



# Navigating MSSP Quality Reporting: EHR Connection vs. QRDA-1

## Mastering Healthcare Quality Reporting Choices

May 6, 2024

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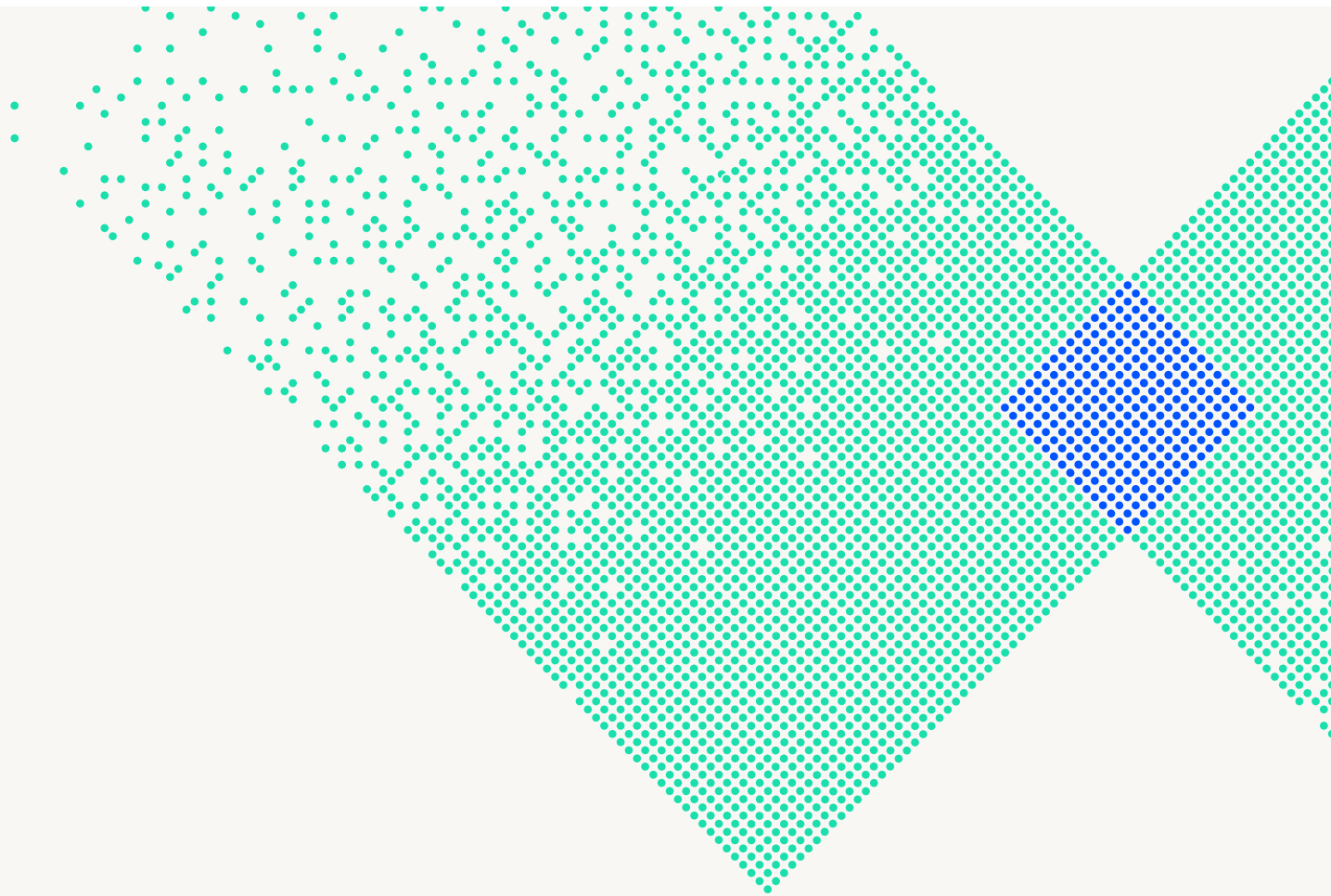
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*Educational Webinar Series*

# Meet Today's Speaker



# James Pelletier

## National Director Provider Quality at MRO

20+ years of experience in Healthcare IT, Population Health, Data and Analytics.

