningful Use (25% of their total score)

Examples of potential clinical practice improvement activities

- Expanded practice access - after hours clinician advice/same day appointments
- Population Management - monitoring health conditions and timely intervention/QCDR
- Care Coordination - communicating test results efficiently. Remote monitoring, telehealth. Efficient exchange of info with provider and patient.
Further examples of potential clinical practice improvement activities 4

- Beneficiary engagement - care plans for complex patients, shared decision making
- Patient safety and practice assessment - clinical/surgical checklists, practice assessments related to maintaining certifications
- Participation in an APM

MIPS 2,3

- Based on that total score, physicians will have a payment adjustment (either negative or positive) of up to 4 percent in 2019, and (either negative or positive) of up to 9 percent in 2021
- Proposed rule has a reporting period of 1 year
- Meaningful use is no more in 2017
  - However, the advancing clinical information category aligns and modifies Stage 2 and 3 of meaningful use with in general lower requirements.

MIPS evolution 2

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>2019 MIPS Payment</th>
<th>2020 MIPS Payment</th>
<th>2021 MIPS Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Yr.</td>
<td>Yr.</td>
<td>Yr.</td>
</tr>
<tr>
<td>Resource Use</td>
<td>15%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>EHR Adoption</td>
<td>15%</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Advancing Care Info*</td>
<td>15%</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>

*The weight for advancing care information could decrease (or follow 15 percent) if the Secretary estimates that the proportion of physicians who are meaningful EHR users is 75 percent or greater. The remaining weight would flow proportionally to one or more of the other performance categories.
Year 1 projection based on 2014 numbers - solo practice anticipated loss - 300 million

What about APMs?

- Examples of APMs are Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and others
- Only SOME of the current APMs will be eligible - list now available
- If the APM is considered a qualified provider (QP), they will be exempt from MIPS

APM Definition

- A CMMI (Center of Medicare and Medicaid Innovation) demo (not Health Care Innovation Awards)
- Medicare Shared Savings program (e.g., Medicare ACO)
- Certain other demo programs
- They must also
  - Bear > than nominal financial risk - except CMMI medical homes
  - Require participants to use certified EMR technology
  - Report on “MIPS-like” quality measures
APM Payment

• A specific percentage of the physician’s patients or payments must be made through an eligible APM to qualify
• In 2021, this percentage may be made through a combination of Medicare and non-Medicare payer arrangements, such as private insurers

Recent updates

• Anyone attempting to use alternate payment models should also use MIPS in case there are problems with the other payment models
• Additional payment models other than the ones on the list will not be approved by CMS until 2018
• AAAAI QCDR will fulfill MIPS requirements
Health Care Payment Learning and Action Network 6

- Department of Health and Human Services (HHS) is working in concert with partners in the private, public, and non-profit sectors to transform the nation’s health system to emphasize value over volume.

Health Care Payment Learning and Action Network goals 6

- Goal: To tie 30% of Medicare fee-for-service payments to quality or value through alternative payment models by 2016 and 50 percent by 2018
- Goal: To tie 85% of all Medicare fee-for-service to quality or value by 2016 and 90% by 2018

Health Care Payment Learning and Action Network 6

- Serve as a convening body to facilitate joint implementation of new models of payment and care delivery
- Identify areas of agreement around movement toward alternative payment models and how best to analyze data and report on these new payment models
- Collaborate to generate evidence, share approaches, and remove barriers
Health Care Payment Learning and Action Network

• Develop common approaches to core issues such as beneficiary attribution, financial models, benchmarking, quality and performance measurement, risk adjustment, and other topics raised for discussion
• Create implementation guides for payers, purchasers, providers, and consumers

ELECTION

References
   http://www.physicianspractice.com/healthcare-reform/macro-hit-small-practices-hard/page/0/1
   http://www.physicianspractice.com/blog/five-things-you-should-know-about-macra/page/0/2
References

4. AAAAI Webinar, "MACRA: MIPS and APMs — The Future of CMS and Private Payment" presented by Emily Graham, RHIA, CCS-P of Hart Health Strategies

Making Sense of Reporting Requirements and Keeping your Practice in Compliance

Meaningful Use Modified Stage 2
Overview, Updates & Workflow Planning

Amber Murphy
Practice Administrator
National Allergy & Asthma
The Shift

• 2015 was a year of notable change in the way providers are getting paid under Medicare. There has been a clear shift away from incentive payments and instead a focused movement toward value-based reimbursement (VBR).

