Measure #321 (NQF 0493): Participation by a Hospital, Physician, or Other Clinician in a Systematic Clinical Database Registry that Includes Consensus Endorsed Quality Measures

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:
Participation in a systematic qualified clinical database registry involves:
  a. Physician or other clinician submits standardized data elements to registry
  b. Data elements are applicable to consensus endorsed quality measures
  c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for registry's clinical topic(s) and report on all patients eligible for the selected measures
  d. Registry provides calculated measures results, benchmarking, and quality improvement information to individual physicians and clinicians
  e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at an individual group's practice. Participation in a national or state-wide registry is encouraged for this measure
  f. Registry may provide feedback directly to the provider's local registry if one exists

INSTRUCTIONS:
This measure is to be reported once per patient seen during the reporting period, with no penalty for over reporting. There is no diagnosis associated with this measure. This measure may be reported by clinicians who are participating in a systematic clinical database registry that includes consensus endorsed quality.

Measure Reporting via Claims:
CPT or HCPCS codes are used to identify patients who are included in the measure's denominator. G-codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT or HCPCS codes, and the appropriate numerator G-code. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter. If no G-code is reported, this will count as a performance and reporting failure.

Measure Reporting via Registry:
CPT or HCPCS codes are used to identify patients who are included in the measure’s denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All patient encounters

Denominator Criteria (Eligible Cases):
Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90839, 92002, 92004, 92012, 92014, 92506, 92507, 92508, 92526, 92541, 92542, 92543, 92544, 92548, 92552, 92553, 92555, 92557, 92561, 92562, 92563, 92564, 92565, 92567, 92568, 92570, 92571, 92572, 92575, 92576, 92577, 92579, 92582, 92584, 92585, 92586, 92587, 92588, 92601, 92602, 92603, 92604,
NUMERATOR:
The clinician participates in a systematic qualified clinical database registry capable of the following:
   a. Physician or other clinician submits standardized data elements to registry
   b. Data elements are applicable to consensus endorsed quality measures.
   c. Registry measures shall include at least two (2) representative NQF consensus endorsed measures for
      registry's clinical topic(s) and report on all patients eligible for the selected measures
   d. Registry provides calculated measures results, benchmarking, and quality improvement information to
      individual physicians and clinicians
   e. Registry must receive data from more than 5 separate practices and may not be located (warehoused) at
      an individual group’s practice. Participation in a national or state-wide registry is encouraged for this
      measure
   f. Registry may provide feedback directly to the provider's local registry if one exists

Definition:
Qualified Registry - Qualified is defined as receiving data from more than five hospitals and providing
calculated measures, results, benchmarks, and quality improvement information to the participant (and to
designated third parties).

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Clinician Reported Patient Data to Qualified Database Registry
G8954: Complete and appropriate patient data were reported to a qualified clinical database registry

RATIONALE:
Clinical database registries have been used in diverse settings to understand clinical practices, provide peer
benchmarking and for quality improvement and improved treatment strategies (Adams et al., 2005; Bilimoria et al.,
2008; Bufalino et al., 2011). Such registries can provide real-time and historical data (Herbert et al., 2004). These
diverse databases can be triangulated with other data sources to link clinical practice data with long-term outcomes
(Dokholyan et al., 2009). Statistical power and clinical relevancy of registries require that robust and diverse data are
available (Fonarow, 2009). Numerous programs exist which serve as a benchmarking, quality of care/improvement,
and in some cases outcomes data.