

CMS-Designated Qualified Clinical Data Registry (QCDR) Clinical Emergency Data Registry (CEDR) Overview



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American College of Emergency Physicians (ACEP)

ACEP Mission Statement

The American College of Emergency Physicians promotes the highest quality of emergency care and is the leading advocate for emergency physicians, their patients, and the public.



You Serve Your Community – ACEP’s Proud to Serve You

- 40,000 members
- 53 Chapters
- 35 Sections
- 410 Councilors
- Emergency Medicine Residents’ Association (EMRA)
- Association of Academic Chairs in Emergency Medicine (AACEM)
- Council of Residency Directors in Emergency Medicine (CORD)
- Society for Academic Emergency Medicine (SAEM)

What is Clinical Emergency Data Registry (CEDR)?

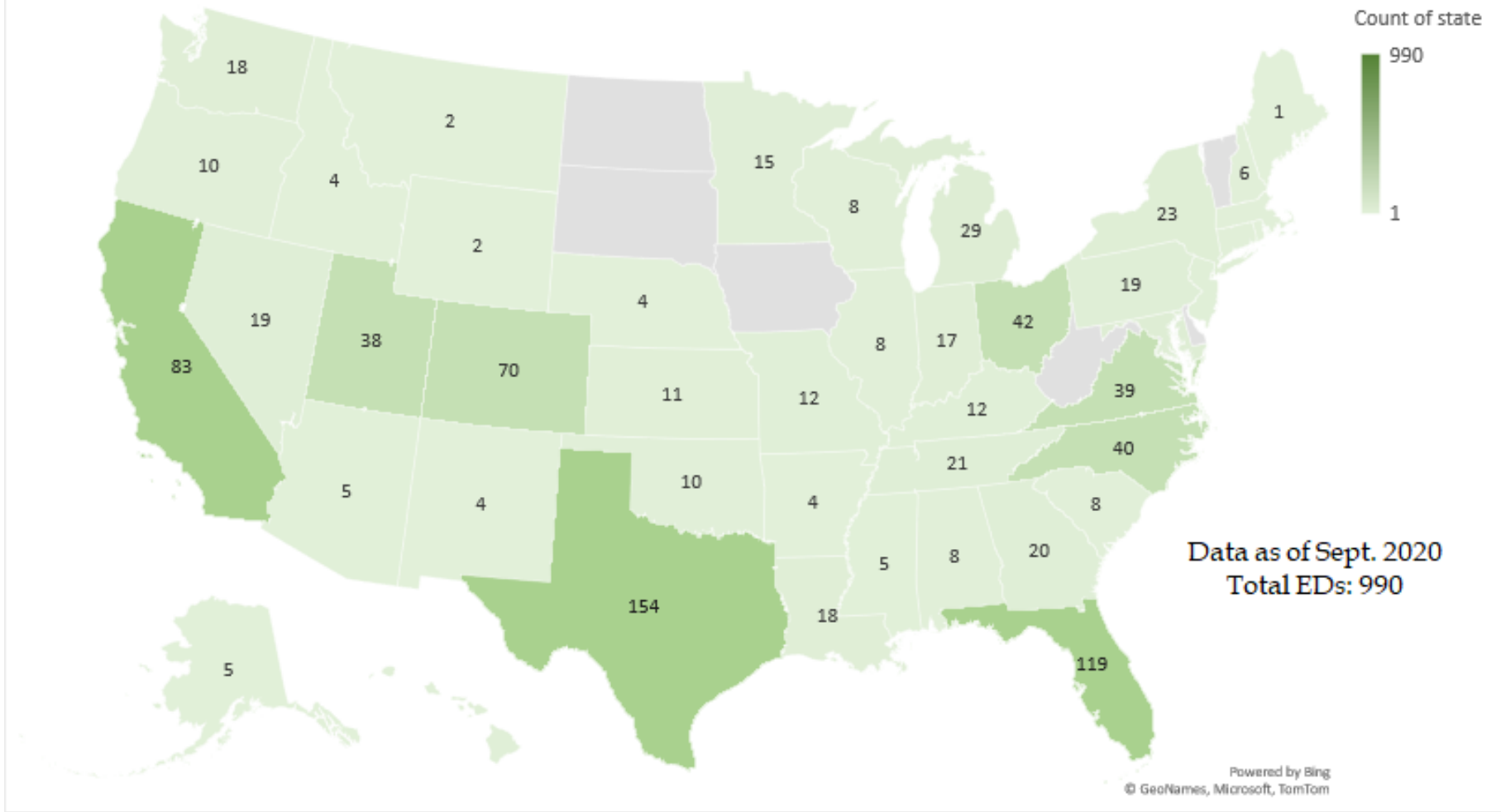
- A Qualified Clinical Data Registry (**QCDR**)
 - ▶ A designation by the Centers for Medicare & Medicaid Services (CMS) as an approved mechanism for clinicians and groups to report Quality Payment Program (QPP) data and participate in the Merit-based Incentive Payment System (MIPS)
 - ▶ Allows for reporting all-payer data
 - ▶ Allows for registry-specific quality measures
- Developed by **ACEP**
 - ▶ Enables participation in the CMS Quality Payment Program
 - ▶ Developed ED specific Quality Measures
 - ▶ Promotes highest quality of emergency care and demonstrating the value of that care
- Generate new science (identify practice patterns, trends, and outcomes)
- Inform health policy decisions

Clinical Emergency Data Registry (CEDR) Customer and Data Growth

	2015	2016	2017	2018	2019	2020
EM Practice Groups	5	30	90	200	250+	220+
Individual ED Locations	14	65	500	770	1,000+	1,000+
Clinicians	263	1,534	9,000+	15,000+	18,000+	18,000+
Unique Visits	458,263	2,888,625	15+ Million	26+ Million	28+ Million	28+ Million



Distribution of EDs in CEDR



Advantages of Participating in CEDR

- **Quality reporting**

- ▶ Allows use of ACEP measures
 - These measures are more applicable to Emergency Medicine
- ▶ Covers multiple aspects of reporting requirements
 - Quality, Improvement Activities (IA), Promoting Interoperability (PI)
- ▶ Provides reporting option for large groups as only small practices may submit data via claims-based reporting for 2019 onward.

- **Maintenance of Certification**

- ▶ American Board of Emergency Medicine (ABEM) Maintenance of Certification (MOC) Part IV can be completed through the use of CEDR

- **Accountability**

- ▶ More secure and accurate than paper; allows for electronic end-to-end reporting

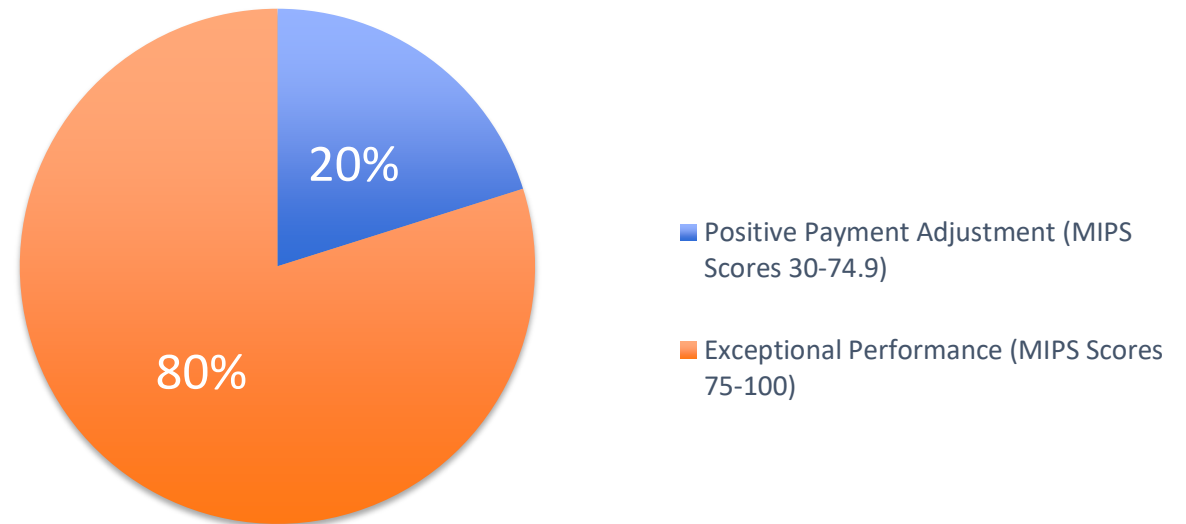
Advantages of Participating in CEDR (Cont.)