• Andy Slavitt, the CMS administrator said “The Meaningful Use program as it has existed, will now be effectively over and replaced with something better.” Slavitt said that under the mandate of last year’s Medicare Access and CHIP Reauthorization Act (MACRA), “the focus will move away from rewarding providers for the use of technology and towards the outcome they achieve with their patients.”

• After ongoing feedback from medical providers, professional medical associations, and Congress, the Centers for Medicare and Medicaid Services (CMS) released changes to the Meaningful Use program on October 16, 2015. These changes took effect starting 2015 and will continue through 2017. “The intended aim of this Final Rule is to reduce the complexity of the EHR Incentive Program and address the many challenges that prevented providers from meeting Stage 2 Meaningful Use requirements.”

Should you Participate?

• YES!

• Unless you consider your Medicare patient population and revenue slim and worth not accepting at all...you have no great options.

• With the forward movement of MACRA/MIPS, now is not the time to quit.

• The shift is happening and Meaningful Use is simply rolling into another program which will in turn be a piece of the puzzle.

• MU will represent 25 out of the total 100 points given. Based on that total score, physicians will have a payment adjustment (negative or positive) of up to 4% in 2019 and up to 9% in 2021.
Overview of Modified Stage 2

- Achievement of MU 2016/17 requirements have incorporated a streamlined approach.
- Changes include:
  - All providers are now in Stage 2 MU with a "Modified Stage 2" for those previously in Stage 1.
  - The core and menu measures have been simplified into 10 "objectives." There is no longer the concept of "core" or "menu" measures.
  - Stage 2 measures requiring patient engagement have been significantly reduced.
  - Many data-entry measures have been eliminated.
  - CQMS remain unchanged.

Overview of Streamlined Objectives

1. Protect Patient Health Information
2. Clinical Decision Support (CDS)
3. Computerized Provider Order Entry (CPOE)
4. Electronic Prescribing (eRX)
5. Health Information Exchange
6. Patient Specific Education
7. Medication Reconciliation
8. Patient Electronic Access
10. Public Health and Clinical Data Registry Reporting

