

The Oncology Nursing Society is the steward of seven patient-centered, symptom-focused custom quality measures that have been codified into electronic format to facilitate extraction of data from the electronic health record. Because quality measurement is the cornerstone of the Quality Payment Program for providers in the pay-for-value framework, oncology nurses must be engaged in the quality measurement and improvement activities within their practice sites.

AT A GLANCE

- Use of patient-level electronic health record data has been mandated as a means of demonstrating the quality and value of care delivered to patients.
- Quality measures data can be used to examine care processes and outcomes.
- The Oncology Nursing Society's Oncology Qualified Clinical Data Registry provides real-time quality data to cancer centers and providers to guide performance improvement activities.

KEYWORDS

quality reporting; quality improvement; performance measures

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Oncology Qualified Clinical Data Registry

A patient-centered, symptom-focused framework to guide quality improvement

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Nurses engage patients and families throughout the cancer treatment journey, and nursing interventions contribute positively to care outcomes. These positive contributions of nurses and other members of the cancer care team can become the focus of quality measurement (Naylor, 2007).

Clinically meaningful quality measures have been identified as a catalyst for healthcare improvement and better patient outcomes (National Quality Forum, n.d.). Quality measurement is now the basis for payment for providers meeting criteria for inclusion in the Quality Payment Program (QPP), legislated within the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The Oncology Nursing Society's Oncology Qualified Clinical Data Registry (QCDR) has been approved as a platform for use in the Merit-Based Incentives Program System (MIPS), outlined as part of this legislation. MACRA is an effort to further the transition from a fee-for-service to a pay-for-value (quality and cost) system in which the providers with the highest quality processes and outcomes are awarded payment bonuses financed by penalties assessed to the providers of the lowest levels of quality reported to Medicare. Advanced practice nurses (APNs) are also subject to reporting quality when meeting care thresholds

outlined for the QPP and have been eligible to voluntarily report quality data. Data compiled by the American Nurses Association from 2009–2013 revealed that 147,759 eligible APNs received a total of \$26,269,994 in awards for reporting to the Centers for Medicare and Medicaid Services (CMS) (Summers, 2016). Using the CMS-approved QCDR measures developed by the Oncology Nursing Society and built into the Oncology QCDR platform provides MIPS-eligible APNs and other providers with a patient-centered option for reporting quality data in this program.

The Oncology Qualified Clinical Data Registry System

The challenge to healthcare systems, physician practices, and APNs, as eligible clinicians under the QPP, lies in finding valid and reliable measures of value for their services (Cassel & Kronick, 2015). In this rapidly changing quality reporting and reimbursement landscape, healthcare professionals must not lose sight of the potential benefits of this mandated quality measurement—a steady flow of practice data to inform performance improvement activities. The Oncology Nursing Society's Oncology QCDR platform contains seven patient-centered, symptom-focused, custom quality measures and six CMS measures for the provider to select for reporting purposes. The QCDR platform can also

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