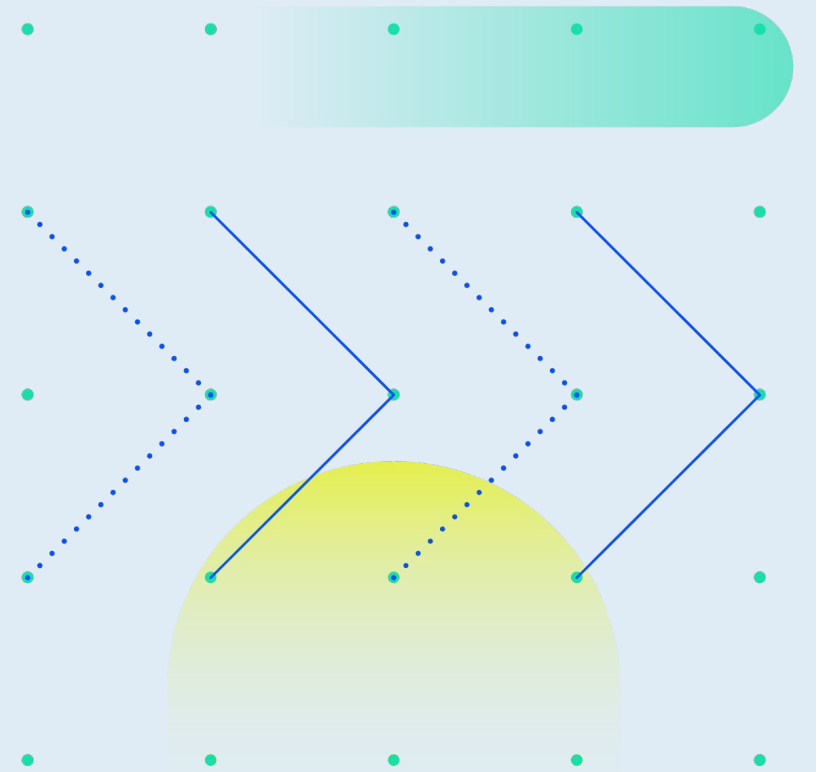
- An expert in the field of population health and healthcare technology.
- Experience working with disruptive and innovative healthcare solution companies to measurably improve care management, risk adjustment, patient engagement, and data insights.
- Wealth of experience working with Accountable Care Organizations on a variety of value-based care initiatives to improve patient outcomes and quality of care.

When James is not working, he loves the Maine outdoors, coaching hockey, and spending time with his 2 kids.



# About MRO

Accelerating Clinical Data Exchange



# One platform. And a multitude of tailor-made solutions.



## Clinical Exchange

Exchange Connector  
Exchange Services  
Exchange Forms Services

Audit Manager  
Institutional Audit Monitor  
Professional Audit Monitor



## Clinical Intelligence

Exchange Nexus  
Clinical Gap Connector

ACO PerformancePathway  
Registry PerformancePathway  
Quality Analyzer  
Polaris  
Patient Reported Outcomes (PRO)