MEANINGFUL USE CREATORS
### Objective Comparison

<table>
<thead>
<tr>
<th>Stage 2 Measure in 2014</th>
<th>Stage 2 Objective in 2015, 2016, and 2017</th>
<th>Workflow ideas to consider</th>
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</thead>
<tbody>
<tr>
<td>Core 1: CPOE for Medication, Lab, Radiology Orders</td>
<td>Objective 1: Computerized Physician Order Entry (CPOE)</td>
<td>Use computerized physician order entry (CPOE) to record the following during your reporting period:</td>
</tr>
<tr>
<td>Measure 1: More than 60% of medication orders</td>
<td>Objective 2: Computerized Physician Order Entry (CPOE)</td>
<td>Measure 1: More than 30% of lab orders; Measure 2: More than 45% of radiology orders; Measure 3: More than 45% of imaging exams.</td>
</tr>
<tr>
<td>Measure 2: More than 30% of lab orders</td>
<td></td>
<td>Use EMR to process medication orders, lab orders, &amp; radiology orders. Interface with lab and radiology companies.</td>
</tr>
<tr>
<td>Measure 3: More than 45% of radiology orders</td>
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<td>Core 2: Record Vital Signs</td>
<td>Objective 1: Clinical Decision Support</td>
<td>Measure 1: Implement five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. If four CQMs don’t relate to your practice or patient population, the CDS interventions must relate to high-priority health conditions.</td>
</tr>
<tr>
<td>Measure 1: More than 80% of all unique patients have recorded height and weight.</td>
<td>Objective 2: Clinical Decision Support</td>
<td>Measure 1: The provider has enabled and implemented the functionality for drug-drug and drug-alergy interaction checks for the entire EHR reporting period.</td>
</tr>
<tr>
<td>Measure 2: More than 60% of medication orders</td>
<td></td>
<td>The Meaningful Use Dashboard will generally record that this measure has been met if you have at least 5 clinical decision support (CDS) rules and at least one level of drug-drug/drug-alergy interaction checks are enabled for the entire reporting period. The user must discuss with your EHR provider.</td>
</tr>
<tr>
<td>Measure 3: More than 30% of lab orders</td>
<td></td>
<td></td>
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<tr>
<td>Measure 4: More than 30% of radiology orders</td>
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<tr>
<td>Core 3: Record Smoking Status</td>
<td>Objective 1: Clinical Decision Support</td>
<td>Measure 1: Implement five CDS interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. If four CQMs don’t relate to your practice or patient population, the CDS interventions must relate to high-priority health conditions.</td>
</tr>
<tr>
<td>Measure 1: More than 80% of patients 13 or older have recorded smoking status.</td>
<td>Objective 2: Clinical Decision Support</td>
<td>Measure 1: The provider has enabled and implemented the functionality for drug-drug and drug-alergy interaction checks for the entire EHR reporting period.</td>
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<td>Measure 4: More than 30% of radiology orders</td>
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<td>Core 4: Record Demographics</td>
<td>Objective 1: Clinical Decision Support</td>
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<td>Measure 1: More than 80% of all unique patients have recorded the following: preferred language, sex, race, ethnicity, date of birth.</td>
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<td>Core 6: Clinical Decision Support</td>
<td>Objective 1: Clinical Decision Support</td>
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<td>---------------------------------</td>
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</tr>
<tr>
<td><strong>Core 1:</strong> Summary of Care</td>
<td>Measure 1: Provide a summary of care for more than 50% of all unique patients seen during the reporting period within 7 days.</td>
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<tr>
<td></td>
<td>Measure 2: More than 50% of all unique patients who had transitions of care in which the patient is transitioned into your care.</td>
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<tr>
<td><strong>Core 2:</strong> Prevent Patient Health Information Disclosure</td>
<td>Measure 1: Implement security updates as necessary and correct identified security deficiencies as part of the provider’s risk management process.</td>
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</tr>
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<td></td>
<td>Measure 2: More than 5% of all unique patients seen by the EP during the EHR reporting period (or patient-authorized representatives) views, downloads or transmits his or her health information to a third party during the EHR reporting period.</td>
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<td><strong>Core 3:</strong> Prevent Patient Health Information Disclosure</td>
<td>Measure 1: Provide patient-specific education resources identified by the EHR for more than 10% of all unique patients with office visits seen during the reporting period.</td>
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<td><strong>Core 4:</strong> Prevent Patient Health Information Disclosure</td>
<td>Measure 2: More than 5% of unique patients seen by the EP during the EHR reporting period view, downloads or transmits his or her health information to a third party during the EHR reporting period.</td>
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<td><strong>Core 5:</strong> Prevent Patient Health Information Disclosure</td>
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<td><strong>Core 6:</strong> Prevent Patient Health Information Disclosure</td>
<td>Measure 4: Provide online access to health information subject to the EP’s discretion to withhold certain information.</td>
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</tr>
<tr>
<td><strong>Core 7:</strong> Patient Electronic Access</td>
<td>Measure 1: More than 50 percent of all clinical lab test results are transmitted into the EHR as structured data.</td>
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<td>Measure 2: More than 50 percent of all unique patients seen by the EP during the EHR reporting period view, downloads or transmits his or her health information to a third party during the EHR reporting period.</td>
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<tr>
<td><strong>Core 8:</strong> Patient Electronic Access</td>
<td>Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period view, downloads or transmits his or her health information to a third party during the EHR reporting period.</td>
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<tr>
<td><strong>Core 9:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 2: Conduct or review a security risk analysis. Implement security updates as necessary and correct identified security deficiencies.</td>
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<tr>
<td><strong>Core 10:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 3: Where applicable, appointment is scheduled two or more business days in advance and creates the period access immediately.</td>
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</tr>
