Key Takeaways:

- Registry participation is, above all, a quality improvement initiative.
- The ACR national data registries can help you benchmark and quantify your quality for patients, referring physicians, and job candidates.
- Participation may also be advantageous to help avoid a penalty on reimbursement under Medicare’s legislation for earning value-based payments.

With CMS’s push to base Medicare reimbursements on value-based quality metrics, radiologists across the country are now striving to change their fundamental assumptions about how quality patient care is delivered. In this quality reporting environment, raw output will play an ever-diminishing role in favor of demonstrable outcomes. But how can radiologists prove that they’re having a positive impact on patient care?

“We’re moving in the direction of quality measures and pay-for-performance,” says Jason A. Kreitner, MHA, RT, (R)(T), FACHE, former administrative director of diagnostic imaging and now vice president of operations at Hackensack University Medical Center in Hackensack, N.J. “Radiologists now have access to benchmark data and are able to adjust their practice and workflows to achieve best practices, which ultimately leads to better patient care and outcomes. Registries are an important way to achieve this,” he says. “It is crucial that hospitals partner with their physicians to provide resources to track and aggregate data through the hospital’s electronic medical record (EMR) for these registries. I believe that forging a strong partnership between both groups is imperative to success in the era of value-based health care.”

The partnership between Hackensack University Medical Center and its affiliated private practice radiology group has been a catalyst for ongoing registry participation and quality improvement. “Our hospital-based quality team is extremely impressed with our department’s efforts on measuring value,” says Gregory N. Nicola, MD, vice president of the Hackensack Radiology Group in Hackensack, N.J. “Presenting at hospital departmental quality meetings with data is more powerful than having the hospital quality committee take your word for it; it positions us as taking quality seriously. This is especially appreciated by the hospital given that we are a private practice.”

The department began its participation in registries with two of the NRDR databases: the Dose Index Registry® (DIR) — because dose management and patient safety are chief concerns for radiologists and hospital administrators alike — and the General Radiology Improvement Database® (GRID), due to its direct relevance to specific radiology tasks and the potential for immediate action in areas such as turnaround times, patient wait times, patient satisfaction, and other process and outcome measures.

After seeing the benefit of DIR and GRID in quality improvement, Hackensack began participating in other registries. Then they heard about the ACR Diagnostic Imaging Center of Excellence™ (DICOE) program. Hackensack was one of the first recipients of DICOE status in 2013, and the facility received its first renewal of the designation in 2016.

Registries and Quality Reporting

The strong commitment to quality also positions the radiology group and the hospital for future success with the Quality Payment Program (QPP), the care
Case Study: The Real-Time Benefits of Registries

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delivery mechanism of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Using the registries, the team will be able to demonstrate how quality activities and workflow transformation translate to increased reimbursement under QPP. Kreitner says, “These registries are pivotal in providing quantitative data that helps drive a quality culture mindset of improvement, which is not only the right thing for patient care, but is so ever important in a public reporting program such as the CMS Five-Star Quality Rating System.”

Participants in the Merit-based Incentive Payment System (MIPS) track of the QPP will have the opportunity to submit data for each of the four MIPS categories through an EMR or a qualified clinical data registry (QCDR) like the NRDR registries, among other reporting mechanisms. The QPP’s first performance period begins on January 1, 2017 and ends on December 31, 2017. Under QPP radiologists must now report various measures to CMS to avoid a penalty of up to 4 percent on their annual reimbursement. While the penalty (which could also be a bonus if your score is above average) begins at 4 percent, it will increase each year until it reaches 9 percent.

“Congress felt data registries were going to be the best way to start tracking diseases, patients, and outcomes, as well as to foster quality improvement,” Nicola notes. As a result, those groups who are already participating in ACR registries have a leg up: NRDR gives you access to 30 to 40 reporting measures, whereas radiologists who only report claims-based data may have just five to six measures to choose from for CMS.

More Art than Science

This is where it get complicated: Nicola says there’s an art to choosing which measures to report to CMS as part of the QPP. “You want to pick categories where you out-performed others, but also those that are of high value,” he says. In fact, measures where physicians have historically performed well may be considered “topped-out” in future performance years for the QPP, meaning they may lead to reduced scoring opportunities. “You want to have a bigger pool of measures to choose from, and NRDR provides that,” Nicola says. “There’s a huge amount of power in having a lot more data than you necessarily need to submit.”

Plus, he adds, since NRDR provides quarterly feedback reports, Hackensack Radiology Group has the chance to course correct throughout the year, if needed. By integrating registries into their daily work, radiologists have a better chance of submitting measures to CMS where they have the potential for a high score, and are thus likely to receive a bonus instead of a penalty.

Traditionally, the measures that have the greatest potential for a high score are also measures that are of high value to quality improvement in the health care system as a whole. For example, outcome measures that evaluate both the success of an intervention or therapy and the accuracy of a diagnosis have a large upside potential for clinicians who score well. Encouraging submission of outcome measures could certainly help improve overall quality.

Quality Is Quantitative

Above all else, the value of registry participation lies in receiving quantitative data about important quality benchmarks, says Nicola. For example, radiologists can present data to hospital administrators in areas such as CT colonography, lung screening, and mammography in order to demonstrate where they stand in relation to the practice of radiology as a whole. This information can help radiologists make objective, evidence-based decisions about their practice and performance.

“We finally got to quantify our quality improvement endeavors, which had not been easy to do in radiology before NRDR,” Nicola explains.

“There are a plethora of quality measures across the NRDR, which give us national and regional benchmarks we can shoot for to boost our own performance,” says Nicola. For example, he says the department was able...
to improve turnaround times for reports delivered to the emergency department on an overnight shift by nearly 50 percent by using internal and national benchmarks, and recognizing the need for increased staffing.

Nicola says another tangible benefit is being able to more closely monitor and improve radiation dose levels: “We use the quarterly data we receive from DIR rigorously to make sure we’re not over-radiating our patients while ensuring that the image quality is still good.”

Nicola believes that all of the team’s quality improvement initiatives — from registry participation to achieving DICOE status — have positioned the radiology group to excel under QPP and the transformation from volume to value. “As radiologists, we cannot protect reimbursement anymore without thinking about quality. Beyond that, it’s the right thing to do for our patients.”

**Next Steps**

- If you don’t yet have buy-in from your hospital administrators for registry participation, frame registries as a quality improvement initiative and try to find common ground.

- Leverage participation in NRDR to benchmark outcomes and process-of-care measures and enhance your quality improvement programs.

- Don’t wait for QPP penalties to kick in. Act now to participate in the NRDR QCDR so you can compare your practice performance to regional and national benchmarks and use the feedback to improve the quality of patient care and boost your MIPS composite performance score.

**Join the Discussion**

Want to join the discussion about how registry participation can lead to quality improvement and, under MACRA, positive reimbursement adjustments? Let us know your thoughts on Twitter at #imaging3.

Have a case study idea you’d like to share with the radiology community? Please submit your idea to http://bit.ly/CaseStudyForm.

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