Reporting Under Medicare Access and CHIP Reauthorization Act (MACRA) through Clinical Emergency Data Registry (CEDR)

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What is CEDR?

- A Qualified Clinical Data Registry (QCDR)
  - A designation by CMS as an approved mechanism for clinicians and groups to report QPP data and participate in MIPS.
  - Allows for reporting all-payer data
  - Allows for registry-specific quality measures

- Developed by ACEP to enable participation in the CMS Quality Payment Program while promoting the highest quality of emergency care and demonstrating the value of that care

- Generate new science (identify practice patterns, trends, and outcomes)

- Inform health policy decisions
Advantages of Participating in CEDR

- **Quality reporting**
  - Allows use of CEDR measures, which are more applicable to Emergency Medicine
  - Covers multiple aspects of reporting requirements
    - Quality, Improvement Activities (IA), Promoting Interoperability (PI)
    - Provides reporting option for large groups as only small practices may submit data via claims-based reporting for 2019 onward.

- **Maintenance of Certification**
  - American Board of Emergency Medicine (ABEM) Maintenance of Certification (MOC) Part IV can be completed through the use of CEDR

- **Accountability**
  - More secure and accurate than paper; allows for electronic end-to-end reporting

- **Revenue**
  - Protects from potential -7% downside in 2021 for 2019 reporting year
  - Opportunity for bonus incentive payments from CMS
QPP Overview

- The Quality Payment Program improves Medicare by helping clinicians focus on care quality and the one thing that matters most — making patients healthier.

- QPP has two tracks clinicians and groups can choose from:
  - Advanced Alternative Payment Models (APMs) or
  - The Merit-based Incentive Payment System (MIPS)

- CEDR focuses on the MIPS track for reporting under QPP for both individual clinicians and for clinician groups.
2019 Final Rule Overview

- Quality Payment Program Year 3 Focus Areas:
  - The program’s measures and activities are meaningful.
  - Clinician burden is minimized.
  - Care coordination is better.
  - Clinicians have a clear way to participate in Advanced APMs.

- Addressing Physician Concerns:
  - Going slow while preparing clinicians for full implementation in year 6.
  - Providing more flexibility to help reduce your burden.
  - Offering new incentives for participation.

- Patients Over Paperwork Initiative
  - Allowing Opt-in for individual MIPS-eligible clinicians or groups with one of the 3 qualifying criteria met.
Participation in the QPP Program

- Clinicians must participate if they meet all of the following conditions
  - Greater than $90,000.00 in Part B allowed charges for covered professional services
  - Provide care to more than 200 Part B-enrolled beneficiaries
  - Provide more than 200 covered professional services under the Physician Fee Schedule (PFS)
- Starting in 2019, clinicians can voluntarily join the MIPS track of the QPP program if they meet at least one of the above conditions
- Clinicians may wish voluntarily join to gain access to positive payment adjustments when their group participates in a registry like CEDR
CMS uses MIPS reporting for the 2019 performance year to adjust reimbursements in 2021.

MIPS is scored on a scale of zero to 100.

A score of 30 is required to avoid penalty.

A score of 75 is required to earn an Exceptional Performance bonus. (0.5% - 10%)

CMS applies a scaling factor on positive adjustments to maintain budget neutrality.
The QPP Program Going Forward

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee updates</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Doctors treating Medicare beneficiaries will be in one of two newly designed payment paths:

- **MIPS** (Merit-Based Incentive Payment System)
  - Doctors will be graded on four factors...
  - Clinical practice improvement activities (15%)
  - Meaningful use of EHRs (25%)
  - Resource use (30%)
  - Quality of care (30%)
  - ... to determine bonuses or penalties

- **APMs** (Alternative payment models)

MIPS maximum bonus or penalty (+/-):

<table>
<thead>
<tr>
<th>Year</th>
<th>MIPS</th>
<th>APMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>9%</td>
<td></td>
</tr>
</tbody>
</table>