- **Revenue**

- ▶ Protects from potential 9% downside based on 2021 reporting
- ▶ Opportunity for bonus incentive payments from CMS

Percentage of 2019 CEDR customers in positive MIPS scoring brackets*

* Estimated based on actual CEDR MIPS score. Does not include scores related to cost.



CEDR ROI

Percentage of 2019 CEDR customers in positive MIPS scoring brackets*

* Estimated based on actual CEDR MIPS score. Does not include scores related to cost.

- 221 Groups reported through 298 TINs
- All 298 TINS received bonus
- 22 TINs received a MIPS score of 100
- 113 TINs received at least a 1% bonus (38%)
- 165 TINs received at least \$0.25 per visit in bonus
- 74 TINs received at least \$0.50 per visit in bonus (100% ROI)
- 23 TINs received the maximum \$0.70 in bonus (180% ROI)

Total Bonuses to CEDR participants = \$3.4 million

CEDR ROI – Financial Impact

For a 40,000 visit ED*:

- * Estimated cost of CEDR participation = \$10,000.
- **Soft ROI** – Penalty avoidance = \$125,000
- **Hard ROI:**
 - 60% got base bonus in the range of 0.01% to 0.20% = \$250 to \$ 5,000
 - 40% got exceptional bonus in the range of 0.50% to 1.68% = \$12,500 to \$40,000

*Assumptions for a 40,000 visit ED

- 25 clinicians
- Each clinician has a mean Medicare Part-B reimbursement of \$100,000

Advantages of CEDR Over Other Registries

- Provides ED-specific measures, developed by EM Clinicians for EM clinicians. These measures enable additional opportunities to monitor clinical care and patient outcomes, in addition to providing opportunities to increase scoring and reward under the QPP program.
- Does not simply take data and report it. CEDR provides customers with measure refinement and improvement strategies.
- No hidden fees at reporting time.
- Long-term partner focused on the success of the EM community.
- Ongoing development of new measures assures a steady supply of valuable, sustainable measures that support the EM community.

CEDR High-Level End to End Process

Contracting

Implementation

CMS Submission

Complete
Interest
Form

Discuss and
Collect
Group's
Details

Execute
Contracts

Identify Measures
that need
Improvement

Data Collection
(Pull/Push)

Measure Mapping
& Scoring

Review with
Clinician Group

Submit
MIPS Score
to CMS

CMS: MIPS
Performance
Feedback and Final
Score



CEDR Dashboard – Measure View

ACEP x +

acep-pegasus.figmd.com/dashboard

CEDEP CLINICAL EMERGENCY DATA REGISTRY TOUR ?

Quality Performance Dashboard Physician Group: 123456 - Demo group 2

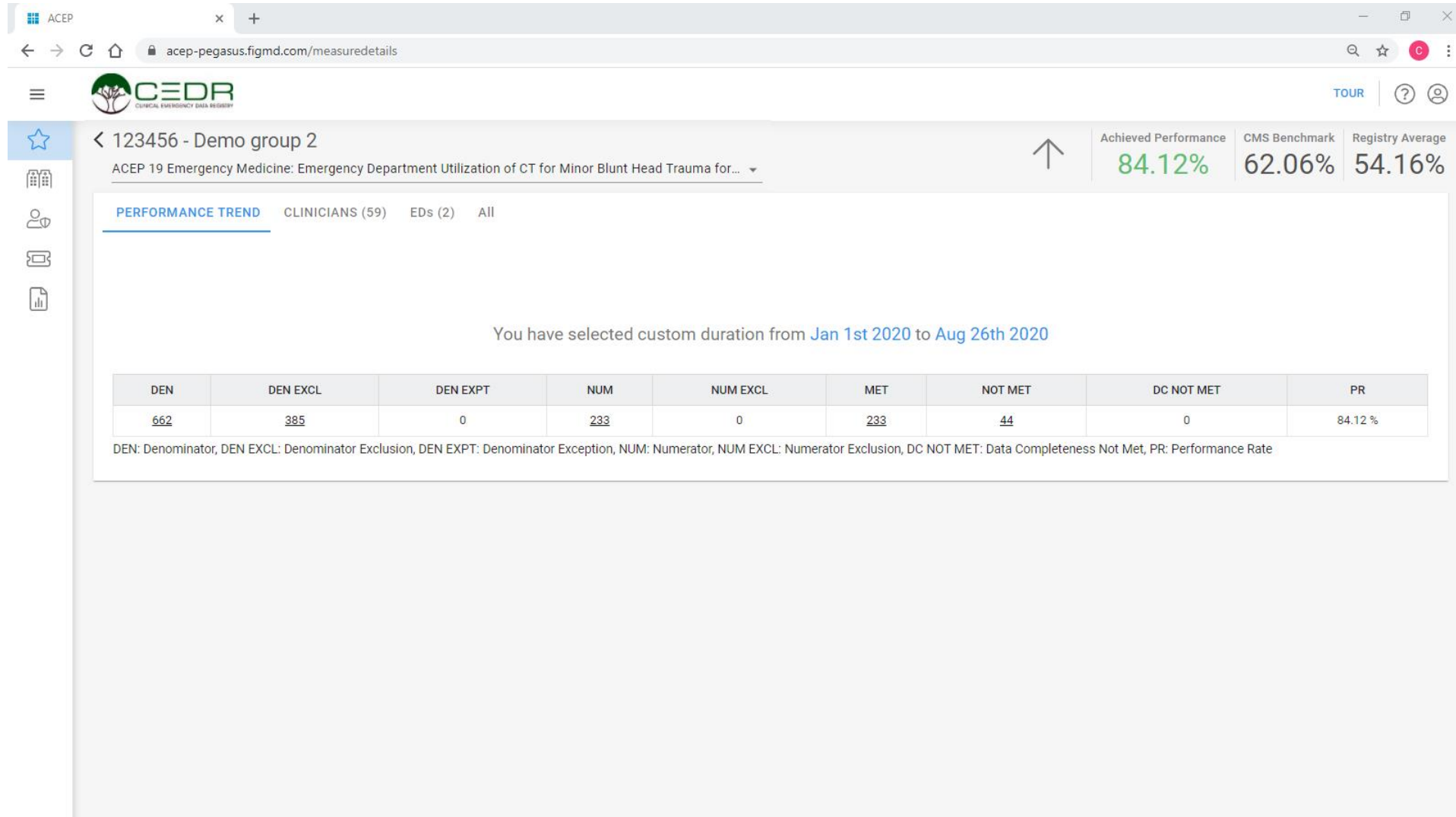
PHYSICIAN GROUP CLINICIANS (59) EDs (2) ACEP 2020 01-01-2020 08-26-2020 CHANGE

Updated on : Aug 25th, 2020 12:52

FAVORITE	ID	MEASURE	ACHIEVED PERFORMANCE	DC			
♥	ACEP 19	Emergency Medicine: Emergency Department Utilization of CT for Minor...	54.16% 62.06%	84.12 %	100 %	EXPORT	
♥	ACEP 20	Emergency Medicine: Emergency Department Utilization of CT for Minor...	68.06%	33.33 %	100 %	EXPORT	
♥	ACEP 21	Emergency Medicine: Coagulation Studies in Patients Presenting with C...	16.54% 9.9%	7.83 %	100 %	EXPORT	
♥	ACEP 22	Emergency Medicine: Appropriate Emergency Department Utilization of ...	12.39%	74.41 %	100 %	EXPORT	
♥	ACEP 25	Tobacco Use: Screening and Cessation Intervention for Patients with As...	55.83% 60.36%	64.95 %	100 %	EXPORT	
♥	ACEP 30	Sepsis Management: Septic Shock: Lactate Clearance Rate of >=10%	48.89% 75.83%	75 %	100 %	EXPORT	
♥	ACEP 31	Emergency Medicine: Appropriate Foley Catheter Use in the Emergency ...	47.3% 87.28%	0 %	0 %	EXPORT	
♥	ACEP 48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibio...	54.84% 76.7%	69.39 %	100 %	EXPORT	



CEDR Dashboard – Measure Detail



The screenshot shows a web browser window with the URL `acep-pegasus.figmd.com/measuredetails`. The page header includes the CEDR logo and navigation links for 'TOUR', a help icon, and a user profile icon. The main content area displays the following information:

- Measure:** ACEP 19 Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma for...
- Group:** 123456 - Demo group 2
- Performance Metrics:**
 - Achieved Performance: 84.12%
 - CMS Benchmark: 62.06%
 - Registry Average: 54.16%
- Filters:** PERFORMANCE TREND, CLINICIANS (59), EDs (2), All
- Duration:** You have selected custom duration from Jan 1st 2020 to Aug 26th 2020
- Table:**

