

2021 Qualified Clinical Data Registry (QCDR) Self-Nomination Measure Submission Template
versus 2022 Quality Payment Program (QPP) Webform

Change #1:

Location: N/A

Reason for Change:

Removed and reorganized the information from the first 12 columns of the 2021 QCDR Measure Submission Template due to the increased functionality within the Webform.

2021 QCDR Measure Submission Template Text:

Measure Specification Fields:

-PIMMS Tracking ID (PIMMS USE ONLY)

-Input Row Completeness

-Error Messages for Required Fields

-Measure ID: Measure Title (Reference only)

-Measure Ready for PIMMS Review?*

-Do you own this measure?*

-If you answered "No" or "Co-owned by 2 or more QCDRs", please indicate the approved owner or co-owners

-Program Submission Status*

-If this is a previously CMS approved measure, please provide the CMS assigned measure ID*

-If existing measure with changes, please indicate what has changed to the existing measure

2022 QPP Webform:

N/A: All elements removed and reorganized within the 2022 Webform.

Change #2:

Location: QPP Webform

Reason for Change:

Change from if applicable to optional.

2021 QCDR Measure Submission Template Text:

Measure Specification Field-NQF ID Number (if applicable)

2022 QPP Webform:

NQF ID Number (Optional)

NQF ID Number (Optional) ⓘ

e.g. 9999F

Change #3:

Location: QPP Webform

Reason for Change:

New tab added for 'Analytics Section' to incorporate all measure analytics instead of being listed individually.

2021 QCDR Measure Submission Template Text:

Inverse, Proportional, Continuous Variable, Ratio were all separate cells to be filled out.

2022 QPP Webform:

'Analytics Section' tab includes Measure Calculation Type* with the options listed.

Analytics

Measure Calculation Type* [?]

- Inverse Measure
- Proportional Measure
- Continuous Variable Measure
- Ratio Measure

Number of performance rates to be calculated and submitted* [?]

- 1 2 3 4 5 6 7 8 9 10

Performance Rate Description (Optional) [?]

e.g. Overall Percentage for patients (aged 5-50 years) with well-controlled asthma, without elevated risk of exacerbation

Change #4:

Location: QPP Webform

Reason for Change:

Added * as it is now a required field, in addition to language for the inclusion of social determinants of health if applicable.

2021 QCDR Measure Submission Template Text:

If risk-adjusted, indicate which score is risk-adjusted

2022 QPP Webform:

Which score is risk adjusted?*

Risk Adjusted Status* [?]

- Yes No

Which score is risk adjusted?* [?]

e.g. Quality

Change #5:

Location: QPP Webform

Reason for Change:

Added a new bullet point for newly required information under 'Analytics Section'.

2021 QCDR Measure Submission Template Text:

N/A

2022 QPP Webform:

Disclosure: Does this measure require the use of proprietary software, devices, etc.? *

Risk Adjusted Status* ?

Yes No

Is the QCDR Measure able to be abstracted?* ?

Yes No

Disclosure: Does this measure require the use of proprietary software, devices, etc.? ?

Yes No

Change #6:

Location: QPP Webform

Reason for Change:

Added a new tab 'Testing Section' to incorporate all testing data.

2021 QCDR Measure Submission Template Text:

N/A

2022 QPP Webform:

New tab 'Testing Section' added.



Change #7:

Location: QPP Webform

Reason for Change:


Added * as it is now a field that is required per policy.

2021 QCDR Measure Submission Template Text


Validity Testing Summary

2022 QPP Webform:
Validity Testing Summary*

Testing

Was the QCDR measure tested at the individual clinician level?* 

Yes No

Validity Testing Summary* 

e.g. Provide validity testing summary if available

Feasibility Testing Summary (Optional) 

e.g. Provide feasibility testing summary if available

Reliability Testing Summary (Optional) 

e.g. Provide reliability testing summary if available

Change #8:

Location: QPP Webform

Reason for Change:

Removed the word "provide".

2021 QCDR Measure Submission Template Text

Provide the rationale for the QCDR measure*

2022 QPP Webform: Rationale for the QCDR measure*

Supporting Docs

Describe Link to Cost Measure/Improvement Activity*

e.g. Describe the link between the QCDR measure, cost measure, and an improvement activity

Clinical Recommendation Statement*

e.g. Adolescent Recommendation (12-18 years) "The USPSTF recommends screening for MDD in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Sui, A, and USPSTF, 2016, p. 360).

Rationale for the QCDR Measure*

e.g. Depression is a serious medical illness associated with higher rates of chronic disease increased health care utilization, and impaired functioning (Pratt, Brody 2014). 2014 U.S. survey data indicate that 2.8 million (11.4%) adolescents aged 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (5.6%) adults aged 18 or older had at least one MDE in the past year, with 10.2 million adults (4.3%) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).

Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)*

e.g. 12 months, Average performance rate 75%, range 52-89%, 112 Clinicians submitting data

Change #9:

Location: QPP Webform

Reason for Change:

Added * as it is now a field that is required per policy.

2021 QCDR Measure Submission Template Text:

Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)

2022 QPP Webform:

Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups) *


Supporting Docs

Describe Link to Cost Measure/Improvement Activity* 

e.g. Describe the link between the OCDR measure, cost measure, and an improvement activity

Clinical Recommendation Statement* 

e.g. Adolescent Recommendation [12-18 years] "The USPSTF recommends screening for MDD in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up (B recommendation)" (Sui, A, and USPSTF, 2016, p. 360).

Rationale for the OCDR Measure* 

e.g. Depression is a serious medical illness associated with higher rates of chronic disease increased health care utilization, and impaired functioning (Pratt, Brody 2014). 2014 U.S. survey data indicate that 2.8 million (11.4%) adolescents aged 12 to 17 had a major depressive episode (MDE) in the past year and that 15.7 million (6.6%) adults aged 18 or older had at least one MDE in the past year, with 10.2 million adults (4.3%) having one MDE with severe impairment in the past year (Center for Behavioral Health Statistics and Quality, 2015).

Provide measure performance data (# months data collected, average performance rate, performance range, and number of clinicians or groups)* 

e.g. 12 months, Average performance rate 75%, range 52-89%, 112 Clinicians submitting data

Change #10:

Location: QPP Webform

Reason for Change:

Added a new sub-bullet for Participation Plan requirements

2021 QCDR Measure Submission Template Text:

N/A

2022 QPP Webform:

If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians (Optional)

Can the measure be benchmarked against the previous performance period data? (Optional) ⓘ

Yes No

If applicable, please provide details why the previous benchmark can or cannot be used. (Optional) ⓘ

e.g. The improvement addition to the numerator will make this measure an Outcome measure and therefore cannot be compared to the measure from last year.

If applicable, provide the study citation to support performance gap for the measure (Optional) ⓘ

e.g. Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948)

If applicable, provide a Participation Plan if QCDR measure has low adoption by clinicians (Optional) ⓘ

e.g. Negative outcomes associated with depression make it crucial to screen in order to identify and treat depression in its early stages. While Primary Care Providers (PCPs) serve as the first line of defense in the detection of depression, studies show that PCPs fail to recognize up to 50% of depressed patients (Borner, 2010, p. 948)

***Please note:** Overall, changes have been made in the way in which this QCDR measure information is collected, through electronic means via the QPP Webform, rather than a manual approach, via the QCDR Measure Submission Template. This improvement was implemented based on stakeholder feedback and utilizing the human centered design approach.