APMs across-the-board bonus:

- 5% each year

Additional funding:

- $15 million available every year for measure development
- $20 million available every year for technical assistance to small practices

Up to $500 million authorized every year for MIPS bonuses of up to 10% for exceptional performance (2019–24)

2017 MIPS Payment Adjustments

Score Ranges

<table>
<thead>
<tr>
<th></th>
<th>Negative</th>
<th>Neutral</th>
<th>Positive</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIPS Score</td>
<td>0</td>
<td>3</td>
<td>&gt;3 but &lt;70</td>
<td>70 or more</td>
</tr>
<tr>
<td>% of Eligible Clinicians</td>
<td>5%</td>
<td>2%</td>
<td>22%</td>
<td>71%</td>
</tr>
<tr>
<td>Financial Impact</td>
<td>-4%</td>
<td>0%</td>
<td>0% - 0.20%</td>
<td>0.28% - 1.88%</td>
</tr>
</tbody>
</table>
2017 MIPS Participation

MIPS Overall Scores

- 1,057,824 eligible clinicians receiving a MIPS payment adjustment (positive, neutral, or negative)
- 1,006,319 eligible clinicians that reported data and received a neutral payment adjustment or better
- The overall national score for MIPS (non-APM) was a mean of 75.71, and a median of 83.04.

MIPS Scores by Submitter Type

<table>
<thead>
<tr>
<th></th>
<th>Individuals</th>
<th>Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>55.08</td>
<td>76.20</td>
</tr>
<tr>
<td>Median</td>
<td>60.00</td>
<td>91.04</td>
</tr>
</tbody>
</table>
MIPS Scoring

- Four MIPS Score Categories
  - Quality – 45% of MIPS score
    - Usually requires 6 measures, one of which must be high priority or outcome
    - Bonus points available for end-to-end reporting and additional high priority or outcome measures report
    - Full year of data required, with 60% Data completeness
  - Cost – 15% of MIPS score
    - Calculated purely by CMS based on claims data.
    - Exempt if measures not applicable, will reweigh to the Quality category
  - Promoting Interoperability – 25% of MIPS score
    - Two sets of measures for CEHRT-certified systems.
    - Hospital-based Clinicians exempt, will reweigh to the Quality category
  - Improvement Activities – 15% of MIPS score
Quality Scoring

- **Class 1**
  - These measures meet the case minimum of 20, the minimum data completeness rate of 60% and have a benchmark to be compared
  - These measures will result in a score between 3-10

- **Class 2**
  - The measures fall into multiple criteria
  - A submission that meets Class 1 requirements, but no benchmark is available receives a score of 3 points
  - A submission that does not meet the case minimum but meets the minimum data completeness rate will result in a score of 3 points
  - For small practices, if they do not meet any of the criteria to be considered a Class 1 this will result in a score of 3 points

- **Class 3**
  - For practices that are not considered Small Practices, measures that fail to meet the minimum data completeness rate will be awarded a score of 1 point
## Example Benchmarks

