

OEIS NATIONAL REGISTRY

OEIS National Registry Update - May 2017

Congratulations and a big Thank You is in order for all OEIS National Registry Subscribers!

Congrats because CMS officially approved our OEIS National Registry as a Qualified Clinical Data Registry (QCDR) on 5/15/2017! This is a major accomplishment for our Registry and should give you confidence in the stature and value of our database. In addition, all 9 of our Quality Measures were approved for MIPS Measures* and officially can be used by you for your 6 minimum Quality Measures reporting under MACRA.

Thank you because we now have over 1600 patients entered into the Registry to date, thanks to your efforts. Those who have yet to enter a patient case, we welcome you to get on board today!

The OEIS National Registry is a dynamic registry. It will continue to improve and evolve. One of the ways we aim to be different from other national registries is that we designed it to be a tool for our subscribers and more than just a repository of data. We continue to update the Registry and make improvements. You will notice improved features as well as buttons to navigate and delete records entered in error. Please read the following.

8 IMPORTANT UPDATES, KEY POINTS AND TIPS:

- 1. ENTER EVERY SINGLE PERIPHERAL VASCULAR INTERVENTIONAL CASE DONE OR ATTEMPTED IN THE LOWER EXTREMITIES—AORTO-ILIAC TO PEDAL LOCATIONS.** Know that this Registry (for this first PVI Module) only records Interventions. It is not purposed for diagnostic-only studies. Also, if a PVI procedure was attempted but not successful or aborted, the case should still be entered. Know that all operators, labs and patients will not be identified in the Registry database aggregated cohort. Our auditing program will review your compliance with entering every PVI case.
2. Be advised and aware that we will soon be establishing our Auditing Program that is required by CMS in order receive and maintain our QCDR status. More details later, but the program will assess a random sampling of a few charts and source documents.
3. The Registry was launched as a “Data Essentials” version but as the Registry grows and expands, the “Data Enhanced” version will also evolve. The Data Enhanced version (at earliest stages now) can be recognized in the database with the gray background for the field entry. These are optional fields but are highly recommended so we can return a more sophisticated data set to you.
4. We will soon be working on our Benchmarking and Dashboards functions. We will be conducting our first analysis of the data collected so far, now that we have a growing cohort of data. Although we have purposely built in flexibility in the Registry, know that the more complete the data entry records are, the better the analytics and ability to conduct research.
5. An **OEIS NR PAD Data Collection Form Tool** is now available to you (see bottom but also on our website LINK). As a “one pager” this is not a comprehensive worksheet to enter all data required into the

registry, but it can be used (or modified) by your site to help with work flow, especially as it occurs during the case. Data then can be inputted into the Registry at a later time, if desired. Please send me any suggestions to update this sheet that may help improve entry times but also fosters completeness and accuracy of the data entry. jeffcarr@me.com

6. The patient's Baseline data and demographics including Medical History does not need to be repeated for the same patient. If a patient has undergone multiple procedures on different dates, the site should enter the new procedure under the same Patient Registry ID #. This of course requires the site (you) to track what Patient ID was used in the past for an individual patient. The OEIS NR is a CRF Part 11 compliant and HIPAA compliant database, therefore we do not and cannot capture patient names directly. Please keep a careful log or tracking mechanism to identify your patients' unique OEIS NR ID #'s for this purpose.
7. Enter the proper location of where the procedure occurred. Several lab operators perform PVI in multiple settings such as Hospital Inpatient or Hospital Outpatient or ASC settings in addition to the Office Suites. Having data inputs from all these sites of service will create more value to the overall database.
8. Site Initiation Issues: Several new sites have asked about this. After watching the video a user needs to sign the Training Form and submit a request via this link: <https://app.smartsheet.com/b/form?EQBCT=57e09779ca304f58b02bf855cc334cc0> Simply watching the video does not automatically "tell" Syntactx to give you access. You must submit this request form to obtain access.



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Check out our Press Release and ad in this month's EV Today. Spread the word about joining the OEIS National Registry with your interventional colleagues.

Thanks again for your participation and dedication to making the OEIS National Registry a quality registry. Stay tuned for future updates.

Warm Regards,

Jeff Carr, MD

Medical Director, OEIS National Registry

* QM # 7 HTN Screening was withdrawn from the OEIS NR application for QM status but remains in the Registry. We will revisit this measure next year with CMS. We encourage your site to continue to collect this info. in our Registry which will help with our evaluations and advocacy with the CMS MIPS Standards and Quality Committee