Table of Contents

1 Overview ......................................................................................................................................... 1

2 Frequently Asked Questions........................................................................................................ 1

2.1 General .......................................................................................................................................... 1

   2.1.1 What is a clinical registry? ........................................................................................................... 1
   2.1.2 Why is the American Association of Oral and Maxillofacial Surgeons (AAOMS) providing a clinical registry for its members? ......................................................................................... 1
   2.1.3 Is OMSQOR® being developed as part of the Affordable Care Act or other government mandate? ........................................................................................................................................ 1
   2.1.4 Is AAOMS capable of delivering a quality information technology solution? .......................... 1
   2.1.5 How does OMSQOR® work? ........................................................................................................ 2
   2.1.6 How will it affect my practice workflow? ..................................................................................... 2

2.2 Data ............................................................................................................................................... 2

   2.2.1 What would OMSQOR® provide for me? ..................................................................................... 2
   2.2.2 Is it necessary to have an EHR system to participate in the OMSQOR® Registry? ...................... 2
   2.2.3 Can the registry data be used for the CMS Merit-based Incentive Payment System (MIPS) reporting? ................................................................................................................................. 2

2.3 Security and Privacy ....................................................................................................................... 2

   2.3.1 What identifiable points will be associated with my data? ............................................................ 2
   2.3.2 Who will have access to my data? .................................................................................................. 3
   2.3.3 Will data from the OMSQOR® Registry be used by any health plans to evaluate a surgeon’s performance? ...................................................................................................................... 3

2.4 Cost and Requirements of Participation ...................................................................................... 3

   2.4.1 What are the costs for participating in OMSQOR®? ................................................................... 3
   2.4.2 What are the time commitments for my office staff? .................................................................... 3

2.5 Enrollment ...................................................................................................................................... 3

   2.5.1 How do I get started? ..................................................................................................................... 3
   2.5.2 Do you have to be an AAOMS member to participate in OMSQOR®? ....................................... 3
   2.5.3 Is OMSQOR® available to other clinicians in my practice? ......................................................... 3
   2.5.4 Can academic medical practices participate in OMSQOR®? .................................................... 3
   2.5.5 Are all AAOMS members in the U.S. expected to participate? ................................................. 4
   2.5.6 Do all physicians in a practice need to participate in OMSQOR®? ............................................ 4
   2.5.7 When will OMSQOR® users receive their first report? What data will it include? .................... 4

2.6 Research ....................................................................................................................................... 4

   2.6.1 How can OMSQOR® be used for research? ................................................................................. 4

2.7 Additional Questions ..................................................................................................................... 4

   2.7.1 Does OMSQOR® have any relationship to continuing medical education? .......................... 4
# OVERVIEW

This document lists the frequently asked questions for the Registry.

# FREQUENTLY ASKED QUESTIONS

## GENERAL

### 2.1.1 WHAT IS A CLINICAL REGISTRY?

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.

### 2.1.2 WHY IS THE AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS (AAOMS) PROVIDING A CLINICAL REGISTRY FOR ITS MEMBERS?

AAOMS is committed to continually improving and innovating oral and maxillofacial patient care. The OMS Quality Outcomes Registry (OMSQOR®) will collect and make available aggregated clinical data and reports to allow members to benchmark their performance to that of their peers, identify areas to target for improvement activities and provide crucial information to assist AAOMS in advocating on behalf of its members.

### 2.1.3 IS OMSQOR® BEING DEVELOPED AS PART OF THE AFFORDABLE CARE ACT OR OTHER GOVERNMENT MANDATE?

Clinical data registries precede healthcare reform by two decades. They are not a mandated part of healthcare reform, nor are they required to comply with any federal regulations. The overarching purpose is to translate oral and maxillofacial surgeons’ clinical data into quality measures that enable them to benchmark their practice’s performance and drive improvement in patient outcomes.

### 2.1.4 IS AAOMS CAPABLE OF DELIVERING A QUALITY INFORMATION TECHNOLOGY SOLUTION?

AAOMS is partnering in the development of OMSQOR® with FIGmd, Inc., a company that specializes in integrating EHRs with registries. FIGmd has developed and maintained registries for the American College of Cardiology and a number of other specialty societies. FIGmd has already integrated data into clinical registries from more than 100 different EHRs and is capable of working quickly with new EHR systems to map data that are needed to support the registry. OMSQOR® is already piloting integration of data from the three major OMS EHRs.
2.1.5 HOW DOES OMSQOR® WORK?
Data relevant to the registry will be extracted automatically from the office EHR and transmitted on a scheduled basis directly to OMSQOR®. Participating oral and maxillofacial surgeons can then access the data, view reports on their patient population, benchmark practice performance and uncover potential areas for quality improvement.

2.1.6 HOW WILL IT AFFECT MY PRACTICE WORKFLOW?
OMSQOR® has been designed to minimize your participation overhead and time spent on data entry while immediately delivering valuable tools that your practice can use.