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure_ID</th>
<th>Average</th>
<th>Decile_3</th>
<th>Decile_4</th>
<th>Decile_5</th>
<th>Decile_6</th>
<th>Decile_7</th>
<th>Decile_8</th>
<th>Decile_9</th>
<th>Decile_10</th>
<th>TOPPED_OUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Emergency Department Utilization of CT for Pulmonary Embolism</td>
<td>ACEP22</td>
<td>49.2</td>
<td>41.67 - 44.51</td>
<td>44.52 - 46.33</td>
<td>46.34 - 49.17</td>
<td>49.18 - 52.33</td>
<td>52.34 - 56.30</td>
<td>56.31 - 61.01</td>
<td>61.02 - 65.24</td>
<td>&gt;= 65.25 No</td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test for Female Abdominal Pain Patients</td>
<td>ACEP24</td>
<td>75.6</td>
<td>72.00 - 74.23</td>
<td>74.24 - 77.21</td>
<td>77.22 - 79.52</td>
<td>79.53 - 80.52</td>
<td>80.53 - 82.12</td>
<td>82.13 - 84.32</td>
<td>84.33 - 87.17</td>
<td>&gt;= 87.18 No</td>
<td></td>
</tr>
<tr>
<td>Tobacco Screening and Cessation Intervention for ED patients with Cardiovascular and/or Pulmonary Conditions</td>
<td>ACEP25</td>
<td>25.9</td>
<td>11.10 - 15.70</td>
<td>15.71 - 19.29</td>
<td>19.30 - 21.81</td>
<td>21.82 - 24.08</td>
<td>24.09 - 33.50</td>
<td>33.51 - 42.43</td>
<td>42.44 - 51.65</td>
<td>&gt;= 51.66 No</td>
<td></td>
</tr>
</tbody>
</table>

Measure scoring information by decile:

<table>
<thead>
<tr>
<th>Decile</th>
<th>Number of Points Assigned for the 2018 MIPS Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below Decile 3</td>
<td>3 points</td>
</tr>
<tr>
<td>Decile 3</td>
<td>3-3.9 points</td>
</tr>
<tr>
<td>Decile 4</td>
<td>4-4.9 points</td>
</tr>
<tr>
<td>Decile 5</td>
<td>5-5.9 points</td>
</tr>
<tr>
<td>Decile 6</td>
<td>6-6.9 points</td>
</tr>
<tr>
<td>Decile 7</td>
<td>7-7.9 points</td>
</tr>
<tr>
<td>Decile 8</td>
<td>8-8.9 points</td>
</tr>
<tr>
<td>Decile 9</td>
<td>9-9.9 points</td>
</tr>
<tr>
<td>Decile 10</td>
<td>10 points</td>
</tr>
</tbody>
</table>
Improvement Activities (15%)

- Select a minimum of 1 activity (from 117+ proposed) with additional credit for more activities
- Report for 90 days
- 2 High-weighted or 4 medium weighted will get you full credit
- Patient-centered medical home gets full credit
- Participation in APM earns half credit
- CEDR and/or E-QUAL participation will get you most credits
Performance Matters!

- Measure performance will be posted publicly on Physicians Compare
  - Measures in their first year will not be posted.
  - Measures that have less than 20 reported patients will not be posted.
- There will be a 30 day preview period before scores are posted for clinicians to review and contest their Physicians Compare profile.
MIPS Submission Tool Home Page

Please select your practice

TIN: 123412340
Performance year: 2018
Select TIN: All

TIN Details:
- INDIVIDUAL TIN - 123412340
  - From: 01-01-2018 To: 12-31-2018

MIPS Score
- Quality: 12.5/75
- IA: 15/15
- Cost: 1/10

Quality:
- Performance: 10/50
- Performance Category Weight: 75
- Contribution to MIPS: 12.5

IA:
- Performance: 40/40
- Performance Category Weight: 15
- Contribution to MIPS: 15

Cost:
- Performance: 1/10
- Performance Category Weight: 10
- Contribution to MIPS: 1

Small Practice Bonus: 5

Estimated MIPS Total Score: 33.5

Note: The small practice bonus is inclusive in the estimated total score. The total score is capped on the summation of weight of all categories.

Submit
See More
### Who We Have Worked With

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018*Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Clinicians</strong></td>
<td>2,143</td>
<td>10,000+</td>
<td>12,000+</td>
</tr>
<tr>
<td><strong>Number of Patient Visits</strong></td>
<td>3M +</td>
<td>17M +</td>
<td>20M +</td>
</tr>
<tr>
<td><strong>Number of ED Engaged</strong></td>
<td>70</td>
<td>700+</td>
<td>750+</td>
</tr>
<tr>
<td><strong>Number of EMR/EDIS</strong></td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td><strong>Performance Measures</strong></td>
<td>42</td>
<td>42</td>
<td>41</td>
</tr>
</tbody>
</table>
Key Dates and Actions for Success in 2019
Get Started!