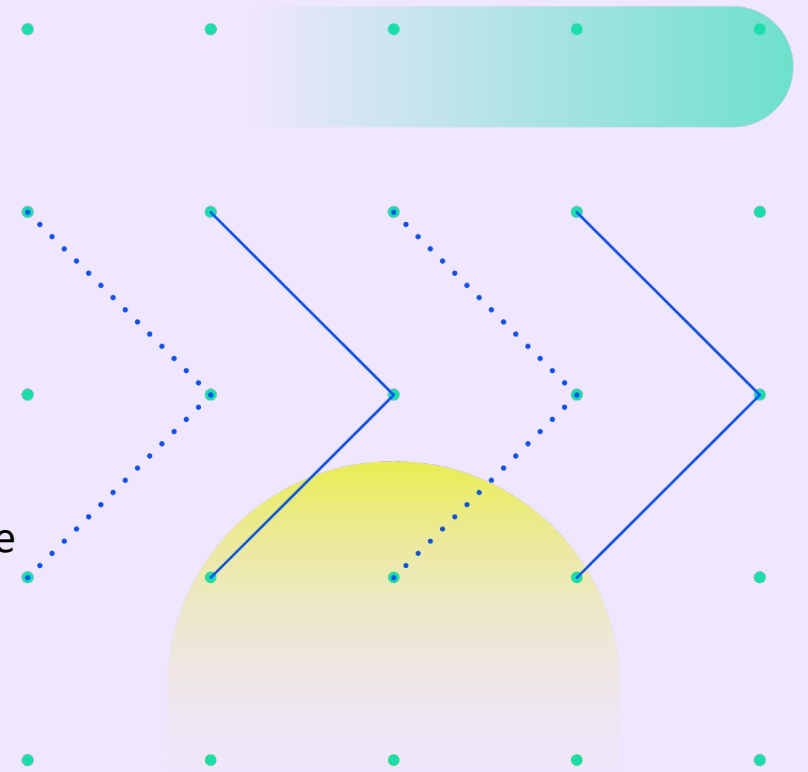
# Experience across the enterprise for quality clinical data



MRO has successfully reported quality measure results for multiple years, supporting multiple reporting pathways & is ahead of the regulations with support for reporting eCQMs for 8 of the first 11 ACOs via APP which is required for 2025.

# Introduction

EHR connections vs. QRDA-1 file uploads, what's right for you?





## Quality Reporting Document Architecture Category 1

- Type of electronic health record (EHR) document used in healthcare for quality reporting purposes
- Structured according to standards defined by the Centers for Medicare & Medicaid Services (CMS) and is typically used to report clinical quality measures (CQMs) for programs such as the Physician Quality Reporting System (PQRS) and the Merit-based Incentive Payment System (MIPS).
- Contains patient-level data related to specific quality measures, including patient demographics, clinical information, and performance data.
- Follow a specific schema defined by CMS to ensure interoperability and consistency in quality reporting across healthcare systems and providers



# Sample QRDA-1



Contact info	1020 Healthcare Drive Burlington, MA 02368, US Tel: (555)555-1003
Author	Good Health Report Generator
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003
Legal authenticator	Virgil Verify, MD of Good Health Hospital signed at December 31, 2011
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003
Document maintained by	Good Health Hospital
Contact info	21 North Ave. Burlington, MA 02368, US Tel: (555)555-1003

## Table of Contents

- [Measure Section](#)
- [Reporting Parameters](#)
- [Patient Data](#)

## Measure Section

eMeasure Title	Version neutral identifier	eMeasure Version Number	NQF eMeasure Number	eMeasure Identifier (MAT)	Version specific identifier
Children's Asthma Care (CAC-1) Relievers for Inpatient Asthma	dc78ee5d-1487-4d79-84c3-1dfdaaff0781c	1	0143	93	8a4d92b2-373f-82e2-0137-7b9e21cc5c8f
Children's Asthma Care (CAC-2) Systemic Corticosteroids for Inpatient Asthma	d7c71959-3991-457c-b8ea-774238c87248	1	0144	106	8a4d92b2-373f-82e2-0137-baed84f55f93

## Reporting Parameters

- Reporting period: 01 Jan 2011 - 31 Dec 2011

## Patient Data

Data Element	Value	Date/Time
Encounter, Performed: Emergency Department Visit	Emergency Department visit	03/01/2011 4:00 - 03/01/2011 8:30
Encounter, Performed: Encounter Inpatient	Hospital admission	03/01/2011 9:00 - 03/03/2011 10:30
Diagnosis, Active: Asthma	Asthma	01/01/2011
Medication, Administered not done: Patient refusal, Asthma Reliever: albuterol 1.25 MG (albuterol sulfate 1.5 MG) per 3 ML Inhalant Solution	Drug declined by patient - reason unknown	Null
Medication, Administered: Systemic Corticosteroids	Hydrocortisone 10 MG Oral Tablet	03/01/2011 15:00
Patient Characteristic Clinical Trial Participant	True	03/01/2011
Patient Characteristic Payer	Medicare	03/01/2011