<tr>
<td><strong>Core 11:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 4: Create new patient health identifiers within patient systems. Social interactions as in house log in and complete questionnaire before visit.</td>
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<td><strong>Core 12:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 5: Can patient access, appointment request, visit will support through workflow.</td>
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</tr>
<tr>
<td><strong>Core 13:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 6: In emergency, front office is not allowed to access patient portal access with collateral.</td>
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<td><strong>Core 14:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 7: This no longer an objective.</td>
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<td><strong>Core 15:</strong> Prevent Electronic Health Information Disclosure</td>
<td>Measure 8: This is no longer an objective.</td>
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<td><strong>Core 16:</strong> Prevent Electronic Health Information Disclosure</td>
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<td><strong>Core 17:</strong> Prevent Electronic Health Information Disclosure</td>
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<td><strong>Menu 1: Syndromic Surveillance Data Submission</strong></td>
<td>Objective 10: Public Health</td>
<td>Measure 3: Syndromic Surveillance Reporting The EP is in active engagement with a public health agency to submit syndromic surveillance data.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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<tr>
<td>Successful submission of electronic immunization data from the EHR to an immunization registry or immunization information system for the entire EHR reporting period.</td>
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<tr>
<td><strong>Menu 2: Electronic Notes</strong></td>
<td>Objective 9: Secure Messaging</td>
<td>Secure Electronic Messaging</td>
<td>Use patient access forms to request appointment in advance.</td>
</tr>
<tr>
<td>Create, edit, and sign at least one electronic progress note for more than 30% of unique patients with at least one office visit during the reporting period.</td>
<td></td>
<td>Secure messaging function for the PHR</td>
<td>Consider having a front office force portal action with tutorial.</td>
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<td>In emergency, front office force portal action with tutorial.</td>
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<td></td>
<td>Promote portal to the patient.</td>
</tr>
<tr>
<td>This is no longer an objective</td>
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</tr>
<tr>
<td><strong>Menu 3: Imaging Results</strong></td>
<td>Objective 8: Public Health</td>
<td>Measure 1: Immunization Registry Reporting The EP is in active engagement with a public health agency to submit immunization data.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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<td>More than 10% of imaging tests ordered during the reporting period whose result is an image should be accessible through the EHR.</td>
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<tr>
<td><strong>Menu 4: Family Health History</strong></td>
<td>Objective 7: Public Health</td>
<td>Measure 1: Family Health History Reporting The EP is in active engagement with a public health agency to submit family health history data.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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<td>Record patient family health history as structured data for one or more first-degree relatives for more than 20% of all unique patients seen during the reporting period.</td>
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<tr>
<td><strong>Menu 5: Report Cancer Cases</strong></td>
<td>Objective 10: Public Health</td>
<td>Measure 3 – Specialized Registry Reporting The EP is in active engagement with a public health agency to submit cancer case information.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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<td>Successful ongoing submission of cancer case information to a public health critical cancer registry for the entire reporting period, whether or not the EP is in active engagement with a public health agency with applicable law and practice.</td>
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<td><strong>Menu 6: Repeat Cancer Cases</strong></td>
<td>Objective 9: Secure Messaging</td>
<td>Secure Electronic Messaging</td>
<td>Use patient access forms to request appointment in advance.</td>
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<td>Successful ongoing submission of electronic immunization data from the EHR to an immunization registry or immunization information system for the entire EHR reporting period.</td>
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<td><strong>Menu 7: Immunization Registry Data Submission</strong></td>
<td>Objective 10: Public Health</td>
<td>Measure 1: Immunization Registry Reporting The EP is in active engagement with a public health agency to submit immunization data.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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<td><strong>Menu 11: Family Health History</strong></td>
<td>Objective 7: Public Health</td>
<td>Measure 1: Family Health History Reporting The EP is in active engagement with a public health agency to submit family health history data.</td>
<td>Do you participate in an urgent care setting? If so, first your local public health department must send your data to them. Then, you do not have to send data to your local public health department. If your local public health department can accept data in HL7 2.5.1 format, you do not have to send data as a public health provider. If your local public health department does not accept data in HL7 2.5.1 format, you may qualify for an exclusion.</td>
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</tbody>
</table>
**Objective Comparison, Continued**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Stage 2 Measure in 2014</th>
<th>Stage 1 Objective in 2015, 2016 and 2017</th>
<th>Workflow Ideas to Consider</th>
</tr>
</thead>
</table>
| Report Specific Cases | Successfully submit specific case information from the EHR to a specialized registry (other than a cancer registry) on an ongoing basis for the entire reporting period, except where prohibited, and in accordance with applicable law and position. | **Objective 22, Public Health Reporting:** It’s scheduled to be on Stage 1 and Stage 2, but not on Stage 3. | **Workflow Ideas to Consider:**
| | | | • Work with your EMR company to understand how to “ding” a success.
| | | | • Test the “ding.”
| | | | • Create an “elementary” S.O.P.
| | | | • Understand if there is a need for an overhaul of process or simple workflow change.
| | | | • Balance workflows to appropriate department.
| | | | • Yearly training meetings (more if needed).
| | | | • Audit routinely.
| | | | • Set 100% as threshold to meet.