- Complete interest form
- Complete detailed application
- Sign agreements for Practice Group, Billing Company, and Hospital
2019 CEDR Timeline – Full Implementation *(open now for first 100 applicant groups)*

<table>
<thead>
<tr>
<th>Date</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 30, 2018</td>
<td>Complete Interest Form</td>
</tr>
<tr>
<td>December 15, 2018</td>
<td>Complete Detailed Application</td>
</tr>
<tr>
<td>December 31st, 2018</td>
<td>Complete all Contracting</td>
</tr>
<tr>
<td>March 31st, 2019</td>
<td>Submit required Data</td>
</tr>
<tr>
<td>June 30th, 2019</td>
<td>Resolve Data Quality Issues</td>
</tr>
<tr>
<td>July through December 2019</td>
<td>Review Quality Scores &amp; Sign Release Form</td>
</tr>
</tbody>
</table>
Rural Critical Access Grant
Joint E-QUAL/CEDR Reward Opportunity

E-QUAL and CEDR are excited to announce a special grant opportunity for EDs interested in maximizing the success of the quality improvement projects and building your ED critical data access and capacity.

ACEP is seeking up to 10 EDs in rural and underserved areas interested in joining E-QUAL and CEDR to apply this year for this reward.

The award is a one-time lump sum of $4,000 that will be used to cover the technical assistance of CEDR costs.

**Eligibility**

- Must be enrolled in and complete a 2019 E-QUAL collaborative
- Hospital-based ED practices in CMS designated Critical Access Hospitals (CAHs), OR
- ED practices located in rural areas requiring that your location be outside an Urbanized Area as defined by the U.S. Census. Use the following web link to determine if your ED facility meets the CMS Rural definition

**Submission**

Applications must be submitted by the deadline to:

Nalani Tarrant, Senior Project Manager at ntarrant@acep.org

*Deadline to submit application is December 31, 2018*
CEDR Quality Measures
CEDR Quality Measures 2019 (subject to CMS Approval)

2 Types of Measures

- **Quality Payment Program (QPP) Measures** - Out of CMS 270 published measures – 19 selected for CEDR

- **QCDR Measures** - every QCDR is allowed to build up to 30 measures of its own that are specialty specific
  - CEDR has applied for CMS approval for 12 registry specific 2019 reportable measures

- Required reporting across all payers - not just Medicare
## Most Frequently Mapped Measures in 2017

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>Groups Mapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEP 32</td>
<td>Adult Throughput – Overall</td>
<td>93</td>
</tr>
<tr>
<td>ACEP 40</td>
<td>Peds Throughput - Overall</td>
<td>91</td>
</tr>
<tr>
<td>QPP 116</td>
<td>ABX Avoidance for Bronchitis</td>
<td>79</td>
</tr>
<tr>
<td>ACEP 24</td>
<td>Pregnancy Test for Ab Pain</td>
<td>65</td>
</tr>
<tr>
<td>ACEP 25</td>
<td>Tobacco cessation</td>
<td>54</td>
</tr>
<tr>
<td>QPP 415</td>
<td>CT for Head Trauma – Adult</td>
<td>50</td>
</tr>
<tr>
<td>QPP 254</td>
<td>Pregnancy Location</td>
<td>46</td>
</tr>
<tr>
<td>ACEP 27</td>
<td>Sepsis – ABX Ordered</td>
<td>43</td>
</tr>
<tr>
<td>QPP 317</td>
<td>High BP Screening</td>
<td>41</td>
</tr>
<tr>
<td>QPP 93</td>
<td>AOE – Antimicrobial Avoidance</td>
<td>40</td>
</tr>
</tbody>
</table>
CEDR Implementation
Data Mapping
Data Sources