# What is a EHR integration – "Pull"



## Direct

- **Third-party Application Request** - retrieves data from the EHR system upon request.
- **EMR Data Retrieval** - includes patient demographics, medical history, laboratory results, medications, and other relevant information.
- **Data Transmission:** The EHR system then transmits the requested data back to the third-party application in a structured format, typically using standard protocols.
- **Data Processing:** Once the third-party application receives the data, it can process and utilize it according to its intended purpose.

## Polling Question:



Has your organization chosen a method for data acquisition yet?

- A. Yes, QRDA-1 file
- B. Yes, Direct EMR integration
- C. No decision yet
- D. We are not an MSSP

# Distinguish Reporting Paths



## EHR Direct Connection:

*Real-time data exchange, integrated directly with healthcare providers' systems.*

## QRDA-1 File Uploads:

*Periodic data submission using standardized files.*



## Decision Factors:

*Importance of accuracy, timeliness, and ease of reporting.*



## EHR Direct Connection:

- *Refreshes data at predefined intervals, ensuring that you always have the latest patient information.*
- *Precise data mapping each unique practice.*
- *Accurate and complete data for regulatory compliance and quality reporting.*

## QRDA-1 File Uploads:

- *Periodic data submission using standardized files.*
- *QRDA-1's predefined data elements restrict detail.*
- *Reliance on EHR systems for mapping structured data to QRDA-1 can compromise the validation of data accuracy and completeness.*



### Key Take Away:

*Effective, timely, and accurate data exchange is crucial in healthcare.*

# Analyze Costs and Benefits



## EHR Direct Connection:

- *Enhanced CQM extraction leads to more accurate reporting, potentially increasing MSSP payments by reflecting true performance levels and meeting quality benchmarks.*
- *Can result in long-term MSSP financial gains through improved care delivery and efficient population health management, outweighing initial costs.*

## QRDA-1 File Uploads:

- *QRDA-1 file retrieval incurs fees and may necessitate manual uploads, increasing cost and potential for errors.*
- *Inaccurate mapping to QRDA-1 elements may lead to faulty reporting, risking the full realization of MSSP incentive payments.*
- *Compromised data validation can trigger penalties and reduce shared savings.*



### Key Take Away:

*ACO's must weigh the upfront costs with long-term benefits or pain points.*

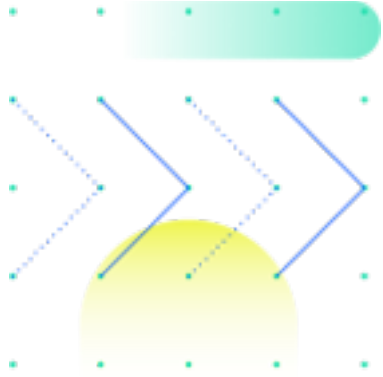
## Polling Question:



Has your organization chosen a measurement and reporting method yet?

- A. Yes, Medicare CQM
- B. Yes, eCQM
- C. Yes, MIPS CQM
- D. All the above
- E. None of the above – We are not an MSSP ACO

# Decision Criteria: Factors to consider when choosing a reporting method.



Your strategic decision should align with your organization's specific needs.

