Medical disciplines have long used clinical data registries – electronic platforms that allow providers to enter encrypted data on patients and other variables – as a valuable aid to good practice. Health care providers can use the registries to track an individual patient’s response to a given treatment and how their patients in general are faring over time. Providers can also see how their patients are doing compared with those being treated for the same condition by other doctors.

“Using these databases can inform you about whether or not your treatment is working,” says Francisca Azocar, PhD, vice president of research and evaluation for behavioral health sciences at the health management services company Optum. “And if you’re not getting optimal results, they can generate information to help you change the course of treatment for greater effectiveness” – reports and graphs that provide useful feedback, help monitor progress, and provide comparisons to benchmarks, for example.

“The APA Practice Organization is working to create a registry that will represent the needs of individual practitioners and of specific disciplines within psychology, explains Vaile Wright, PhD, APA’s director of research and special projects. To this end, the Practice Organization is gathering an advisory committee of experts who specialize in quality measurement, progress monitoring and clinical research.

The team’s job is to come up with 30 measures – a criterion set by the Centers for Medicare and Medicaid (CMS) – that cover the practice of psychology. It will be a challenge, as they’ll need to consider populations, conditions, settings and specialty areas, among other factors, says Wright.

“Ultimately, this kind of data collection is not just the way the federal government is moving, but third-party payers, as well,” says Wright. “Moreover, a lot of research suggests that collecting data and knowing how your patients are doing is simply best practice.”
The path to the QCDR

Psychologists have been participating in this type of data input for some time, so the rationale behind and methodology of the QCDR will not be completely new. In 2007, psychologists became eligible to report quality measures through Medicare’s Physician Quality Reporting System or PQRS. Medicare offered practitioners financial incentives for successful participation in PQRS. The reasons for developing PQRS were the same as the intention behind clinical data registries: to use research findings to improve patient care while saving costs.

Because many of the CMS-generated data points and measures were geared more toward physicians, many psychologists struggled to successfully report PQRS measures. In 2014, the Practice Organization partnered with Healthmonix, a health information technology company, to create the APAPO PQRS PRO, an electronic registry designed to make reporting easier for mental health providers. While an improvement, the APAPO PQRS PRO registry still posed problems because it remained aligned with the standard CMS metrics, says Healthmonix President Lauren Patrick.

Due to a major development in health care policy – the passage of the Medicare Access and CHIP Reauthorization Act, or MACRA, in April 2015 – PQRS reporting ended with the close of calendar year 2016.

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MIPS is a more comprehensive program that includes many of the quality measures used in PQRS. Because few psychologists are in APMs, most are expected to report MIPS quality measures, either through claims, a registry, electronic health records or through a QCDR like the one being developed by the Practice Organization. This will allow providers to report information related to their specific areas of practice.

“The advantage of creating our own QCDR is that we’ll have more flexibility in selecting and designing the measures we feel would be most appropriate for psychologists.”

– Diane M. Pedulla, JD

When the time comes, the Practice Organization will ask CMS to recognize its registry so that psychologists and other behavioral health practitioners can use it for Medicare reporting purposes.

What can psychologists do now?

Psychologists treating Medicare patients are not required to report under MIPS until 2019, so there is plenty of time to prepare. For the next two years, psychologists can practice submitting MIPS data and receive feedback on their performance using the current Healthmonix registry platform, now called APAPO MIPS PRO. The Practice Organization encourages practitioners to do this, as the expected financial incentives of MIPS and its complexity will only grow over the next few years.

Meanwhile, the planned launch of the QCDR is January 2018, a year before psychologists are required to report measures under MIPS. That means psychologists can transition from the APAPO MIPS PRO to the QCDR and have a year of practice before MIPS reporting begins.

The QCDR will be easier to use than the current MIPS PRO, as it will include access to technology that enables more psychologists to load data more efficiently, Patrick says. And while psychologists who work in hospitals already do this through cloud-based systems that can share their data, Healthmonix plans to work with private practitioners to simplify the mechanisms for loading data.

Given all the different options for reporting quality measures that psychologists will have come January 2019, using the APAPO QCDR makes clear sense because of its intended specificity for psychological services and ease of use, says Diane M. Pedulla, JD, director of regulatory affairs for the Practice Organization.

“The advantage of creating our own QCDR is that we’ll have more flexibility in selecting and designing the measures we feel would be most appropriate for psychologists,” she says. “Without that, psychologists would have to use what CMS is already working with, most of which comes from the old PQRS measures.”
What should psychologists know about the upcoming APA Practice Organization qualified clinical data registry (QCDR) and how to use it?

Know the dates. Take note of dates involving the QCDR and reporting. Getting on board at the right time could influence your payment options. The Practice Organization plans to launch the QCDR in January 2018. At that point, practitioners will be able to start using the registry to practice tracking patient care and access relevant educational tools.

Prepare. If you’re a private practitioner, consider purchasing an electronic health records program, as the new system may be able to pull your required data automatically.

Practice. Participate this year and next in the APAPO MIPS PRO, the new version of the APAPO PQRS PRO. Doing a run-through now will help prepare you in the long run. “It’s a good opportunity to assess your performance before reaching the point where you will suffer payment cuts if you’re not reporting correctly,” says Diane M. Pedulla, JD, director of regulatory affairs in the APA Practice Organization Government Relations Office.

Don’t freak. At the same time, don’t over-worry. The new QCDR promises to be easier to use and more relevant to your practice than former platforms.

Be open to change. While current Medicare rules on using either Merit-Based Incentive Payment Systems or Advanced Alternative Payment Models are currently in effect for other clinicians, nothing in Medicare is certain for psychologists until CMS makes it official.

“Medicare continues to evolve, and it will continue to explore new payment models,” says Pedulla. “The more we can work to design measures that reflect what psychologists do, the more they and the field will benefit.”

Benefits to psychologists

When using the QCDR, psychologists can expect:

Better feedback: APAPO QCDR measures will be more specifically tailored to psychologists than previous systems, so practitioners can expect better, more accurate feedback on their practices, says Patrick.

Improved information: The QCDR will link to new research, so practitioners will receive the latest information on findings and treatments in their focus areas. The Practice Organization will be able to cull information about practice patterns and provide better data, communication, and education to psychologists, lawmakers and other relevant parties.

CE and certification credits: Healthmonix will seek educational tools to include in the QCDR that would offer credit for continuing education and/or board certification – something the company has already been doing with various medical boards.

While using the QCDR might seem like yet another bureaucratic burden that steals precious time from patient care, it promises to have great advantages for your practice, your clients and for public health, says Wright.

“Ultimately, it’s larger than, ‘Here’s the place to put your measures because you have to,’” she says. “It’s also a platform that will allow you to incorporate quality improvement initiatives into your practice and help you be the most effective therapist, assessor, consultant or treatment team member that you can be.”

Written by Tori DeAngelis

Psychologists are not required to start using the QCDR (or a related reporting option) as the official data-reporting platform for CMS until January 2019, though that date is not yet official. And while your payment won’t be impacted until 2021, you still need to submit data starting at the beginning of 2019.