ACP Genesis Registry™: Growth of a Multi-Specialty Qualified Clinical Data Registry Driven by Performance Reporting
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Introduction: The ACP Genesis Registry® (Genesis), developed in partnership with CECity/Premier, is a national QI clinical registry first established in 2013. The registry has been approved by CMS as a QCDR for PQRS reporting since 2014. The most recent QCDR application was approved in 2016 with 64 electronic clinical quality measures (eCQMs). Genesis also satisfies the Specialized Registry reporting option to meet the Public Health Reporting Objective for Meaningful Use (MU). The registry supports QI through performance measure feedback reports, national benchmark and peer-to-peer comparisons, gap analysis, and identification of patient outliers.

Methods: ACP and CECity/Premier have collaborated in a nationwide effort to partner with health systems, large and small physician group practices, and EHR vendors to increase enrollment in the Genesis Registry. ACP established the Genesis Registry Steering Group in 2015 to provide guidance on the short and long-term strategies to maximize the potential value of the registry for clinicians. The steering group provided guidance on Genesis measure selection for the 2016 QCDR submission as well as communication and marketing strategies to ACP’s membership over 144,000 clinicians. Enrollment efforts primarily focused on marketing Genesis as a multi-specialty reporting solution for quality reporting programs (e.g., MU and PQRS).

Results: Over 30,000 clinicians have enrolled in Genesis for the purpose of meeting the specialized registry reporting option for MU in 2016, an increase from nearly 25,000 in 2015 and 12,000 in 2014. The most common specialty represented in Genesis is family medicine (24%), followed by internal medicine (13%), OB/GYN (11%), and over 50% representation for other specialties. ACP and CECity have partnered with a growing number of EHR vendors (four EHR vendor partners in 2015 compared to seven in 2016), as well as health systems and practices (increasing from seven in 2015 to 12 in 2016). Clinical data has successfully been submitted to the registry through an automated data exchange with EHRs and partner organizations. A total of 24 eCQMs have been successfully populated including hemoglobin A1c poor control, cancer screening (breast, cervical, and colorectal), pneumonia vaccination for older adults, influenza immunization, tobacco use, BMI, etc.

Conclusions/Discussions: As payment in both the public and private sectors moves towards value and quality, Genesis presents an opportunity as a multi-specialty quality reporting solution. In its first year, ACP and CECity successfully demonstrated ability to exchange clinical data with EHRs into the registry. In the second year, growth of the registry has increased as Genesis was promoted by ACP and CECity as specialized registry reporting option to satisfy the public health reporting objective for MU. ACP has established a steering group to guide future directions for the Genesis registry in an effort to link performance reporting data to QI interventions and promote improved health outcomes.