**Key Points to Consider**

- Work with your EMR company to understand how to “ding” a success.
- Test the “ding.”
- Create an “elementary” S.O.P.
- Understand if there is a need for an overhaul of process or simple workflow change.
- Balance workflows to appropriate department.
- Yearly training meetings (more if needed).
- Audit routinely.
- Set 100% as threshold to meet.

**References**

Qualified Clinical Data Registry

http://www.medconcert.com/AAAAIQR

Linda Cox, MD Disclosure

- Allergist-Immunologist: solo private practice
- Associate Clinical Professor of Medicine Nova Southeastern University
- Adjunct Faculty University of Miami School of Medicine
- Medical advisory board: Genetech
- DSMC: Circassia (ongoing)
- Adjudication committee: Novartis, Medimmune
- Organizational Interests:
  - FDA Allergenic Products Advisory Committee: consultant
  - AAAAI Office of Practice Management Chair

CMS ‘Blood Sweat & Tears’: MU1 Audit

This letter is to inform you that you have been selected by CMS for an audit of your meaningful use of certified EHR technology for the attestation period. Attached to this letter is an information request list. Be aware that this list may not be all-inclusive and that we may request additional information necessary to complete the audit.

HITECH Act provides the Secretary, or any person or organization designated by the Secretary, the right to audit and inspect any books and records of any person or organization receiving an incentive payment.
What is the AAAAI QCDR?

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

How can AAAAI QCDR help you meet the evolving challenges in the healthcare arena?

- MACRA requires the Secretary to encourage the use of Qualified Clinical Data Registries (QCDRs).
- CMS allows for QCDRs to report data on all MIPS performance categories that require data submission and hope this will become a viable option for MIPS eligible clinicians.
- Those categories are Quality, Advancing Care Information (ACI) and Clinical Practice Improvement Activity (CPIA) performance categories.
- These 3 categories comprise 90% of the composite performance score, making QCDRs a worthwhile tool for specialty providers, such as A/I
How can AAAAI QCDR help you meet the evolving challenges Maintenance of Certification?

QCDR registry users will have earned 20 AMA PRA Category 1 CME Credits™ and will have satisfied the practice improvement requirement for MOC Part IV.

How Does It Work?

• The AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry is comprised of 31 quality measures

  • 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 (MNCM)

AAAAI Registry Measures

**ASTHMA**

- Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting
- Optimal Asthma Control
- Asthma Control: Minimal Important Difference Improvement
- Asthma Assessment and Classification
- Lung Function/Spirometry Evaluation
- Patient Self-Management Plan and Action Plan

**DRUG ALLERGY**

- Penicillin Allergy: Appropriate Removal or Confirmation

**ALLERGY IMMUNOTHERAPY**

- Allergy Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment
- Documentation of Clinical Response to Allergy Immunotherapy within One Year
- Documentation Rationale to Support Long-Term Aerosol Immunotherapy Beyond Five Years, as Indicated
- Achievement of Targeted Efficacy Goal of Standardized Allergens for Patient Treated With Allergy Immunotherapy for at least One Year
- Assessment of Asthma Symptoms Prior to Administration of Allergy Immunotherapy (Handheld)
- Documentation of the Consent Process for Subcutaneous Allergy Immunotherapy in the Medical Record
### AAAAI Registry Measures continued

#### SINUSITIS
- Antibiotic Prescribed for Acute Sinusitis (Appropriate Use)
- Appropriate Choice of Antibiotic: Amoxicillin Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
- Computerized Tomography (CT) for Acute Sinusitis (Overuse)
- More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

#### GENERAL CARE
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Tobacco Use and Help with Quitting Among Adolescents
- Pneumonia Vaccination Status for Older Adults
- Documentation of Current Medications in the Medical Record
- Body Mass Index (BMI)
- Influenza Immunization

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### AAAAI Registry Measures continued

#### **eCQM**
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Closing the Referral Loop: Receipt of Specialist Report
- Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- Appropriate Testing for Children with Pharyngitis
- Use of High-Risk Medications in the Elderly
- Childhood Immunization Status
- Use of Appropriate Medications for Asthma

**eCQM (electronic Clinical Quality Measure): CMS makes updates to the electronic specifications of the Clinical Quality Measures (eCQMs) approved for submission in CMS programs.**

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### How Can Registry Be Leveraged for Quality Reporting Programs?