DEN	DEN EXCL	DEN EXPT	NUM	NUM EXCL	MET	NOT MET	DC NOT MET	PR
662	385	0	233	0	233	44	0	84.12 %
- Legend:** DEN: Denominator, DEN EXCL: Denominator Exclusion, DEN EXPT: Denominator Exception, NUM: Numerator, NUM EXCL: Numerator Exclusion, DC NOT MET: Data Completeness Not Met, PR: Performance Rate

MIPS Submission Tool Example: Quality



QUALITY
PI
IA

2 **Measures selected**
(Select minimum 6 measures)

2 **Measures meeting 20 cases**
(All measures should meet min 20 cases)

2 **Outcome/High-priority measure selected** ⓘ
(Select minimum 1 Outcome/High-priority measure)

Estimated Quality Points

18.7
Performance
+
1 ⓘ
Bonus
=
19.7/60
Total

Estimated Quality Weight

14.8/45

All | Selected | Favorite

Measure Collection Type: MIPS 2019

	REGISTRY ID QUALITY ID	MEASURES		NUM DEN	EXCL EXCPT	PERFORMANCE	POINT	
<input type="checkbox"/>	ACEP19 ACEP19	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma f... Process	★ ↑	20 67	41 0	76.92	3.0	▼
<input type="checkbox"/>	ACEP20 ACEP20	Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt Head Trauma f... Process	20 ★ ↓	4 4	0 0	100	1.0	▼
<input type="checkbox"/>	ACEP21 ACEP21	Emergency Medicine: Coagulation Studies in Patients Presenting with Chest Pain with No Co... Process	★ ↓	6 2636	108 0	0.24	3.0	▼
<input checked="" type="checkbox"/>	ACEP22 ACEP22	Emergency Medicine: Appropriate Emergency Department Utilization of CT for Pulmonary Em... Process	★ ↑	78 227	0 0	34.36	8.7	▼

MIPS Submission Tool Example: Improvement Activities



[← BACK](#) TIN: 910910910 TIN DURATION: 01/01/2019 to 06/07/2019 PRACTICE: Demo group 2

QUALITY PI **IA**

1

 HIGH WEIGHT ACTIVITIES

0

 MEDIUM WEIGHT ACTIVITIES

Estimated IA Points
20/40

Estimated IA Weight
8/15

Select and attest to the Improvement activities which you have performed for the consecutive 90 days duration that you have selected.

All | Selected | Favorites Duration: 02/28/2019 to 06/05/2019

Activities: All Sub Category Filter: Filter the activities using the following criteria: Sub Category or Activity Weight

ACTIVITY ID	ACTIVITY DESCRIPTION	WEIGHT	POINT	
Achieving Health Equity				
<input type="checkbox"/>	IA_AHE_1 Engagement of New Medicaid Patients and Follow-up	High	20	
<input type="checkbox"/>	IA_AHE_2 Leveraging a QCDR to standardize processes for screening	Medium	10	
<input type="checkbox"/>	IA_AHE_3 Promote Use of Patient-Reported Outcome Tools	High	20	



CEDR
CLINICAL EMERGENCY DATA REGISTRY

 American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE 

Value-Based Programs

What are Value-Based Programs?

- Value-based programs reward health care providers with incentive payments for the quality of care they provide to Medicare patients.
- These programs are part of CMS's larger quality strategy to reform how health care is delivered and paid for.
- Value-based programs support CMS's three-part aim:
 - ▶ Better care for individuals
 - ▶ Better health for populations
 - ▶ Lower cost
- CMS's Value-Based Program is named the Quality Payment Program (QPP)

What is CMS's Quality Payment Program?

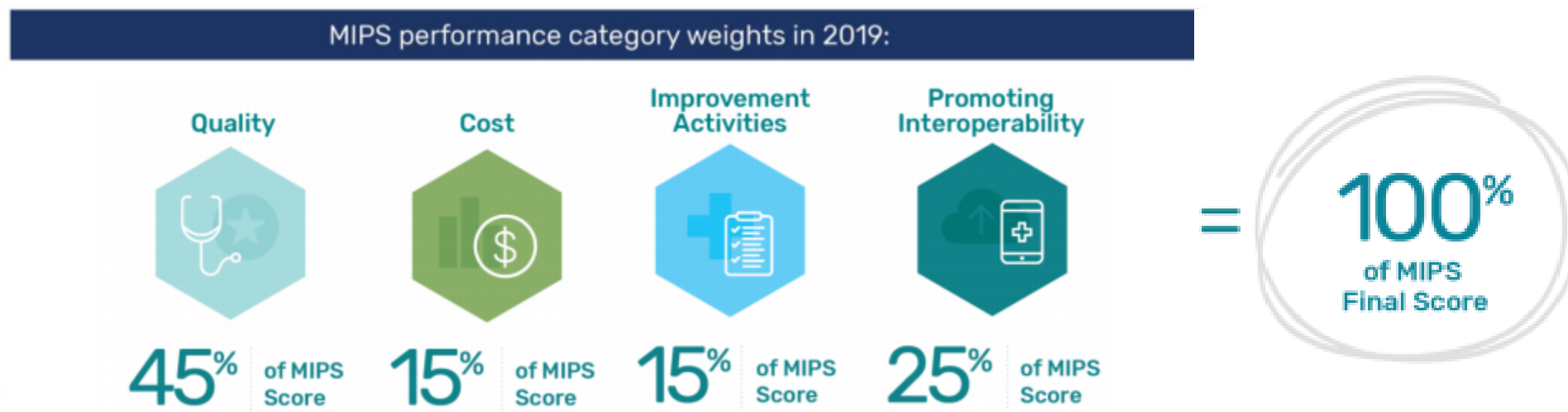
- By law, the Medicare Access and CHIP Reauthorization Act (MACRA) requires CMS to implement an incentive program, referred to as a Quality Payment Program (QPP).
- The Quality Payment Program (QPP) improves Medicare by helping clinicians focus on the quality of patient care and outcomes by rewarding clinicians for implementing innovative approaches to patient care.
- There are 2 ways clinicians can choose to participate in the Quality Payment Program:
 - ▶ The Merit-based Incentive Payment System (**MIPS**)
 - ▶ Advanced Alternative Payment Models (**APMs**)
- CEDR focuses on the MIPS track for reporting under QPP for both individual clinicians and for clinician groups.

What is the Merit-Based Incentive Payment System (MIPS)?

- CMS combined the following three legacy programs into single improved program called MIPS
 - ▶ Physician Quality Reporting System (PQRS)
 - ▶ Value-Based Payment Modifier (VM)
 - ▶ Medicare EHR Incentive Program (EHR) for Eligible Professionals
- MIPS was designed to tie payments to quality and cost efficient care, drive improvement in care processes and health outcomes, increase the use of healthcare information, and reduce the cost of care.
- MIPS comprises **four** performance categories
- The points from each performance category are added together to give a **MIPS Final Score**
- The MIPS Final Score is compared to the MIPS performance threshold to determine **positive, negative, or neutral payment adjustment**

What is the Merit-Based Incentive Payment System (MIPS)? (Cont.)