- Common Sources
  - Revenue Cycle Management (RCM) Systems
  - Emergency Department Information System (EDIS)
  - Data Warehouse
  - EHR
  - Reporting Database

- Multiple Data Sources
- Many implementations require more than one data source.
- CEDR merges records from multiple data sources via a unique patient and encounter identifier.
CEDR Technical Implementation – Get the Data

• Choose the data collection method
  ‣ PULL: Usually 12-20 weeks
  ‣ PUSH: A minimum of 16-40 weeks using standard data file format
    ‣ Preferred CCDA/HL-7/FHIR/CCD
    ‣ Acceptable - .xml, flat file, .xls/.xlsx
    ‣ Not acceptable – PDF, Scanned Images

  * The time it takes to complete the Push methodology varies significantly across hospitals, depending on the format and quality of the data, the amount of ED IT resources, and the level of engagement of the participating ED staff

• CEDR collects structured and unstructured data

• Text parsing is used to read unstructured data

• CEDR team works with ED/Hospital IT team to collect data

• ED Clinical Lead will ensure accurate data mapping and measures calculation
Data Pull vs. Data Push

• Data Pull
  ‣ FIGmd installs software that passively collects data
  ‣ Does not affect EHR performance
  ‣ Cost efficient for hospitals
  ‣ Provides richest data set for demonstrating the value of emergency medicine
  ‣ Provides best opportunity for MIPS scoring, including CEHRT bonus

• Data Push
  ‣ Hospitals need to abstract data to meet the requirements of the CEDR data dictionary
  ‣ More labor intensive for hospital IT staff
Data Flow

**ED Location**
- ED-EMR Server
- EMR Data Transmitter

**RCM Provider**
- ED-RCM Server
- RCM Data Transmitter

**CEDR**
- Clinical Data Repository (CDR)
- Clinical Data Upload Server
- Registry Dashboard
- Data Marts
  - Registry Quality Reporting
  - Analytics
  - Other
- Mapping Analyst

**Transmitters**
- ED Location
- RCM Provider

**SFTP**
- https:// Port 443
Data Mapping Process

- Transmission to CEDR
- Data Parsing
- Data Validation
- Patient Identifier
- Episode Identifier

Combined Record:
- Discrete Data Elements
- Semi-structured Data Parsing

Data Dictionary:
- Data Elements
- Data Calculations

Dashboard:
- Measures
- Data Validation
# Fundamental Data Elements

<table>
<thead>
<tr>
<th>Element name</th>
<th>Coding Instructions</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Last Name</td>
<td>Indicate the patient's last name. Hyphenated names should be recorded with a hyphen.</td>
<td>N</td>
</tr>
<tr>
<td>Patient First Name</td>
<td>Indicate the patient's first name.</td>
<td>N</td>
</tr>
<tr>
<td>Patient Middle Name</td>
<td>Indicate the patient's middle name(s).</td>
<td>N</td>
</tr>
<tr>
<td>SSN or MRN</td>
<td>Indicate the patient's unique identifier</td>
<td>Y</td>
</tr>
<tr>
<td>Date and time of Birth</td>
<td>Indicate the patient's date of birth.</td>
<td>Y</td>
</tr>
<tr>
<td>Sex</td>
<td>Indicate the patient's sex at birth.</td>
<td>Y</td>
</tr>
<tr>
<td>Clinician NPI</td>
<td>Indicate the NPI of the Clinician</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Private Health Insurance</td>
<td>Indicate if the patient has private health Insurance.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Medicaid</td>
<td>Indicate if the patient is insured by Medicaid.</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Military Healthcare / Department of Defense / Tricare</td>
<td>Indicate if the patient has military health care.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Medicare (Fee for service)</td>
<td>Indicate if the patient is insured by Medicare (fee for service).</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Medicare (Advantage care)</td>
<td>Indicate if the patient is insured by Medicare (managed care/HMO).</td>
<td>Y</td>
</tr>
<tr>
<td>Insurance - Blue Cross/ Blue Shield</td>
<td>Indicate if the patient is insured by Blue Cross/ Blue Shield</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Other Government / Indian Health Service/ State Local government</td>
<td>Indicate if the patient is insured by Other Government.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Department of Corrections</td>
<td>Indicate if the patient is insured by Department of Corrections</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Managed Care Unspecified</td>
<td>Indicate if the patient is insured by Managed Care Unspecified.</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - No Payment Listed</td>
<td>Indicate if the patient has No Payment Listed</td>
<td>N</td>
</tr>
<tr>
<td>Insurance - Miscellaneous/Other/Foreign National, Worker’s Comp, Auto Insurance</td>
<td>Indicate if the patient is insured by Miscellaneous/Other.</td>
<td>N</td>
</tr>
</tbody>
</table>
## Data Element Mapping