- *Size of your organization, the complexity of your data systems, and your performance goals.*
- *Impact on Quality Reporting: How the choice affects compliance, performance metrics, and organizational goals.*
- *Organizational Needs: Assessing the specific needs of your organization in terms of scale, complexity, and existing infrastructure.*
- *Performance Goals: Aligning your choice of reporting path with organizational performance metrics and goals.*



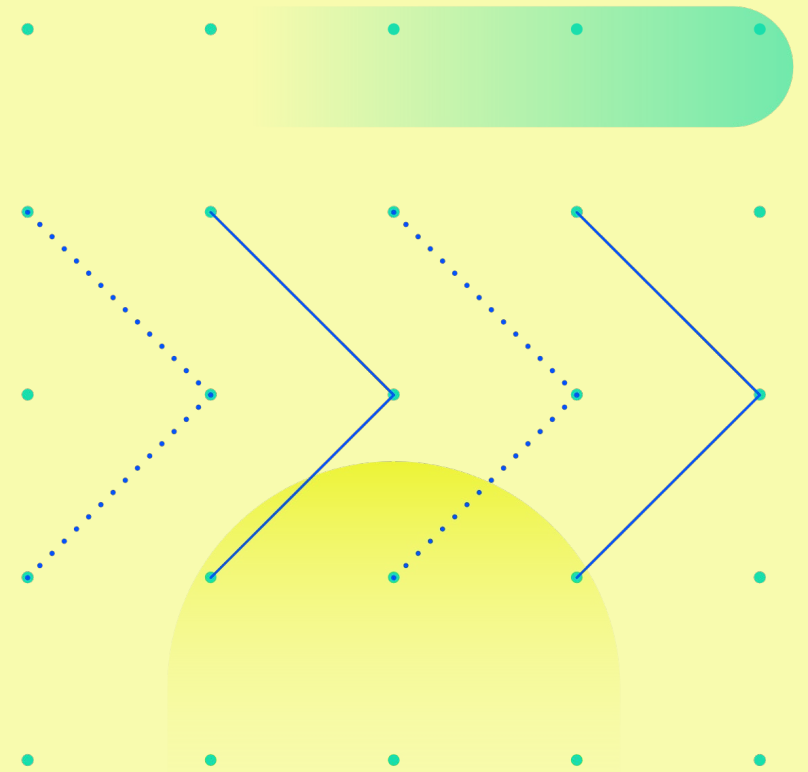
# Expert Insights



- How much manual effort is involved in a QRDA-1 process?
- How will you identify gaps and low-hanging fruit?
- How often will I get performance updates and what kind of delays might there be?
- What is my patient population?
- What reporting method is best for my ACO?
- What if my EMR vendor is not responsive or cooperative?



# Q&A





The virtual booth for MRO features a modern, white and blue design. At the top left, a blue box contains the text "MRO". Below it, a teal button says "REQUEST INFO". The main header area displays the "mro" logo in blue, followed by the text "Accelerating Clinical Data Exchange™". To the right of the logo are social media icons for Facebook, LinkedIn, and X. A large central screen shows a woman, Tracy Shatford, with her arms crossed. To her left, a text panel reads: "MRO is accelerating the exchange of clinical data throughout the healthcare ecosystem on behalf of providers, payers and users of clinical data." To her right, a screen lists "Providers face" challenges: "Time-Intensive Requirements", "Evolving Market Demands", and "Complex Regulations". Below this, it lists "Legal Requests", "Regulatory Compliance", "Revenue Integrity", "Continuity of Care", "Clinical Research", and "MIPS". A "RESOURCES" button is positioned below the woman. To the right of the booth, a vertical blue screen titled "Payer Solutions" lists benefits: "Enabling Accurate, Intelligent and Accelerated Clinical Data Exchange", "Automate medical record retrieval", "Simplify data acquisition from extensive provider network with over 200+ EMRs & PMs", "Support HEDIS, Risk Adjustment and other quality programs", "Take action with identifiable gaps in care", and "Easily incorporate clinical quality measurements into VSC programs". A small award logo on the left side of the booth reads "AKLAS 2023 Payer/Provider POINTS OF LIGHT RECOGNITION". A teal button at the bottom left says "← EXIT BOOTH". At the bottom of the booth, a navigation bar includes icons for "VBCExhibitHall.com", "MAIN LOBBY", "EXHIBIT HALL", "EVENTS", "EXHIBIT WITH US", "BOARD ROOM", "LIBRARY", and "CONTACT US".

ENTER BOOTH

# Thank you!

Learn more about MRO on our website at [www.mrocorp.com](http://www.mrocorp.com)

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