- Four performance categories



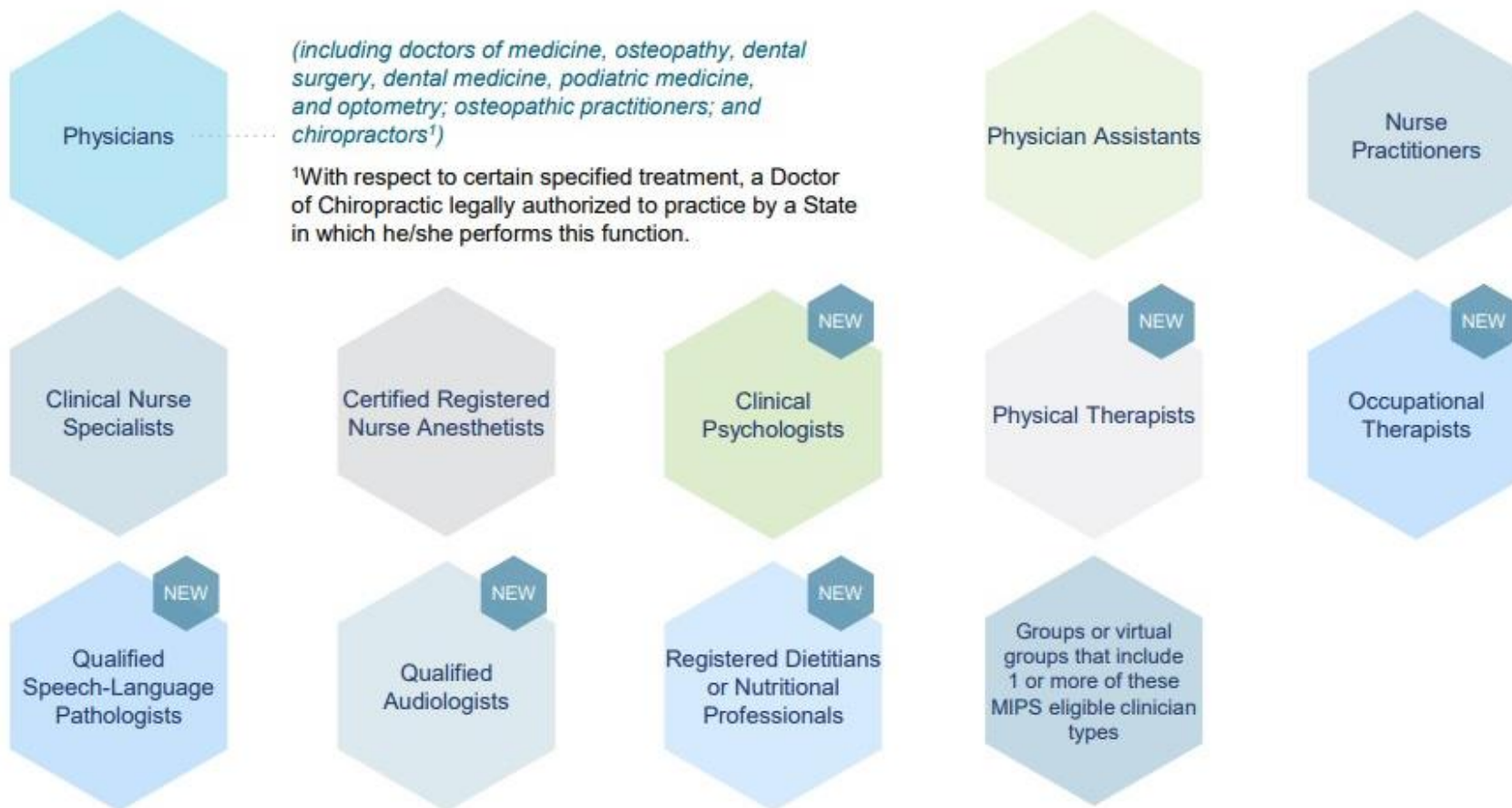
To learn more about how to participate in MIPS:

- Visit the [MIPS Eligibility](#) and [Individual or Group Participation](#) web pages on [CMSs Quality Payment Program website](#).
- View the [2020 Quality Payment Program Final Rule Overview Fact Sheet](#).
- View the [2020 Quality Payment Program Final Rule FAQ](#).
- View the [2020 Quality Payment Program Final Rule Executive Summary](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

MIPS Goals for 2020

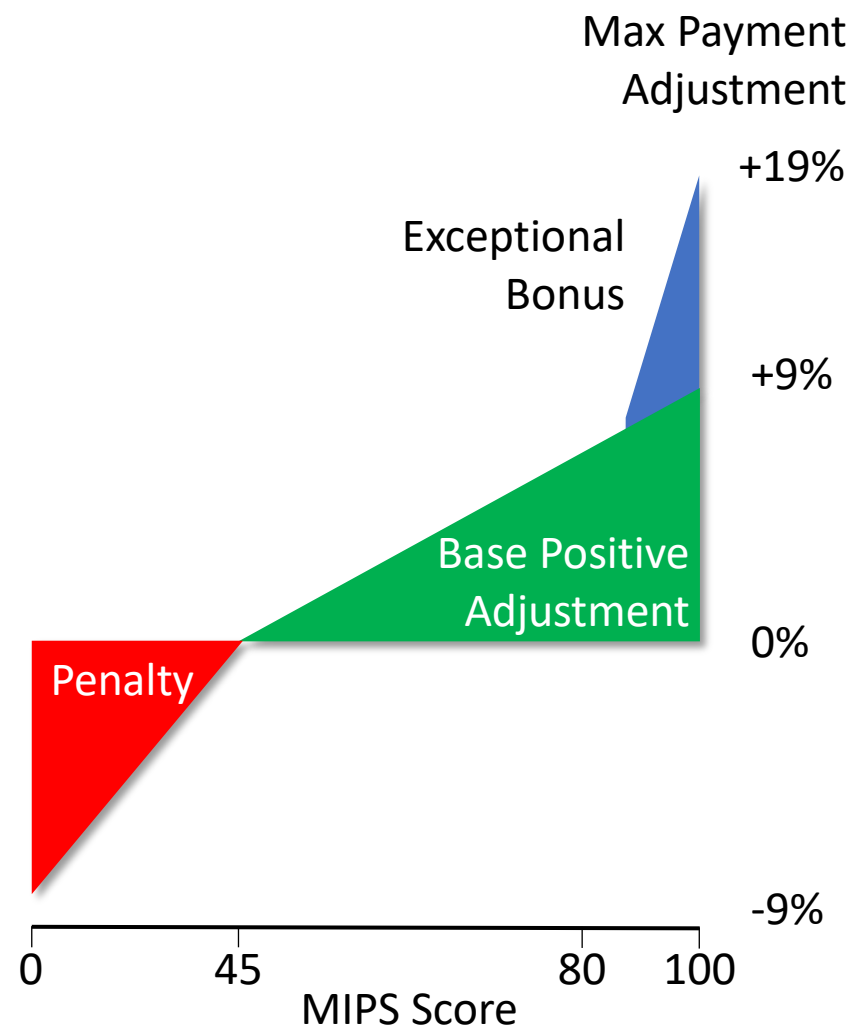
- Quality Payment Program Year 4 Focus Areas:
 - ▶ The program's measures and activities are meaningful
 - ▶ Care coordination is better
 - ▶ Clinicians have a clear way to participate in Advanced APMs
- Addressing Physician Concerns:
 - ▶ Continuing to phase in requirements in preparation for full implementation in year 6
 - ▶ Allowing hospital-based clinicians reporting as a group to be exempt from the Promoting Interoperability Category of MIPS
 - ▶ Creating a new framework for MIPS reporting called the MIPS Value Pathways (MVPs) that will become effective in 2021.