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
<th>Element ID</th>
<th>Element Name</th>
<th>Element Type</th>
<th>CDR Section</th>
<th>CDR Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2050</td>
<td>Date and time of Birth</td>
<td>2050</td>
<td>Date and time of Birth</td>
<td>Denominator</td>
<td>Patient Demographics Section</td>
<td>21 - Date of Birth</td>
</tr>
<tr>
<td>8505</td>
<td>Date and Time of arrival (onset) to Emergency Department</td>
<td>8505</td>
<td>Date and Time of arrival (onset) to Emergency Department</td>
<td>Denominator</td>
<td>Encounter Section</td>
<td>73 - Encounter Start Date</td>
</tr>
<tr>
<td>1510</td>
<td>Encounter Date and time</td>
<td>1510</td>
<td>Encounter Date and time</td>
<td>Denominator</td>
<td>Encounter Section</td>
<td>73 - Encounter Start Date</td>
</tr>
<tr>
<td>9210</td>
<td>Complaint of abdominal pain</td>
<td>9210</td>
<td>Complaint of abdominal pain</td>
<td>Denominator</td>
<td>Problem Section</td>
<td>105 - Problem Code/106 - Problem Text</td>
</tr>
<tr>
<td>9215</td>
<td>Date and time of complaint of abdominal pain</td>
<td>9215</td>
<td>Date and time of complaint of abdominal pain</td>
<td>Denominator</td>
<td>Problem Section</td>
<td>110 - Documentation Date</td>
</tr>
<tr>
<td>8500</td>
<td>Emergency Department Visit</td>
<td>8500</td>
<td>Emergency Department Visit</td>
<td>Denominator</td>
<td>Encounter Section</td>
<td>71 - Encounter Type Code</td>
</tr>
<tr>
<td>2060</td>
<td>Sex</td>
<td>2060</td>
<td>Sex</td>
<td>Denominator</td>
<td>Patient Demographics Section</td>
<td>20 - Gender Text</td>
</tr>
<tr>
<td>4020</td>
<td>Pregnancy (urine/serum) test ordered</td>
<td>4020</td>
<td>Pregnancy (urine/serum) test ordered</td>
<td>Numerator</td>
<td>Result Observation Section</td>
<td>188 - Observation Code/189 - Observation Name</td>
</tr>
<tr>
<td>4025</td>
<td>Pregnancy (urine/serum) test ordered-Date</td>
<td>4025</td>
<td>Pregnancy (urine/serum) test ordered-Date</td>
<td>Numerator</td>
<td>Result Observation Section</td>
<td>191 - Observation Date</td>
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<tr>
<td>4040</td>
<td>Diagnosis of hysterectomy</td>
<td>4040</td>
<td>Diagnosis of hysterectomy</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>105 - Problem Code/106 - Problem Text</td>
</tr>
<tr>
<td>8020</td>
<td>Date and timing of diagnosis of hysterectomy</td>
<td>8020</td>
<td>Date and timing of diagnosis of hysterectomy</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>110 - Documentation Date</td>
</tr>
<tr>
<td>4045</td>
<td>Patient post-menopausal</td>
<td>4045</td>
<td>Patient post-menopausal</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>105 - Problem Code/106 - Problem Text</td>
</tr>
<tr>
<td>8025</td>
<td>Date and timing of postmenopausal</td>
<td>8025</td>
<td>Date and timing of postmenopausal</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>110 - Documentation Date</td>
</tr>
<tr>
<td>8030</td>
<td>Diagnosis of pregnancy</td>
<td>8030</td>
<td>Diagnosis of pregnancy</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>105 - Problem Code/106 - Problem Text</td>
</tr>
<tr>
<td>8035</td>
<td>Date and timing of pregnancy</td>
<td>8035</td>
<td>Date and timing of pregnancy</td>
<td>Exclusion</td>
<td>Problem Section</td>
<td>110 - Documentation Date</td>
</tr>
</tbody>
</table>
EMRs/Data Systems that CEDR has worked with