- Satisfy PQRS reporting requirements
  - The AAAAI QCDR is a CMS-approved registry
  - Comprised of PQRS and/or non-PQRS-approved measures
  - Offers 31 quality measures (7 asthma; 6 allergen Immunotherapy; 1 drug allergy; 4 sinusitis; 6 general care; and 7 eCQMs**)

**eCQM (electronic Clinical Quality Measure): CMS makes updates to the electronic specifications of the Clinical Quality Measures (eCQMs) approved for submission in CMS programs.**
How to Use the AAAAI Registry to Satisfy PQRS Requirements

1. Collect data on at least 9 measures covering at least 3 NQS Domains**.
2. Report on at least 50% of all of your applicable patients for the 9 measures.
3. Of those measures, at least 2 Outcome Measure must be selected.
4. Mark your report as complete in the AAAAI Registry and ready for CMS submission.

**NQS Domains (6): Communication and Care Coordination; Community Population Health; Effective Clinical Care; Efficiency and Cost Reduction; Patient Safety; Person and Caregiver-Centered Experience and Outcomes
Meaningful Use Public Health Reporting Options

<table>
<thead>
<tr>
<th>Measure Number and Name</th>
<th>Eligibility (EH/CAH, EP)</th>
<th>Maximum times measure can count towards the objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 1 – Immunization Registry Reporting</td>
<td>EH/CAH EP</td>
<td>1</td>
</tr>
<tr>
<td>Measure 2 – Syndromic Surveillance Reporting</td>
<td>EH/CAH EP</td>
<td>1</td>
</tr>
<tr>
<td>Measure 3 – Specialized Registry Reporting</td>
<td>EH/CAH EP</td>
<td>3 for EHs &amp; CAHs 2 for EPs</td>
</tr>
<tr>
<td>Measure 4 – Electronic Reportable Laboratory Results Reporting</td>
<td>EH/CAH (not applicable for EP)</td>
<td>1</td>
</tr>
</tbody>
</table>

EH – Eligible Hospital
CAH – Critical Access Hospital
EP – Eligible Professional

Current activity in the AAAAI QCDR

- 43 QCDR participants and 59 MU participants.
- Currently for 2016 QCDR relaunch >400 participants expressed interest for MU in 2016,
- AAAAI has successfully Self-Nominated to CMS for QCDR status for the 2016 year reporting.
- Submitted our 2015 QCDR Data Validation reports to CMS

New in 2016 reporting period

- Platform Functionality Changes:
  Measure selector allows provider to select all or some of the available measures to meet CMS PQRS reporting requirements.
New in 2016 reporting period continued

- Codification of measures:
  - For the 2016 reporting period AAAAI will contract to have current custom measures codified**
  - This will allow participants to integrate data from electronic sources to populate measures – significantly reducing the burden of data collection

**Current measures for e-codification: 4 Allergen Immunotherapy measures, 1 Asthma measure, and 1 Drug Allergy measure

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EHR Specification Developments Now Underway for A/I Specialty Measures

The AAAAI Board of Directors has committed to investing in the further development of quality measures to better facilitate Electronic Health Records (EHR) connectivity to the AAAAI Allergy, Asthma and Immunology Quality Clinical Data Registry in Collaboration with CECity (AAAAI QCDR). These electronic specifications will also assist providers, including those not using the registry, in collecting data on specialty-specific measures for reporting to payers, systems or academic institutions. This development also enables use of specialty-specific measures for Meaningful Use reporting as well as for the Physician Quality Reporting System (PQRS) program in the QCDR.

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The following measures will have electronic specifications developed:
- Penicillin Allergy: Appropriate Removal or Confirmation
- Asthma Control: Minimal Important Difference Improvement Measure
- Allergen Immunotherapy Treatment: Allergen Specific Immunoglobulin E (IgE) Sensitivity Assessed and Documented Prior to Treatment
- Documented Rationale to Support Long-Term Aeroallergen Immunotherapy Beyond Five years, as Indicated
- Achievement of Projected Effective Dose of Standardized Allergens for Patient Treated With Allergen Immunotherapy for at Least One Year
- Documentation of Clinical Response to Allergen Immunotherapy within One Year
New in 2016… continued

(1) About Meaningful Use: Reporting to a Specialized Registry

Although the AAAAI QCDR is a national registry for the main purpose of reporting for the PQRS program, as a specialized registry for allergy/immunology, it can also be used to fulfill the Meaningful Use public health specialized registry reporting objective. In order to meet this objective, a custom integration needs to be developed between the AAAAI QCDR and an electronic health record (EHR) vendor so that data can be electronically submitted on an ongoing basis.

