PRIME Registry FAQs

V3.2

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Version history

Date	Version	Author	Revision History
2015-04-24	V1.0	FIGmd	Initial version created
2016-02-16	V2.0	ABFM	Updated most answers
2016-04-04	V3.0	ABFM	Added additional FAQs
2016-04-12	V3.1	ABFM	Updated Measures
2016-05-12	V3.2	ABFM	Typo fixed
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1 Frequently Asked Questions

1.1 General

Question 1. What is a clinical registry?

Answer: A clinical registry is an organized system that collects uniform data (clinical and patient-reported) to evaluate specified outcomes for a population defined by a particular disease. With the increasing usage of EHRs, registries have emerged as valuable solutions for harnessing the power of information technology to capture statistically-relevant, evidence-based data to aid in decisions regarding the most optimal patient care. Such registries are already being successfully used within other medical specialties and medical associations, including the American College of Cardiology and the Society of Thoracic Surgeons.

Question 2. Why is the ABFM providing this technology resource?

Answer: The ABFM is committed to continually improving and innovating Family Medicine patient care. With the increasing adoption of EHRs and other advances in technology, physicians now have the ability to perform their own data analysis to inform better clinical decision-making. Using disease registries in this manner is the future of medicine, as evidenced by the success of the registries developed by the American College of Cardiology and the Society of Thoracic Surgeons. The timing is right for Family Medicine to be among the early adopters in strategically deploying information technology to drive quality improvement and facilitate easier and more meaningful Maintenance of Certification for Family Physicians (MC-FP) activities.

Question 3: Is the ABFM capable of delivering a quality information technology solution?

Answer: The ABFM is partnering in the development of the PRIME Registry with FIGmd, Inc., a company that specializes in integrating EHRs with registries. FIGmd has developed and maintained numerous registries, among them one for the American College of Cardiology, and has completed integration projects for more than 85 major EHRs and is capable of working quickly with new EHR systems. A handful of EHRs still make this difficult, but we hope not for long.

Question 4: Is the PRIME Registry being developed as part of the Accountable Care Act or other government mandate?

Answer: Clinical data registries precede healthcare reform by two decades. They are not a mandated part of health care reform, nor are they required to comply with any federal regulations. The overarching purpose is to translate Primary Care Clinician's clinical data into quality measures that enables them to benchmark their practice's performance and drive improvement in patient outcomes. PRIME will enable you to report your quality measures for the Physician Quality Reporting System (PQRS) and eventually for the Merit-based Incentive Payment System (MIPS), so while not developed as part of the Affordable Care Act, PRIME can help clinicians adapt to the new payment environment. NOTE: the PRIME Registry supports PQRS reporting for both individual eligible professionals and for GPROs.

Question 5: How does the PRIME Registry work?

Answer: Data relevant to the registry will be extracted automatically from the office EHR and transmitted on a scheduled basis directly to the PRIME Registry. Participating Primary Care Clinicians can then view practice and physician quality scores and benchmark practice performance against peers. They can uncover potential areas for quality improvement and identify specific patients with gaps in care or who should be excluded from quality calculations.

Question 6: Does the PRIME Registry have any relationship to CME?

Answer: Currently, the ABFM does not grant CME and the PRIME Registry does not support CME activities except through completion of Part IV MC-FP modules. However there may be opportunities to get CME credit in the future.

Question 7: How will it affect my practice workflow?

Answer: The PRIME Registry has been designed to minimize your participation overhead and time spent on data entry while immediately delivering valuable tools that your practice can use. Many clinical registries include laborious data entry, confusing technology and little immediate return on effort. The PRIME Registry aims to avoid these problems.

1.2   Data

Question 8: What would the PRIME Registry provide for me?

Answer: The PRIME Registry allows you to run quality reports that provide clinician-, practice- and national-level results for currently 40+ measures. Each participant has access to their own performance data. In addition, the registry allows users to compare their performance and outcomes to national benchmarks, with appropriate adjustments based on your patient population.

We are building the capacity for the PRIME Registry to populate your ABFM MOC portfolio so that you don't have to hand enter data and will give you more meaningful guidance on where to improve care. The ABFM is now a Qualified Clinical Data Registry and will be able report your measures for 2016 PQRS and Meaningful Use payments, and eventually for MIPS.

Question 9: Can the registry data be used for Physician Quality Reporting System (PQRS) reporting?

Answer: The PRIME Registry has received approval as a Qualified Clinical Data Registry to help clinicians report quality data for PQRS submission. PRIME is also designed to satisfy MIPS in 2017. NOTE: the PRIME Registry supports PQRS reporting for both individual eligible professionals and for GPROs.

Question 10: Can the users (practices or the cooperative) customize the quality measures?