Clinician Types Eligible for MIPS 2020

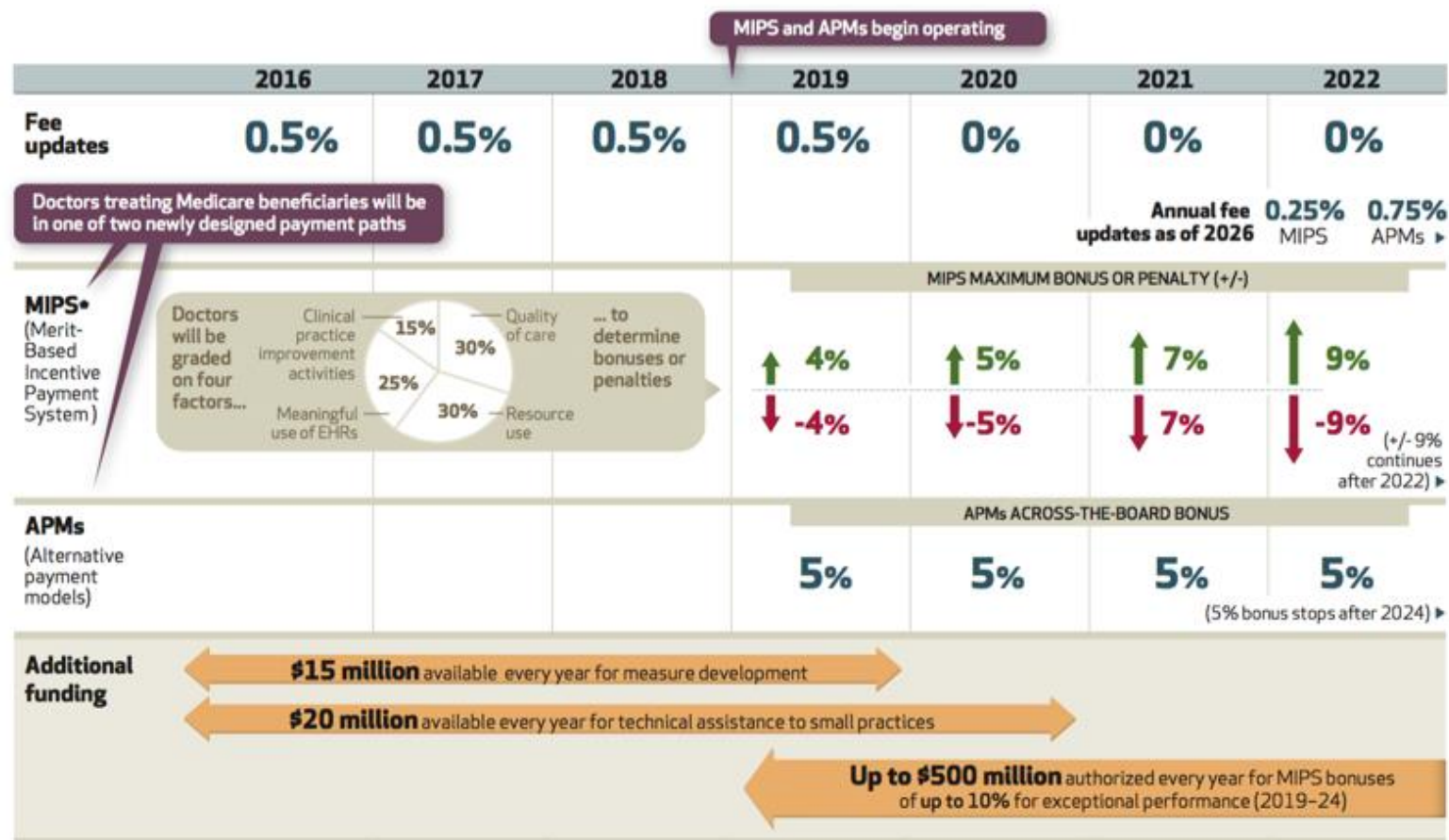


Revenue Impact of the Merit-based Incentive Payment System (MIPS)

- CMS uses MIPS reporting for the 2021 performance year to adjust reimbursements in 2023
- MIPS is scored on a scale of zero to 100
- A score of **50** is required to avoid penalty
- A score of **85** is required to earn an Exceptional Performance bonus (0.5% - 10%)
- CMS applies a scaling factor on positive adjustments to maintain budget neutrality



The QPP Program Evolution



MIPS Score Category: Quality (45%)

- Class 1
 - ▶ These measures meet the case minimum of 20, the minimum data completeness threshold of 70% and have a benchmark to be compared
 - ▶ These measures will result in a score between 3-10
- Class 2
 - ▶ The measures fall into multiple criteria
 - ▶ A submission that meets Class 1 requirements, but no benchmark is available receives a score of 3 points
 - ▶ A submission that does not meet the case minimum but meets the minimum data completeness rate will result in a score of 3 points
 - ▶ For small practices, if they do not meet any of the criteria to be considered a Class 1 this will result in a score of 3 points
- Class 3
 - ▶ For practices that are not considered Small Practices, measures that fail to meet the minimum data completeness rate will be awarded a score of 1 point

MIPS Score Category: Cost (15%)

- CMS automatically calculates performance on cost measures, if the measures' minimum case volumes are met. If there are not enough attributed cases for any of the cost measures to be scored, the Cost performance category percentage will be added to the Quality performance category.
- Cost measures include:
 - ▶ Total per Capita Cost (TPCC) Measure
 - ▶ Medicare Spending Per Beneficiary (MSPB)
 - ▶ 8 episode-based measures (10 additional episode-based measures are proposed for 2020).
- The case minimums are:
 - ▶ TPCC measure: 20 episodes
 - ▶ MSPB cost measure: 35 episodes
 - ▶ Procedural episodes: 10 episodes
 - ▶ Acute inpatient medical condition episodes: 20 episodes

MIPS Score Category: Improvement Activities (15%)

- Select a minimum of 1 activity (from 117+ proposed) with additional credit for more activities
- Report for 90 days
- 2 high-weighted or 4 medium-weighted activities gets full credit
- Patient-centered medical home gets full credit
- Participation in APM earns half credit
- CEDR and/or E-QUAL participation get you most credits
- Starting in 2020, a group can only attest to an improvement activity if at least 50% of MIPS eligible clinicians in the group participate in or perform the activity. ACEP opposes this proposal.

MIPS Score Category: Promoting Interoperability (25%)

- Certain clinicians are automatically exempt from the Promoting Interoperability category, including those who meet the definition of “hospital-based” at either the individual or group level. Most emergency physicians meet this exception. Before 2020, if individual clinicians decide to report as a group, they would lose the exemption status if even one of them does not meet the definition of “hospital-based.”
 - ▶ ACEP has repeatedly argued that this “all or nothing rule” is unfair and penalizes hospital-based clinicians who work in multi-specialty groups. In a major victory for ACEP, CMS is now modifying this policy by exempting groups from the Promoting Interoperability category if 75 percent of the individuals in the group meet the definition of hospital-based.
- Being exempt from the Promoting Interoperability category means that this category is reweighted down to 0% of the total MIPS score. The 25% weighting for this category is shifted to the Quality Category.
- Non-exempt providers must meet measure requirements under the following four objectives: e-Prescribing; Health Information Exchange; Provider to Patient Exchange; and Public Health and Clinical Data Exchange. You must report on each measure, or claim an exclusion, for a 90 day continuous period. Each measure will be scored by multiplying the performance rate (calculated from the numerator and denominator submitted) by the available points for the measure.

CEDR Implementation Data Mapping

CEDR Implementation

- CEDR creates a Dashboard after receiving data and mapping it to Measures
- The Dashboard is accessible via an ACEP login
- Groups will be given access to only their dashboard to view their data
- Groups/EDs can view performance across measures for multiple locations and clinicians
- Clinicians can view their individual performances and determine which measures they want to report
- Administrators/ED Directors can view group level performances
- Groups/EDs can query their data and generate reports

CEDR Technical Implementation – Get the Data

- CEDR collects structured and semi-unstructured data
- The CEDR team works with the ED/Hospital IT team to collect data
- Choose from the two data collection method supported by CEDR
 - ▶ **PULL:** Usually 12-20 weeks
 - ▶ **PUSH:** A minimum of 16-40* weeks using standard data file format
 - * The time it takes to complete the Push methodology varies significantly across hospitals, depending on the format and quality of the data, the amount of ED IT resources, and the level of engagement of the participating ED staff
- Text parsing is used to read unstructured data
- ED Clinical Lead will ensure accurate data mapping and measures calculation

Data Sources

- CEDR supports collecting of data from Multiple Data Sources
- Common Data Sources
 - ▶ Electronic Health Records (EHR)
 - ▶ Billing Systems (Revenue Cycle Management (RCM) Systems)
 - ▶ Emergency Department Information System (EDIS)
 - ▶ Data Warehouse
 - ▶ Reporting Database
- CEDR merges records from multiple data sources via a unique patient and encounter identifier.
- Many implementations require more than one data source.