How to Register and Begin Using the AAAAI Registry
Access the AAAAI Registry:

www.medconcert.com/AAAAIR

Access through the AAAAI website

Click on the Register button

Create Your MedConcert Account
(or log into your existing account if you already have one)
Select and Register for the AAAAI Registry

Multiple Options to Get Data Into the QCDR Registry to Meet the Needs of All Members Regardless of Current HIT Capabilities

Data Tab-Multiple Options to Enter Data into the Registry
Data Entry via a Web-Based Form

Adding a New Patient via Web Based Forms

Uploading Data-Report Run Out of the EMR
Steps for Data Upload into the Registry

1. Download the Data Definition File
2. Download the Template

The Data Template has been customized for the measures you are reporting:
- Save template in a secure location
- Template contains a column heading for each data point
- Each patient encounter should be entered as a unique row
- Complete all relevant fields for each patient encounter

About the Data Definition File
Adding Data to Data Template

File Upload Tips:
Populate One Row Per Patient

- When a measure does not apply for a particular patient
  - Use the "Not Listed" Selection whenever available
  - Do not leave a cell blank if a measure does not apply

File Upload Tips:
Retain Leading or Trailing 0’s

- Leading or Trailing 0’s need to be formatted to eliminate truncating

Example 1 (Incorrect):

Example 2 (Correct):
How does the registry receive data?

Patient-specific EMR data contained within ModuleMD Wise™ is automatically uploaded into AAAAI QCDR Registry by clicking .

How is the data captured?

Through a combination of auto-population based on information contained within the patient’s record and user selection.

Where do I access the AAAAI QCDR form?

ModuleMD Wise™ → Patient Chart → AAAAI QCDR.

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Process of Data Capture and Submission

What is captured?

- Demographics
- Asthma
- Immunotherapy

After the visit:

- Update Form
- Send to Registry

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Demographics

Auto-populated from Visit Slip information:
Asthma

Combination of auto-population from EMR data and user-selection of data:

Examples of auto-populated data

Examples of user-selected data

Asthma

Tool tips assist the user to understand auto-populated data and data that is user-selection dependent:

Immunotherapy

Auto-populated from EMR data and user-selected data:
Update Form

When data is modified in the EMR, the user will be prompted to review the modifications to the AAAAI form:
- Yes = Change the information on the form.
- No = Do not change the current information on the form.

Click the button when information has been updated.

MOC Tab
Aligns with Maintenance of Certification

The AAAAI Registry offers physicians the ability to re-use the registry data for MOC Part IV: Practice Assessment and Quality Improvement Activities.

Send to Registry

Click the button when all information has been updated and completed. Data will be updated on the MedConcert dashboard after midnight EDT.
Your AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry Patient Registry

All data entered into the registry will appear in the “My PQRSwizard Patient Registry” Section of your PQRSwizard Account

Measures Tab-Dashboard of Each Measure

View performance on EACH measure Versus Peers and other Registry participants

Opportunity to Improve Measures Over Time to Maximize your VBP

Improvement Tab

Links to tools and resources available 24 x 7 to assist with improvement on the Measures

Includes NHLBI Guidelines for the Diagnosis and management of Asthma, and Practice Improvement Modules such as Asthma IQ.
MOC: Maintenance of Certification

1. Registry users will enter their patient data into the registry and generate a performance report showing their compliance with the measures assessed in the registry.

2. Users will upload a copy of the performance report in the AAAAI continuing education center, and based on their results develop a plan to improve on up to three of the measures.

3. After completing their improvement plans, users will upload a new set of patient data to the registry and generate a new performance report.

4. Users upload the new performance report and complete an analysis, comparing their first and second performance reports.

After they have completed these steps, registry users will have earned 20 AMA PRA Category 1 CME Credits™ and will have satisfied the practice improvement requirement for MOC Part IV.
What is the AAAAI QCDR?

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.
• To help physicians meet ever-changing alphabet soup of CMS, PQRS, MACRA/MIPS, MOC, and whatever comes next.
Thank you

For Questions about this registry please contact: Email: QCDR@aaaai.org
Phone: 414-272-6071

For Technical Support Contact: support@medconcert.com