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Clinical Emergency Data Registry Quality Measures

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1. ACEP is sensitive to the needs of its members and continues to safeguard member interests.
2. Emergency department physicians and practice groups should continue to be the primary customers of the Clinical Emergency Data Registry (CEDR). However, other business relationships with hospitals have many benefits.
3. The decision as to who bears the cost of CEDR participation (ie, ED group, hospital, or shared) is at the discretion of the parties involved. However, use of CEDR data must be delineated in the contract. For example, if only the ED group is contracted with CEDR, the hospital must not be allowed to use the data for its own purposes without also participating in CEDR.
4. ED Practice Group Autonomy:
 - a. CEDR data should be used strictly in good faith to support collaboration and the highest quality patient-centric care.
 - b. Quality measure selection and CMS ED physician practice reporting must be controlled directly by the respective ED group or, in the case of hospital employed physicians, with physician input and mutual agreement.
 - c. Hospitals that jointly (with ED group) or independently participate in CEDR may use the data for insight into quality metrics, performance, and other reasonable purposes, such as process improvement activities. However, CEDR data must not be used by hospitals to disparage, penalize, or terminate individual physicians or groups or be used to influence contract negotiations with ED groups.