Data Pull vs. Data Push

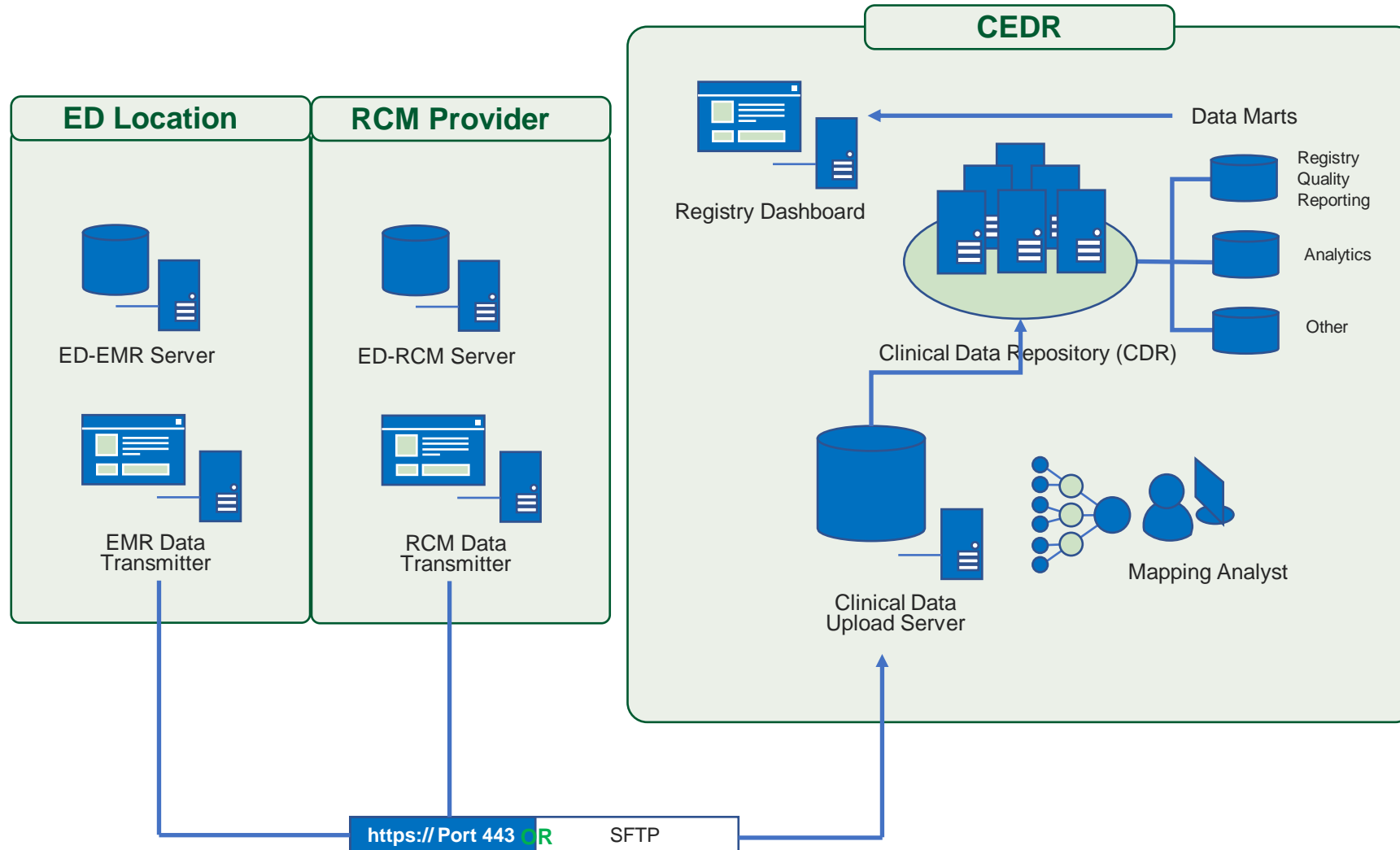
- **Data Pull**

- ▶ FIGmd installs software that passively collects data
- ▶ Does not affect EHR performance
- ▶ Cost efficient for hospitals
- ▶ **Provides richest data set for demonstrating the value of emergency medicine**
- ▶ **Provides best opportunity for MIPS scoring, including CEHRT bonus**

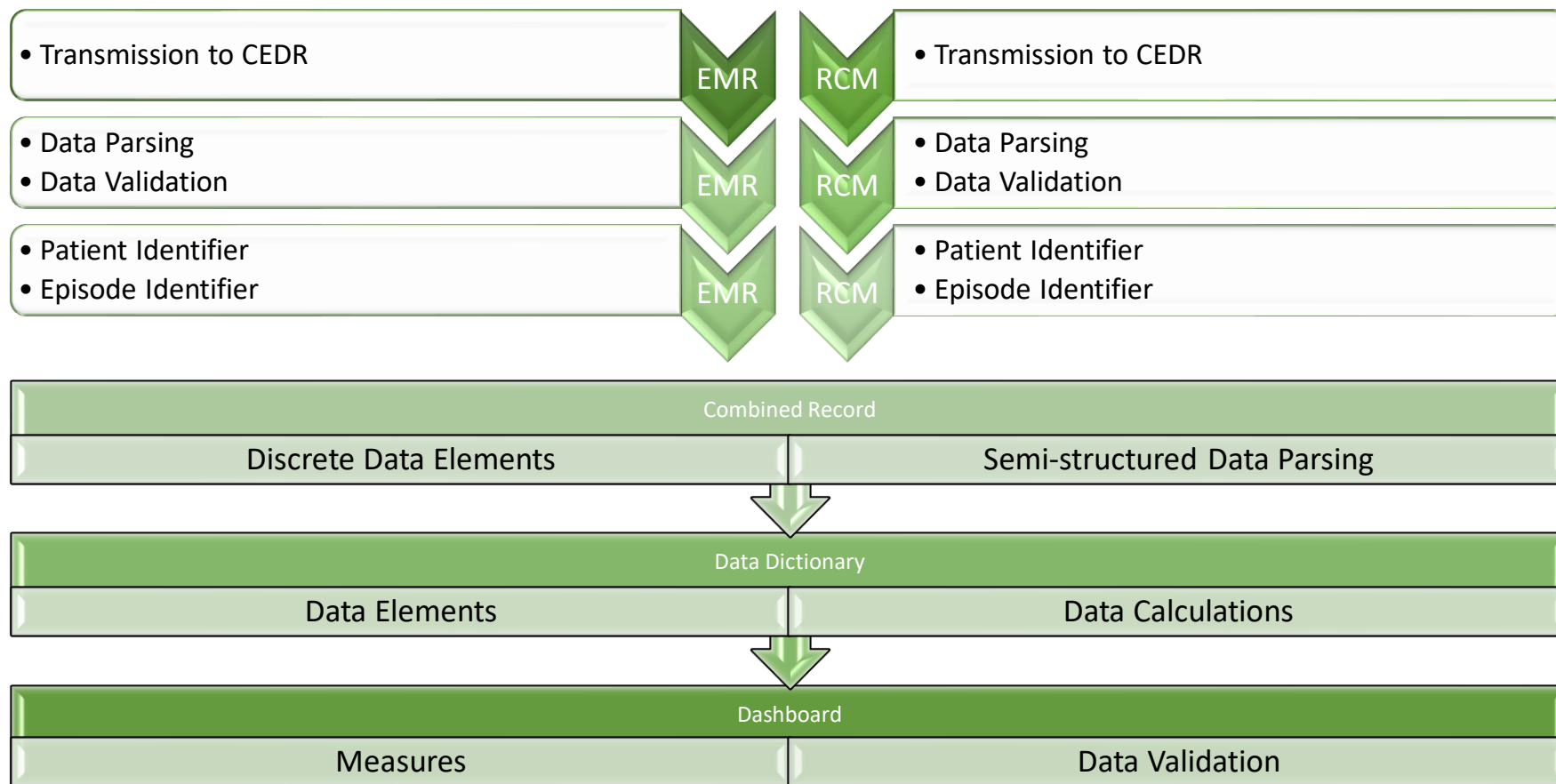
- **Data Push**

- ▶ Hospitals need to abstract data to meet the requirements of the CEDR data dictionary
- ▶ More labor intensive for hospital IT staff
- ▶ Preferred CCDA/HL-7/FHIR/CCD
- ▶ Acceptable - .xml, flat file, .xls/.xlsx
- ▶ Not acceptable – PDF, Scanned Images

Data Flow



Data Mapping Process





Fundamental Data Elements

Element name	Coding Instructions	Required
Patient Last Name	Indicate the patient's last name. Hyphenated names should be recorded with a hyphen.	N
Patient First Name	Indicate the patient's first name.	N
Patient Middle Name	Indicate the patient's middle name(s).	N
SSN or MRN	Indicate the patient's unique identifier	Y
Date and time of Birth	Indicate the patient's date of birth.	Y
Sex	Indicate the patient's sex at birth.	Y
Clinician NPI	Indicate the NPI of the Clinician	Y
Insurance - Private Health Insurance	Indicate if the patient has private health Insurance.	N
Insurance - Medicaid	Indicate if the patient is insured by Medicaid.	Y
Insurance - Military Healthcare / Department of Defense / Tricare	Indicate if the patient has military health care.	N
Insurance - Medicare (Fee for service)	Indicate if the patient is insured by Medicare (fee for service).	Y
Insurance - Medicare (Advantage care)	Indicate if the patient is insured by Medicare (managed care/HMO).	Y
Insurance - Blue Cross/ Blue Shield	Indicate if the patient is insured by Blue Cross/ Blue Shield	N
Insurance - Other Government / Indian Health Service/ State Local government	Indicate if the patient is insured by Other Government.	N
Insurance - Department of Corrections	Indicate if the patient is insured by Department of Corrections	N
Insurance - Managed Care Unspecified	Indicate if the patient is insured by Managed Care Unspecified.	N
Insurance - No Payment Listed	Indicate if the patient has No Payment Listed	N
Insurance - Miscellaneous/Other/Foreign National, Worker's Comp, Auto Insurance	Indicate if the patient is insured by Miscellaneous/Other.	N