- EPIC
- Cerner
- Meditech
- Allscripts
- PICIS
- Merge Financials
- Wellsoft
- T-system
- MEDHOST EDIS
- Paragon WebStation
- Soarian EDIS
- Medpoint
- Forerun
CEDR Hosting and Security

- Amazon Web Services (AWS) Cloud environment is SSAE-16, PCI-DSS, FISMA, ISO 27001, SOC-I, II, III certified.
- Access to FIGmd Corporate Headquarters is controlled by video monitoring, Biometric scan systems at each door, visitor registration, and badge access.
- FIGmd, Inc. has designed HIPAA and Security Awareness Training Program for entire workforce.
- Limit uses & disclosures of PHI to the "minimum necessary"
- Internal Audits and Security reviews on going basis.
- All required policies and procedures are created and controls are in place.
- CEDR standards exceed industry standards for data security and management
- All data is handled in accordance with HIPAA requirements
- Data is encrypted while in motion and at rest
Accessing CEDR

- Groups will be given access to their dashboard to view their data
- Groups/EDs can query their data and generate reports
- Groups/EDs can view performance across measures for multiple locations and clinicians
- Dashboard is accessible via an ACEP login
- Clinicians can view their individual performances and determine which measures they want to report
- Administrators/ED Directors can view group level performances
### CEDR Dashboard – Measure View

#### Measure Details

<table>
<thead>
<tr>
<th>ID</th>
<th>Measure Description</th>
<th>Domain</th>
<th>Performance</th>
<th>Registry Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACP19</td>
<td>Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older</td>
<td>Efficiency and Cost Reduction</td>
<td>81.44%</td>
<td>75.38%</td>
</tr>
<tr>
<td>ACP21</td>
<td>Coagulation Studies in Patients Presenting with Chest Pain with No Coagulopathy or Bleeding</td>
<td>Efficiency and Cost Reduction</td>
<td>32.26%</td>
<td>26.31%</td>
</tr>
<tr>
<td>ACP23</td>
<td>Anti-coagulation for Acute Pulmonary Embolism Patients</td>
<td>Patient Safety</td>
<td>1.45%</td>
<td>47.59%</td>
</tr>
<tr>
<td>ACP24</td>
<td>Pregnancy Test for Female Abdominal Pain Patients</td>
<td>Patient Safety</td>
<td>41.50%</td>
<td>54.04%</td>
</tr>
<tr>
<td>ACP25</td>
<td>Tobacco Screening and Cessation Intervention</td>
<td>Community Population Health</td>
<td>0.02%</td>
<td>10.47%</td>
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<tr>
<td>ACP26</td>
<td>Sepsis Management: Septic Shock: Lactate Level Measurement</td>
<td>Clinical Effectiveness</td>
<td>99.3%</td>
<td>45.00%</td>
</tr>
<tr>
<td>ACP27</td>
<td>Sepsis Management: Septic Shock: Antibiotics Ordered</td>
<td>Clinical Effectiveness</td>
<td>100.00%</td>
<td>21.20%</td>
</tr>
<tr>
<td>ACP28</td>
<td>Sepsis Management: Septic Shock: Fluid Resuscitation</td>
<td>Clinical Effectiveness</td>
<td>98.52%</td>
<td>97.03%</td>
</tr>
<tr>
<td>PQRS116</td>
<td>Antibiotic treatment for adults with acute bronchitis: avoidance of inappropriate use</td>
<td>Efficiency and Cost Reduction</td>
<td>27.16%</td>
<td>93.89%</td>
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<tr>
<td>PQRS317</td>
<td>Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
<td>Community Population Health</td>
<td>81.03%</td>
<td>57.52%</td>
</tr>
</tbody>
</table>