2.2 DATA

2.2.1 WHAT WOULD OMSQOR® PROVIDE FOR ME?
OMSQOR® in its initial rollout will allow you to run reports based on the data extracted from your EMR. Participants have access to their own performance data. In addition, OMSQOR® allows users to compare their reports to aggregated OMSQOR® national information. These aggregated reports provide participants access to information about OMS clinical practices outside of their own that they would not typically have.

Additionally, AAOMS is offering the Dental Anesthesia Incident Reporting System (DAIRS), which allows OMSs to submit information regarding complications/incidents that may occur during procedures that include anesthesia. The information anonymously collected through DAIRS will allow AAOMS to advocate on behalf of all members and offer members education and tools to continually improve patient care.

2.2.2 IS IT NECESSARY TO HAVE AN EHR SYSTEM TO PARTICIPATE IN THE OMSQOR® REGISTRY?
Yes.

2.2.3 CAN THE REGISTRY DATA BE USED FOR THE CMS MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) REPORTING?
No. Not at the current time. AAOMS’s vision for the future is to incorporate quality measures into OMSQOR® and provide a mechanism to members who must meet CMS reporting requirements.

2.3 SECURITY AND PRIVACY

2.3.1 WHAT IDENTIFIABLE POINTS WILL BE ASSOCIATED WITH MY DATA?
Practices that join OMSQOR® enter into an agreement with AAOMS that includes a HIPAA-compliant Business Associate Agreement. Personal Health Information and identifiable provider information will be captured and stored by OMSQOR® in accordance with federal and state laws and regulations. OMSQOR® will not publish any identifiable provider or practice data without permission.
2.3.2 WHO WILL HAVE ACCESS TO MY DATA?

OMSQOR® collects, stores and reports data on behalf of oral and maxillofacial surgeons, taking every measure possible to safeguard it. AAOMS’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.

2.3.3 WILL DATA FROM THE OMSQOR® REGISTRY BE USED BY ANY HEALTH PLANS TO EVALUATE A SURGEON’S PERFORMANCE?

No. Any reporting of your data or your measures will be under your control and released only with your permission.

2.4 COST AND REQUIREMENTS OF PARTICIPATION

2.4.1 WHAT ARE THE COSTS FOR PARTICIPATING IN OMSQOR®?

To encourage widespread adoption, AAOMS is initially offering OMSQOR® to its members as a member benefit.

2.4.2 WHAT ARE THE TIME COMMITMENTS FOR MY OFFICE STAFF?

One of the aims of OMSQOR® is ease of participation. 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).

2.5 ENROLLMENT

2.5.1 HOW DO I GET STARTED?

You need to complete the online basic interest and registration forms.

2.5.2 DO YOU HAVE TO BE AN AAOMS MEMBER TO PARTICIPATE IN OMSQOR®?

Yes. Registry participation is open only to U.S.-based practicing AAOMS members.

2.5.3 IS OMSQOR® AVAILABLE TO OTHER CLINICIANS IN MY PRACTICE?

Oral and maxillofacial surgeons who are members of AAOMS are eligible.

2.5.4 CAN ACADEMIC MEDICAL PRACTICES PARTICIPATE IN OMSQOR®?

Any member of AAOMS, regardless of practice setting, can participate in the OMSQOR® Registry as long as he or she meets the participation criteria.
2.5.5 ARE ALL AAOMS MEMBERS IN THE U.S. EXPECTED TO PARTICIPATE?
Participation in the registry is voluntary. As OMSQOR® evolves and participation grows, information gleaned from the registry may help OMS professionals continually examine and improve the care they provide to their patients.

2.5.6 DO ALL PHYSICIANS IN A PRACTICE NEED TO PARTICIPATE IN OMSQOR®?
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 reflect practice care provided to patients.

2.5.7 WHEN WILL OMSQOR® USERS RECEIVE THEIR FIRST REPORT? WHAT DATA WILL IT INCLUDE?
A few weeks after installation and data mapping, users will be able to log in and access their first reports. Currently, AAOMS is developing a suite of 10 or more reports to allow OMSQOR® participants to examine the number and type of procedures and services they deliver. OMSQOR® will offer various views of the data to allow filtering/customizing of reports of interest.

2.6 RESEARCH

2.6.1 HOW CAN OMSQOR® BE USED FOR RESEARCH?
As OMSQOR® evolves, AAOMS may plan to use aggregate data for research purposes but will follow its current policies regarding data sharing that are stringently set to protect members and their patients.

2.7 ADDITIONAL QUESTIONS

2.7.1 DOES OMSQOR® HAVE ANY RELATIONSHIP TO CONTINUING MEDICAL EDUCATION?
Currently, OMSQOR® does not support continuing medical education activities except through completion of Part IV MOC modules. However, there may be opportunities to get CME credit in the future.