Data Element Mapping

	Measure Description	Element ID	Element Name	Element Type	CDR Section	CDR Elements
ACEP 24	Pregnancy Test for Female Abdominal Pain Patients	2050	Date and time of Birth	Denominator	Patient Demographics Section	21-Date of Birth
		8505	Date and Time of arrival (onset) to Emergency Department	Denominator	Encounter Section	73 - Encounter Start Date
		1510	Encounter Date and time	Denominator	Encounter Section	73 - Encounter Start Date
		9210	Complaint of abdominal pain	Denominator	Problem Section	105 - Problem Code/106 - Problem Text
		9215	Date and time of complaint of abdominal pain	Denominator	Problem Section	110 - Documentation Date
		8500	Emergency Department Visit	Denominator	Encounter Section	71 - Encounter Type Code
		8500	Date and Time of arrival (onset) to Emergency Department	Denominator	Encounter Section	73 - Encounter Start Date
		2060	Sex	Denominator	Patient Demographics Section	20 - Gender Text
		4020	Pregnancy (urine/serum) test ordered	Numerator	Result Observation Section	188 - Observation Code/189 - Observation Name
		4025	Pregnancy (urine/serum) test ordered-Date	Numerator	Result Observation Section	191 - Observation Date
		4040	Diagnosis of hysterectomy	Exclusion	Problem Section	105 - Problem Code/106 - Problem Text
		8020	Date and timing of diagnosis of hysterectomy	Exclusion	Problem Section	110 - Documentation Date
		4045	Patient post-menopausal	Exclusion	Problem Section	105 - Problem Code/106 - Problem Text
		8025	Date and timing of postmenopausal	Exclusion	Problem Section	110 - Documentation Date
		8030	Diagnosis of pregnancy	Exclusion	Problem Section	105 - Problem Code/106 - Problem Text
8035	Date and timing of pregnancy	Exclusion	Problem Section	110 - Documentation Date		

EMRs/Data Systems that CEDR has worked with

- EPIC
- Cerner
- Meditech
- Allscripts
- PICIS
- Merge Financials
- Wellsoft
- T-system
- MEDHOST EDIS
- Paragon WebStation
- Soarian EDIS
- Medpoint
- Forerun

CEDR Hosting and Security

- CEDR standards exceed industry standards for data security and management
- All required policies and procedures are created and controls are in place.
- All data is handled in accordance with HIPAA requirements
- Data is encrypted while in motion and at rest
- Internal Audits and Security reviews on an on-going basis.
- FIGmd, Inc. (our Technology partner) has designed HIPAA and Security Awareness Training Program for entire workforce.
- Access to FIGmd Corporate Headquarters is controlled by video monitoring, Biometric scan systems at each door, visitor registration, and badge access.
- Limit uses & disclosures of PHI to the "minimum necessary"
- FIGmd hosts the environment on Google Cloud Platform (GCP). Google cloud platform is HIPAA, FedRAMP, SSAE-16, PCI-DSS, ISO 27001, SOC-I, II, III certified. (ref: <https://cloud.google.com/security/compliance>)

Quality Measures

What are Quality Measures?

- Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.
 - ▶ These goals include effective, safe, efficient, patient-centered, equitable, and timely care.
- ACEP develops quality measures targeting variations in emergency care and gaps in quality.
 - ▶ An evidence-based approach is used to develop and maintain all measures.
 - ▶ Our approach ensures that measures:
 - ▶ are linked to outcomes
 - ▶ address reducing clinician burden
 - ▶ are meaningful to clinicians and patients.

MIPS Quality Measure Data Requirements

- Participants must collect measure data for the **12-month performance period** (January 1 - December 31, 2020).
 - ▶ The amount of data that must be submitted depends on the collection (measure) type.
- There are 5 collection types for Quality measures that you can use:
 - ▶ Electronic Clinical Quality Measures (eCQMs),
 - ▶ MIPS CQMs (formerly "Registry measures"),
 - ▶ Qualified Clinical Data Registry (QCDR) Measures,
 - ▶ Medicare Part B claims measures, and;
 - ▶ The CAHPS for MIPS survey.
- For all clinician types except the CAHPS for MIPS survey, participants should:
 - ▶ Submit collected data for at least 6 measures, or a complete specialty measure set; and
 - ▶ One of these measures should be an outcome measure (if you have no applicable outcome measure, you can submit another high priority measure instead).
 - ▶ In addition, for practices of 16 or more clinicians who meet the case minimum of 200, the administrative claims-based all-cause readmission measure will be automatically scored as a seventh measure.
- An individual or practice can submit any combination of measures across these collection types to fulfill the 6 measure requirement. The CAHPS for MIPS survey measure can also count as one of the 6 measures submitted.

CEDR Quality Measure Categories

- **QCDR Measures** (i.e. ACEP Measures)

- ▶ Internally developed by ACEP.
- ▶ Specific to emergency medicine.
- ▶ Only available for use through CEDR or through ACEP licensing.
- ▶ Can be reported to CMS to fulfill MIPS quality category.

- **MIPS Measures**

- ▶ Measures developed by other organizations for the MIPS program and endorsed by CMS.
- ▶ Applicable to multiple specialties.
- ▶ Available for use by the general public.
- ▶ Can be reported to CMS to fulfill MIPS quality reporting requirements.
- ▶ Can use both electronic and claims data to report the measure with manual abstracting.

- **eQMs**

- ▶ Measures developed by other organization for the MIPS program and endorsed by CMS.
- ▶ Applicable to multiple specialties.
- ▶ Available for use by the general public.
- ▶ Can be reported to CMS to fulfill MIPS quality reporting requirements.
- ▶ Designated to use structured, encoded data present in the electronic health record for end-to-end electronic reporting with no human intervention.

- **Quality Improvement (QI) Measures**

- ▶ Internally developed by ACEP.
- ▶ Intended for quality improvement purposes only.
- ▶ Not eligible to be reported to CMS.

- **E-QUAL Measures**

- ▶ Measures developed for use in the Emergency Quality Network learning collaboratives
- ▶ The E-QUAL Measures are not reportable to CMS. These measures are to support the benchmarking activities in the E-QUAL program

2020 ACEP Quality Clinical Data Registry (QCDR) Measures

Measure ID	Measure Title	Measure Type
ACEP 19	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	Process
ACEP 20	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years	Process
ACEP 21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	Process
ACEP 22	Appropriate Emergency Department Utilization of CT for Pulmonary Embolism	Process
ACEP 25	Tobacco Screening and Cessation Intervention	Process
ACEP 30	Sepsis Management: Septic Shock: Lactate Clearance Rate >10%	Outcome
ACEP 31	Emergency Medicine: Appropriate Foley Catheter Use in the Emergency Department	Process
ACEP 48	Sepsis Management: Septic Shock: Lactate Level Measurement, Antibiotics Ordered, and Fluid Resuscitation	Process
ACEP 50	ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients (risk adjusted by ED volume)	Outcome
ACEP 51	ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients (risk adjusted by ED volume)	Outcome
ACEP 52	Appropriate Emergency Department Utilization of Lumbar Spine Imaging for Atraumatic Low Back Pain	Process
ACEP 53	Appropriate Use of Imaging for Recurrent Renal Colic	Process

2020 ECPR Quality Clinical Data Registry (QCDR) Measures

Measure ID	Measure Title	Measure Type
ECPR 39	Avoid Head CT for Patients with Uncomplicated Syncope	Process
ECPR 40	Initiation of the Initial Sepsis Bundle	Process
ECPR 41	Rh Status Evaluation and Treatment of Pregnant Women at Risk of Fetal Blood Exposure	Process
ECPR 42	Restrictive Use of Blood Transfusions	Process
ECPR 45	Avoidance of Creatine Kinase-MB (CK-MB) Testing for Non-traumatic Chest Pain	Process
ECPR 46	Avoidance of Opiates for Low Back Pain or Migraines	Process
ECPR 50	Door to Diagnostic Evaluation by a Provider Within 30 Minutes – Urgent Care Patients	Process
ECPR 51	Discharge Prescription of Naloxone after Opioid Poisoning or Overdose	Process
ECPR 52	Appropriate Treatment of Psychosis and Agitation in the Emergency Department	Process
ECPR 53	Clinician Reporting of Loss of Consciousness to State Department of Public Health or Department of Motor Vehicles	Process
ECPR 55	Avoidance of Long-Acting (LA) or Extended-Release (ER) Opiate Prescriptions and Opiate Prescriptions for Greater Than 3 Days Duration for Acute Pain	Process



