

**The Promise of Clinical Data Registries:  
Using Data to Improve Patient Health Outcomes  
Tuesday, September 9, 2014  
12:30-2:00 pm ET**

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Log in information:

Join: <http://pbgh.adobeconnect.com/qcdrwebinar>

Dial-in: **1-888-864-4730**

Passcode: **415 615 6307**

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**Background:**

The Agency for Healthcare Research and Quality (AHRQ) defines patient registries as a collection of uniform data (clinical and other) used to evaluate outcomes in specific populations for scientific, clinical or policy purposes. Electronic clinical registries are typically used by clinicians to manage patients with chronic conditions or, in surgical specialties, to benchmark performance against their peers. In addition to their role in care management and quality improvement, registries can serve as a rich source of data for performance measures in accountability programs, such as public reporting and payment.

The [Consumer-Purchaser Alliance](#) believes robust and consistent criteria should guide the use of registries in federally-sponsored and private accountability programs to ensure that they meet the needs of consumers and purchasers. We strongly believe program sponsors of accountability programs (e.g., CMS and other purchasers/payers) should retain responsibility for ensuring that registries meet qualifying criteria to promote robust standards for quality improvement and accountability and to protect against the potential conflict of interest of registries that are sponsored by registry participants. With input from consumers and purchasers, we have developed criteria to address the following areas: performance measures, data quality and interoperability, and accountability and quality improvement.

**Performance Measures:** We believe that registries can serve as test beds for innovative measures, such as patient-reported outcomes, prior to NQF submission and endorsement if the measures are developed by trusted entities or professional organizations with advanced clinical registries. For measures that will be used in accountability programs, we believe those measures should meet national standards and be vetted through a nationally recognized multi-stakeholder consensus process.

**Interoperability:** Registries should electronically interface with other data sources, including both EHRs and other sources of data not included in the EHR (e.g., imaging, product bar code, other settings); they should also be able to transmit data electronically to third parties (e.g., vendors, CMS). A critical element of this requirement is for EHR vendors to adopt the data and interoperability standards being developed by ONC/HHS. Additionally, registries should use standards for common data elements.

**Accountability and quality improvement:** For accountability measures, all specification information, including numerators and denominators should be made publicly available to facilitate use in multiple programs (e.g., regional public reports). Registries should have a commitment to performance improvement – not just to performance measurement. Registries should therefore have a process for timely communication of results to support care management and improvement. Registries should also publicly report performance measures of interest to consumers and purchasers at the most granular level including individual clinician, small practice group, and hospital levels as appropriate.

The objective of this webinar is to provide leaders of consumer, labor, and employer communities with a better understanding of:

- what defines a clinical quality data registry;
- how registries are being used for quality improvement and performance, benchmarking; and,
- how registries can be used to support accountability.

Participants will also discuss the challenges and opportunities related to data collection and the integration of clinical and administrative data, and how registries interoperate with various electronic health records systems.

### **Agenda Details**

**12:30– 12:40 pm**      **Welcome and Introduction**

Following some brief technical announcements, **Debra L. Ness**, President, National Partnership for Women & Families and co-chair, Consumer-Purchaser Alliance will:

**12:40 - 1:00 pm**      **Dr. Elliott Main**, Medical Director of the California Maternal Quality Care Collaborative (CMQCC)

Dr. Main will review the California Maternal Data Center (CMDC)-an online tool that generates rapid-cycle performance metrics on maternity care services and outcomes and how the program, and its collection of data, is designed to support hospital quality improvement activities.

*Followed by a Brief Q& A with Dr. Main*

**1:00– 1:10 pm**      **Dr. William Rich**, Medical Director of Health Policy for the American Academy of Ophthalmology (AAO)

Dr. Rich will provide an overview the AAO's IRIS™ Registry which is the nation's first EHR-based, comprehensive eye disease and condition registry. He will discuss challenges and opportunities related to the registry's data collection.

**1:10- 1:20 pm**      **Chris Queram**, President and Chief Executive Officer of the Wisconsin Collaborative for Healthcare Quality (WCHQ)

Mr. Queram will discuss WCHQ's experience to-date as a regional health care improvement collaborative designated as a Qualified Clinical Data Registry

**1:20 -1:30 pm**

**Dr. Daniel Green**, Medical Officer at Office of Clinical Standards and Quality at the Center for Medicare and Medicaid Services (CMS)

Dr. Green's program areas include EHR and registry reporting of quality data, he will join the webinar to react to information present by speakers and to comments made by webinar participants when possible.

**1:30 pm -1:55pm**

**Moderated Discussion**

C-P Alliance staff will facilitate a discussion.

*Staff will accept questions submitted via Adobe Connect.  
Phone lines will be opened for participant questions.*

**1:55 pm**

**Adjourn – Closing Remarks**

***A recording of this discussion will be made available on the C-P Alliance website approximately 1 week after the conclusion of this webinar.***