Will you be sending the power points to attendees?
We will be posting the slides and a recording of today’s presentation online and will share a link with all registrants via email. The slides and recording can be found on the AAHPM website: http://aahpm.org/quality/registries-in-hpm

Is there a limit to the number of customizable elements that programs can develop?
There is a limited number of customizable elements. We are working with our vendor ArborMetrix to determine the number and reporting options.

Is functional status a currently collected data element?
The PCQC data dictionary does include functional status elements.

Which EHRs are currently integrated with PCQC?
PCQC is working with EPIC, CERNER, HCHB, and other vendors to provide vendor supported integration. We’re working with PCQC members to have limited integration on a case-by-case basis in place by launch.

Costs, membership requirements?
PCQC members provide data at the patient level, program level, or both. Participation at the program level, similar to the current offering of the National Palliative Care Registry, is FREE. Patient-level participation, similar to PCQN or GPCQA, requires a membership fee. Bulk discounts are available. Programs that sign-up before February 1, 2021 will also receive a discount on their first two years of membership. Reach out to Lance Mueller lmueller@palliativequality.org to discuss the cost for your program.

Do you have the number of home-based pall care programs already participating?
Yes, a few of the early adopters are home-based and community-based programs.

Is the $4500/year per institution or health system?
The base membership fee is per program. Multi-site systems receive a significant discount. Reach out to Lance Mueller lmueller@palliativequality.org to discuss the cost for your program.

How do you measure a program’s impact on the total cost of care?
PCQC does not measure the cost of care at this time. The initial focus is quality.

Is this separate from CAPC, so you would need to pay for both?
Yes, there is a separate fee from CAPC. We encourage programs to belong to both organizations. The focus of CAPC and PCQC are different, and programs find value belonging to each organization.

Hi, how does this fit in with CAPC? Would we submit data to both places?
Starting August 3, 2020, the National Palliative Care Registry will be part of PCQC. Prior to August 3, 2020 you can continue to submit to the National Palliative Care Registry. After August 2, 2020, you will submit your data to PCQC. PCQC houses structure, process, and patient outcome data.

Generally, who is entering the data, or have you figured out for all of the data automatically?
Data integration is on a case-by-case basis. We are working with vendors to create interoperable data exchange. For manual data entry, someone in the office or a volunteer enters the data.

Does your quality registry offer opportunities for reviewing provider-specific quality metrics, such as could be used in OPPE?
Yes, the reporting in PCQC does go to the provider level. PCQC is looking at using feedback reports for certification, credentialing, licensure, and OPPE/FPPE.

What is the expected timeline to get signed on? One month, six months, one year? I the past, I have had the MOU/BAA process take years. I do not look forward to doing that again. What is PCQC doing to make this a painless and straightforward process?
For most programs, the timeline to get signed up is 2-4 months. The MOU/BAA process is typically the most extended piece of the sign-up process. PCQC uses the same law firm as other clinical registries. Your local legal counsel has likely seen a version of these documents already. The legal agreements are located on the PCQC website: https://www.palliativequality.org/participate
Is a standardized tool used for functional status data collection such as the ECOG, PPS, or Karnofsky? 

PPS

Does the $4500 include membership with PCQC + ability to set up data? Or is the $4500 for the data only? How much is the membership for PCQC for a health system? 
The fee is membership in the patient level portion of the PCQC registry. PCQC membership includes program-level reporting, patient-level reporting, and participation in PCQC quality events. Health system membership fees depend on the # of hospitals and sites within the system. PCQC offers significant discounts at the system level.

Where can we find the data dictionary defining required and optional data elements? 
Please email Lance Mueller lmueller@palliativequality.org. Lance will be happy to provide it to you.

I am from a small rural hospital building a new palliative care program in an area without any prior specialty palliative care. At what point in the development of a program do you think it would make the most sense to join this type of registry? 
You can build data collection, quality measurement, and improvement from the beginning. Membership in PCQC can occur at any time. The PCQC quality improvement resources will provide value to your new program.

Our most significant barrier to active participation has been “double-entry” into the EMR and then into the database; as a small palliative care program with clinicians only but no data people. Will EHR integration be up and running by August? 
Limited EHR integration is available initially. PCQC and our vendor are working with programs on a case-by-case basis to enable data integration. PCQC is having conversations with the major vendors about enabling EHR data integration.

Do the measures included in the registry submissions include readmission and other utilization metrics? 
PCQC is not tracking utilization metrics at this time.

Sorry if I missed this, is data already being collected and submitted to the new registry yet (not from existing data in former registries)? 
PCQC opens for data submission on August 3. Programs are currently signing up, setting up local data collection, and enabling data integration.

Will the COVID-19 palliative report aggregate the case data, or will there be hospital/setting specific reports and the ability to benchmark my hospital with others submitting data? 
The COVID-19 case report aggregates case data. The PCQC COVID-19 Case Report doesn't include benchmarking. We do break out cases based on the type of institution.

Will the historic CAPC registry data be moved over to the new PCQC? 
Yes, historical data from the National Palliative Care Registry is moving to the PCQC Registry.

Hello, how will PCQC foster QI activities among members? 
PCQC leverages existing activities of PCQN and GPCQA. These activities include quality improvement collaboratives, educational webinars, longitudinal learning & strategy exchanges, case reviews, and in-person or virtual conferences. Additionally, PCQC partners across palliative care by promoting existing QI resources and programs.

If we are in the process of updating templates in our hospital EHR, do we need to do this first? Or Join and figure it out? 
Contact PCQC to get the data dictionary. You can use the data dictionary to update your hospital EHR data capture.

Will PCQC membership replace PCQN membership? 
Yes, PCQN will be going away. Since the PCQC is a new organization, all current GPCQA/PCQN members will need to complete new legal agreements. PCQC's legal agreements can be found on the PCQC website https://www.palliativequality.org/participate