2020 Quality Payment Program (QPP) Measures

Measure ID	Measure Title
QPP 5	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
QPP 8	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
QPP 47	Advance Care Plan
QPP 65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
QPP 66	Appropriate Testing for Children with Pharyngitis
QPP 76	Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections
QPP 93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy Avoidance of Inappropriate Use
QPP 116	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
QPP 130	Documentation of Current Medications in the Medical Record
QPP 187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA)
QPP 254	Ultrasounds Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
QPP 317	Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
QPP 326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
QPP 331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)
QPP 332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patient with Acute Bacterial Sinusitis (Appropriate Use)
QPP 333	Adult Sinusitis: Computer Tomography for Acute Sinusitis (Overuse)
QPP 415	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older
QPP 416	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 2 Through 17 Years
QPP 419	Overuse of Neuroimaging for Patients with Primary Headache and a Normal Neurological Examination

2020 QPP Measures – Topped Out

Measure ID	Measure Title
QPP 8	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
QPP 65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)
QPP 76	Prevention of Central Venous Catheter (CVC) – Related Bloodstream Infections
QPP 93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy Avoidance of Inappropriate Use
QPP 130	Documentation of Current Medications in the Medical Record
QPP 187	Stroke and Stroke Rehabilitation: Thrombolytic Therapy (tPA)
QPP 254	Ultrasounds Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain
QPP 326	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy
QPP 332	Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patient with Acute Bacterial Sinusitis (Appropriate Use)

EQUAL Measures Supported

EQUAL11A	Disposition among ED visits for chest pain -Discharges
EQUAL11B	Disposition among ED visits for chest pain - Observation
EQUAL11C	Disposition among ED visits for chest pain - Inpatient Admission
EQUAL11D	Disposition among ED visits for chest pain – Transfers
EQUAL12A	Stress testing and imaging among ED visits for chest pain - Stress ECG
EQUAL12B	Stress testing and imaging among ED visits for chest pain - Stress Nuclear, SPECT
EQUAL12C	Stress testing and imaging among ED visits for chest pain - Stress Nuclear, PET
EQUAL12D	Stress testing and imaging among ED visits for chest pain - Stress Echocardiogram
EQUAL12E	Stress testing and imaging among ED visits for chest pain - Coronary CT Angiography
EQUAL12F	Stress testing and imaging among ED visits for chest pain - Stress Cardiac MR



Most Frequently Mapped Measures in 2019

Measure ID	Measure Title	No. of TINs
ACEP50	ED Median Time from ED arrival to ED departure for discharged ED patients for Adult Patients	231
ACEP51	ED Median Time from ED arrival to ED departure for discharged ED patients for Pediatric Patients	229
QPP331	Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)	220
QPP116	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	204
QPP65	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	193
QPP91	Acute Otitis Externa (AOE): Topical Therapy	190
QPP66	Appropriate Testing for Children with Pharyngitis	185
QPP254	Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain	177
QPP93	Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy Avoidance of Inappropriate Use	158
ACEP21	Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding	151
QPP415	Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older	129
QPP333	Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse)	106

How to Get Started with CEDR?

How to Get Started?

- Complete online interest form
 - ▶ Link: <https://cedr.acep.org/InterestForm/RegistryInterestForm.aspx>
- A CEDR Intake Specialist will be assigned to you and will contact you within 48 hours
 - ▶ This person will be your point of contact until all contracts are signed
 - ▶ You will receive a slide packages with additional details related to cost, implementation and data collection
 - ▶ You will also receive a spreadsheet to collect data about your group and clinicians
 - ▶ If required, a meeting will be setup with our technical team to answer questions.
- Contact your hospital administration
 - ▶ Make them aware of your intentions to join CEDR
 - ▶ Discuss requirement of providing EHR data to ACEP
- Contact your billing company or 3rd party data suppliers, if required.

How to Get Started? (Cont.)

- Once you have decided to proceed with using CEDR
 - ▶ Contact your intake specialist
 - ▶ An Intake Specialist will send you appropriate contract documents (see next slides for types of contracts)
- Execute Contracts
 - ▶ Review and execute the group contracts
 - ▶ Provide your hospital(s) a set of hospital contracts for them to execute
 - ▶ Provide your billing company with contract for them to execute, if required
- Prepare for CEDR Implementation
 - ▶ Intake specialist will hand over the group to the CEDR Implementation Team
 - ▶ A CEDR account manager will be assigned to your group
 - ▶ While the Implementation Team is preparing for the kick-off call
 - ▶ Review quality measures listed on our website: <https://www.acep.org/cedr/measures/>
 - ▶ Start process of identifying 15 measures.

CEDR Contracts

- CEDR has 3 sets of Contracts:
 - ▶ **Group Contracts:**
 - ▶ Clinician Participation Agreement (CPA)
 - ▶ Business Associate Agreement (BAA) and Data Use Agreement (DUA)
 - ▶ **Hospital Contracts:**
 - ▶ Hospital Participation Agreement (HPA)
 - ▶ EHR Data access for Physician Group
 - ▶ Business Associate Agreement (BAA) and Data Use Agreement (DUA)
 - ▶ **Billing Company Contract:**
 - ▶ Billing Data access for Physician Group



CEDDR
CLINICAL EMERGENCY DATA REGISTRY

 American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE 

CEDDR Participation Cost

Participation Cost

- There are two cost components:
 - ▶ **Direct costs:** Fee paid to ACEP for CEDR services
 - ▶ **Data Processing Fee:** \$0.35/ visit Data Processing Fee
 - ▶ If the physician group is reporting on behalf of their physicians, the physician group incurs this cost, not the hospital
 - ▶ Several discounts apply on base price of \$0.35
 - ▶ **Annual Clinician Fee:** \$200 per Clinician
 - ▶ Waived for ACEP/SEMPA members and 100% ACEP Club groups.
 - ▶ **Additional Measures Fee:** \$1000/each set of additional 5 measures
 - ▶ Data processing fee includes mapping of data for up to 15 measures chosen by participant
 - ▶ Additional measures request, in excess of the 15 included, will incur \$1000 charge per each additional set of 5 measure.
 - ▶ **Indirect costs:**
 - ▶ Depends on the data transfer method chosen by the ED.
 - ▶ The ED may need to devote IT resources to staff the CEDR project, particularly using the push method.

Discounts offered on the Data Processing Fee base price (Max = 30%)

<u>SPECIAL DISCOUNT TYPE</u>	<u>DISCOUNT ELIGIBILITY</u>	<u>DISCOUNT</u>
Individual Member Discount	<ul style="list-style-type: none"> • ACEP Members • SEMPA Members <p>The ratio of Clinicians who are ACEP or SEMPA members to the total Clinicians in the participant group is multiplied by the discount. Example: If the participant group has 10 Clinicians, 4 of which are ACEP members and 1 is a SEMPA member, then $(4+1)/10 * 10\% \text{ Discount} = 5\% \text{ net discount}$.</p>	10% Discount
100% Club Member Discount	<ul style="list-style-type: none"> • ACEP Members • SEMPA Members 	20% Discount
Technology Discount	<ul style="list-style-type: none"> • Pull Technology • DW Technology • RCM Interface 	10% Discount
Rural/Critical Access Hospital Discount	<ul style="list-style-type: none"> • Critical Access Hospital (CAH) designation by the CMS 	10% Discount
Patient Visit Volume Discount	<p>Emergency Department patient visit volume of</p> <ul style="list-style-type: none"> • 1 to 5 million for the previous calendar year • Greater than 5 million for the previous calendar year 	10% Discount 20% Discount
Multiterm Discount	<ul style="list-style-type: none"> • 3-year term • 5-year term 	5% Discount 10% Discount

Example

- The following example illustrates how discounts are applied to the Data Processing Fee:
 - ▶ A Participant who is a 100% Club Member and
 - ▶ Electing a 5-year term

Will receive a **30%** discount.

ELIGIBLE DISCOUNT	DISCOUNT
100% Club Member Discount	20%
5 Year Multiterm Discount	10%
Total Discount	30%
Final Data Processing Fee	\$0.245 (per individual patient visit)

2021 CEDR Timeline – Full Implementation

(open now for first 60 applicant groups)

November 30, 2020	Complete Interest Form
December 15, 2020	Complete Detailed Application
January 15, 2021	Complete all Contracting
March 31, 2021	Submit required Data
June 30, 2021	Resolve Data Quality Issues
July through December 2021	Review Quality Scores & Sign Release Form
March 31, 2022	Deadline for CMS Score Submission

Stay Connected with ACEP Quality Webinars

ACEP offers CEDR webinars every other month with free CME

CEDR Specific Questions?

- www.acep.org/cedr
 - ▶ Frequently Asked Questions (FAQ)
 - ▶ Resources
- **Contact**
 - ▶ cedr@acep.org
 - ▶ Pawan Goyal, MD, Associate Executive Director, ACEP
pgoyal@acep.org
 - ▶ Bill Malcom, CEDR Program Director, ACEP
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