Answer: You cannot customize quality measures. FIGmd will initially host 40+ e-certified Quality Measures relevant to primary care; will also update these as they change. More will be added.

Question 11: If a clinician is at multiple clinics, can they see all data for all clinics at the same time?

Answer: No. The clinician will have separate login credentials for each practice that is participating in the registry for viewing the dashboard. Therefore, the clinician will only be able to see data for a specific practice per each login.

Question 12: Who will own the data pushed to the registry? What happens with the data if the practice decides to stop participation in the registry?

Answer: Individual patient data are owned by the practice, but removing data from the registry after export is not possible since it is integrated into many calculations (comparisons among them).

1.3 Population Health

Question 13: How can the PRIME Registry inform me about my patient population?

Answer: You'll be able to monitor patient-level quality measures, track interventions and evaluate outcomes at a population level. It can help you answer questions such as:
- What proportion of my patients with diabetes have had a foot exam?
- What proportion of my patients have systolic blood pressure less than 150?
- Which of my female patients over age 50 have a recorded mammogram in the last 2 years?
- What proportion of my patients with heart failure are taking an ACE Inhibitor?

Question 14: How is population management via the PRIME registry different than via my EHR?

Answer: Many EHRs do not support quality queries or may not use federally e-certified clinical quality measures. The PRIME Registry normalizes measures, making them compliant with federal requirements.

1.4 Security and Privacy

Question 15: What identifiable points will be associated with my data?

Answer: Practices that join the PRIME Registry enter into an agreement with the ABFM and with FIGmd, which includes a HIPAA-compliant Business Associate Agreement. Personal Health Information and identifiable provider information will be extracted and stored by the PRIME Registry in accordance with federal and state laws and regulations. FIGmd is one of only two registries accredited by the [Electronic Healthcare Network Accreditation Commission](#) (EHNAC), having demonstrated necessary data protections and ability to handle privacy and security challenges. The PRIME Registry will not publish any identifiable provider or practice data without permission.

Question 16: Who will have access to my data?

Answer: The PRIME Registry collects, stores and reports data on behalf of participating clinicians, taking appropriate measures where possible to safeguard it. The ABFM's technology partner, FIGmd, is compliant with all local and federal regulations governing these areas, including HIPAA provisions and the recently updated provisions as part of the American Recovery and Reinvestment Act/Health Information Technology for Economic and Clinical Health Act. The ABFM will have access to data for MOC and research purposes but will not routinely store Personal Health Information. Clinicians can also elect to allow other organizations to receive data, measures, or other data-derivatives.

Question 17: How will the ABFM use the data in the PRIME Registry?

Answer: The ABFM is working with FIGmd towards populating a quality improvement activity with your aggregate measures, allowing you to benchmark your quality against your peers and to find tools to make tailored practice improvements. This linkage will also provide for the opportunity to complete a Part IV quality improvement activity for MC-FP credit. The ABFM will also use the data to do research to improve understanding of which QI efforts measurably improve quality, what happens to quality over time, and to develop new measures that capture the value of primary care better than current measures.

Question 18: Will data from the PRIME Registry be used by any health plans to evaluate physician performance?

Answer: Any reporting of your data or your measures will be under your control or with your permission. An example of this is, if you choose to have the PRIME Registry report to PQRS and MIPS on your behalf, the Center for Medicare and Medicaid Services does plan to post physician quality scores in Physician Compare website.

1.5 Cost and Requirements of Participation

Question 19: Is it necessary to have an EHR system to participate in the PRIME Registry?

Answer: Yes.

Question 20: Will FIGmd send someone to the practice location to get the Connector up and running, as well as update and troubleshoot as needed? What happens when the EHR and/or browsers are updated? Who is responsible for updating the Connector if needed (time and cost), and how long will it take?

Answer: No one from FIGmd usually goes to the practice location. EHR changes or updates/changes are managed at no additional cost.

Question 21: What are the costs for participating in the PRIME Registry?

Answer: To encourage wide-spread adoption, the ABFM is offering 3 years free access to the first 6,000 ABFM board certified family physicians who join a Practice Transformation Network (PTN) and request PRIME Registry enrollment. Cost for other clinicians (and after the 3 year period for those enrolled for free) is $295/clinician/year for ABFM board certified clinicians and $360/clinician/year for all others. This cost is expected to decrease as Registry participation increases.

To qualify for the free access, request a PRIME SAN invitation via email to registration@primesan.org and follow the steps outlined in the invitation email.

Question 22: Are there any additional costs to the practice or the cooperative if additional work needs to be done with the EHR vendor or the practice to bring them online?

Answer: Some EHR vendors and IT support staff want to charge additional fees to support connection to PRIME. Thankfully these cases are rare. Please let the PRIME team know if this happens to you: PRIME@theabfm.org.