### Additional Features

- **Physician Group:** Demo Group 3
- **Last Updated:** No information available
- **Chat with Support Team**
CEDR Dashboard – Measure Detail

Demo Group 3
Emergency Department Utilization of CT for Minor Blunt Head Trauma for Patients Aged 18 Years and Older

Performance Trend

<table>
<thead>
<tr>
<th>QUARTER</th>
<th>ALL</th>
<th>MET</th>
<th>NOT MET</th>
<th>REGISTRY AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016Q1</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>92.86%</td>
</tr>
<tr>
<td>2016Q2</td>
<td>14</td>
<td>13</td>
<td>1</td>
<td>92.86%</td>
</tr>
<tr>
<td>2016Q3</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>91.67%</td>
</tr>
<tr>
<td>2016Q4</td>
<td>12</td>
<td>11</td>
<td>1</td>
<td>91.67%</td>
</tr>
</tbody>
</table>
CEDR Participation Cost
Cost

- **Direct costs:**
  - $0.25/visit Data Processing Fee for 2019 reporting year, where the physician group is reporting on behalf of their physicians, the physician group incurs this cost, not the hospital.
  - Several discounts apply on base price of $0.25.
  - $100 CEDR Annual Clinician Fee - waived for ACEP/SEMPA members and 100% Club groups.

- **Indirect costs:**
  - Depends on the data transfer method chosen by the ED. The ED may need to devote IT resources to staff the CEDR project, particularly using the push method.
Cost- Discounts offered on the base price

- **Membership:**
  - Individual Member = 10% (ACEP or SEMPA)
  - 100% Club member = 20% (ACEP and SEMPA)

- **Technology (Pull or Data Ware House or RCM):** = 10%

- **Multi-year Contracts** = 5% to 10% (3 years contract = 5%, 5 years contract = 10%)

- **Visit Volume**
  - 1 million+ = 10%
  - 5 Million+ = 20%

- **Rural/Critical Access Hospital** = 10%
Stay Connected

ACEP offers CEDR webinars every other month with free CME:

*Next webinar on Thursday Nov 15th ...at 2pm ET/1pm CT*

Please register for *Year 3 Proposed Rule: 2019 Participation in APMs* on Nov 15, 2018 1:00 PM CST at:

- [https://attendee.gotowebinar.com/register/1786486887199069196](https://attendee.gotowebinar.com/register/1786486887199069196)

After registering, you will receive a confirmation email containing information about joining the webinar.
CEDR Specific Questions?

- [www.acep.org/cedr](http://www.acep.org/cedr)
  - Frequently Asked Questions (FAQ)
  - Resources

- Contact
  - cedr@acep.org
  - Pawan Goyal, MD, Associate Executive Director, ACEP
    - pgoyal@acep.org
  - Bill Malcom, CEDR Program Director, ACEP
    - bmalcom@acep.org
THANK YOU!

CEDR
CLINICAL EMERGENCY DATA REGISTRY

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE