



The ONCOLOGY QUALIFIED CLINICAL DATA REGISTRY

for Quality Improvement
and Accountability Reporting

Cost

There is no cost to use the Oncology Qualified Clinical Data Registry (QCDR) for QI purposes. If desired, eligible clinicians may report for MIPS, as well as MIPS Improvement Activities and/or Promoting Interoperability performance categories, for a fee:

- ▶ QI reporting: **FREE**
- ▶ MIPS reporting annual fee: **\$499**

Interoperability Performance attestations:
\$99 annual fee in addition to the MIPS reporting fee.

**To learn more, contact ONS staff
at research@ons.org.**

2 Easy Ways to Add Data

Clinicians may submit data to the registry using a flat file option or choose to establish an automated data submission pathway between the registry and their electronic health record. If an automated path is desired, the clinician's organization may incur fees to integrate with the Oncology QCDR. Typically, those submitting using the flat file option do not incur any system-related expenses.

www.ons.org



10 patient-centered electronic clinical quality measures (eCQMs) for patients with cancer

ONS offers the following patient-centered process and outcome eCQMs:

- ▶ Assessment and intervention for psychosocial distress in adults receiving cancer treatment
- ▶ Recommendation for exercise to adult cancer survivors
- ▶ Fatigue improvement
- ▶ Assessment and intervention for sleep-wake disturbance during cancer treatment
- ▶ Education on neutropenia precautions
- ▶ Post-treatment education
- ▶ Goal setting and attainment for cancer survivors* (approved for 2019 MIPS reporting)
- ▶ **NEW!** Patient Reported Health-related Quality of Life (HRQOL) during Treatment for Advanced Cancer * (approved for 2019 MIPS reporting)
- ▶ **NEW!** Assessment for and management of immune-related adverse events during cancer treatment with checkpoint inhibitors (ICPi) * (approved for 2019 MIPS reporting)
- ▶ **NEW!** PCR Test with MR2 or greater result (BCR-ABL1 transcript level \leq 1% [IS]) for patients receiving TKI for at least 6 months for Chronic Myelogenous Leukemia, an assessment of treatment adherence (approved for 2019 MIPS reporting)

The 3 **NEW! measures were developed with Premier, Inc. and supported by BMS.**

*Indicates measures are considered high-priority measures for the Centers for Medicare and Medicaid Services

ONS continues to develop and test new eCQMs. Oncology QCDR users will have first opportunity to participate in testing new and revised measures.

The MedConcert Platform is powered by Premier, Inc.

ONS offers two tiers of eCQM reporting:

Option 1 – Quality Improvement – Free!

ONS customers are invited to set up an account to collect and report data on any or all of the ONS eCQMs for quality improvement (QI) purposes. ONS recognizes the value of improving symptoms and coordinating care according to patient goals and offers this reporting feature free of charge. ONS measures support other organizational efforts, including the following:

- ▶ Enhancing care coordination and navigation
- ▶ Reducing emergency department visits and clinic visits for continued uncontrolled symptoms through QI initiatives investigating root cause (e.g., knowledge, skill, use of evidence)
- ▶ Supporting quality reporting for Commission on Cancer accreditation
- ▶ Supporting path to Magnet accreditation or re-accreditation
- ▶ Staff development, both in clinical practice and leadership, through development and implementation of QI projects

Use of the registry for QI purposes provides access to clinician-specific dashboards that afford the clinician the opportunity to review care delivered to an individual patient and a population of patients during a specific data collection period or over a longer time frame, with the ability to compare clinicians to peers. Patient-level data identify patients who are non-concordant with performance rates, offering an opportunity to quickly address missed opportunities with patients. Administrators can review clinicians at an individual level and view peer comparators within one system or across multiple locations of the same organization.

In addition to measure reporting and dashboards, ONS offers resources to guide the clinician on opportunities to improve. These resources address implementing processes and increasing knowledge about a particular collection of evidence to appropriately manage a symptom. The individual dashboard reflects when the clinician accesses improvement resources, and the clinician has the ability to see quality performance prior to and after the improvement intervention.

Option 2 – MIPS Reporting

In the event an eligible clinician opts to report quality data for Merit-based Incentive Payment System (MIPS) requirements, the clinician will establish this particular reporting path within the platform and attest to required statements. To report for MIPS purposes, the clinician is charged an annual \$499 fee. In addition, the clinician may opt to report on MIPS Improvement Activities and/or Promoting Interoperability performance categories via attestation in the system for an additional \$99

Fees are only incurred if the clinician pursues MIPS reporting or the optional MIPS Improvement Activities and/or Promoting Interoperability performance categories attestations.