Question 23: Is there any cost associated with practices accessing reports, running queries, or for the registry transmitting information to PQRS or MU? Is there a limited number of users included in the basic price?

Answer: No.

Question 24: What are the time commitments for my office staff?

Answer: The aim of the PRIME Registry is easy use. It is designed to require minimal effort from your staff. EHR integration typically requires one to two hours per week for three to four weeks from IT staff to assist in the installation and mapping process. Following installation, no additional work is required, unless the practice's EHR software is updated or changed which could require repeat of the installation and mapping process.

Question 25: Is there any IT expertise or any staff time the practice needs to contribute? (Please specify estimated time and staff category/expertise)

Answer: No IT expertise is needed but staff time is estimated to be 4-6 hours over 4-6 weeks for implementation and testing.

Question 26: Are there any contractual requirements practices need to be aware of, such as length of participation?

Answer: No required length of participation. The practice executes a contract with both FIGmd and the ABFM which spells out the rights of each party.

Question 27: Does the Connector software need to be installed on the practice computers? Are there any requirements (hardware, internet availability and speed) for this option to be viable?

Answer: It is a software installation behind the practice firewall that pulls data. For some cloud-hosted EHRs we have developed an alternative "push" model of sharing data.

1.6 Enrollment

Question 28: How do I get started?

Answer: Visit: https://registry.theabfm.org/signup/registry.aspx. This will allow you to sign your practice up directly.

Question 29: Do you have to be an ABFM diplomate to participate in the PRIME Registry?

Answer: No. Registry participation is open to all primary care clinicians.

Question 30: If my EHR or clinical system already produces measures but I want to get MOC or PQRS services, how do I do that?

Answer: We are developing a process that practices or clinical systems that don't need data extraction and quality measure production can hand off quality measures (not data) to populate physicians' MOC Part IV activities, and compare their measures with national benchmarks, to support their MOC needs. We are exploring whether we could also report those measures to PQRS under our QCDR authority.

Question 31: Can academic medical practices participate in the PRIME Registry?

Answer: Yes,— Academic practices are welcome to participate in the PRIME registry. Some multispecialty groups have been able to connect to PRIME as well as other FIGmd-supported registries and build broader support for many specialties.

Question 32: Are all ABFM diplomates in the U.S. expected to participate?

Answer: Participation in the registry is entirely voluntary. Participation will help improve the quality of care provided by not only their individual practices but by the profession as a whole.

Question 33: Do all physicians in a practice need to participate in the PRIME Registry?

Answer: It is not required that all physicians participate, but participation by all physicians in the practice is strongly encouraged to generate data that most accurately reflects practice performance.

Question 34: When will PRIME Registry users receive their first report? What data will it include?

Answer: A few weeks after installation and data mapping, users will be able to receive their first report, which will include performance rate on measures for each physician in practice and for each location. You can choose from 41 measures. There are a handful of commonly used EHRs (notably those hosted by the vendor in the cloud) that require extra steps and time to connect to the registry.

Question 35: What can I expect in the first 6-12 months?

Answer: the first time measures are generated, it will be typical to have poor scores on most measures. This is often due to inconsistent data capture (not captured well, systematically, or put in the right place or right way), poor attribution (not clear which patients are in who's panel), lack of data capture (how lab results are reported), or lack of patient panel management processes (no mechanism to identify patients who haven't had immunizations, lab work, or a visit within prescribed time). This is not unusual but it often leads to better data capture, patient attribution and panel management.

1.7   Research

Question 36: How can the PRIME Registry be used for research?

Answer: The ABFM plans to use registry data for research purposes but will follow its current policies regarding data sharing which are stringently set to protect diplomates, participating clinicians and their patients. The registry will only share de-identified data if it adds value to the registry (e.g., additional data, creates new quality improvement tools, lowers your costs). Clinician identified data will only be shared with your consent (e.g. PQRS).

1.8   Future Registry Measures and modules

Question 37: Will the ABFM create additional clinical data registry measures and modules?

Answer: Once the PRIME Registry is fully implemented, future registry measures that may be more meaningful to primary care will be explored. The Registry will allow ABFM to study and develop more meaningful measures for primary care, and its QCDR status allows it to propose these to CMS as qualifying measures for PQRS and MIPs for payment related to these measures.

Question 38: How will the focus of new registry measures and modules be decided?

Answer: Registry topics will be determined by the Registry Measure Development Workgroup, a panel of ABFM diplomates and thought leaders representative of Family Medicine clinical practice and priorities.

Question 39: How do I submit suggestions related to the registry and recommendations for new topics?

Answer: Send an email to PRIME@theabfm.org