

Current Perspective

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Hitting at Least a Triple

The profession of ophthalmology has just experienced a monumental milestone—but one that escaped most of us. Something that started out as a risky endeavor, more likely to fail than succeed but with transformative potential, the IRIS Registry (Intelligent Research in Sight) silently recorded its 200 millionth patient encounter last month! It is now the largest single-specialty clinical database in the world.

Why is it a big deal? Consider this. Six years ago, the Academy's Board of Trustees approved planning for the IRIS Registry and launched it 4½ years ago with the hope that it would provide ophthalmologists with more control over their future. How? First and foremost, it would, for the first time, give us contemporaneous, benchmarked, actionable information on our clinical activities—the processes and outcomes of our patient care. Second, it would yield new scientific insights that would advance the profession.

Since 2013, the Academy invested (through the Foundation) over \$14 million in the IRIS Registry, hired data analysts, tapped the phenomenal skills of very talented member-volunteers, and entered into some innovative partnerships. The results:

- Over 14,000 ophthalmologists are using the IRIS Registry to report to CMS under the Merit-Based Incentive Payment System (MIPS)—now saving nearly \$200 million each year in cost avoidance, penalty avoidance, and bonus qualification. It averages about \$15,000 per year per member. Not bad considering that the IRIS Registry remains free of charge!
- For reporting year 2016 of the Physician Quality Reporting System (now part of MIPS), the submission error rate for ophthalmologists submitting electronically through their EHR to the IRIS Registry was 0%. (The national error rate for all physicians was over 20%.)
- About 15% of the U.S. population now has records in the IRIS Registry—over 200 million encounters.
- Ophthalmologists who monitor their IRIS Registry data actually improve measured clinical care outcomes, according to a published study.
- The ABO accepts custom practice improvement projects through use of the IRIS Registry dashboard for Improvement in Medical Practice of Maintaining Certification.

- IRIS Registry data has been used to support ophthalmology's health policy priorities.
- The FDA is receptive to sponsors using IRIS Registry data to inform decisions on new device approvals and to monitor post-approval device safety.
- The Centers for Disease Control and Prevention is working with IRIS Registry staff and other data sources to create a national vision and eye health surveillance system.
- A number of scientific papers have been published using IRIS Registry analytics to refine our knowledge of disease natural history, rare diseases, real-world (as opposed to clinical trials) treatment patterns and results, and complications of treatment.
- We have decreased the annual cost to the Academy to under \$2 million.

And all this was accomplished while preserving your and your patients' privacy.

While maybe it's not yet a home run, this is at least a solid triple! How often do we get something that costs each of us nothing, is low hassle, saves money, improves quality, and promises to add immeasurably to the science that drives our profession? Why isn't it a home run? Because we haven't yet added more quality measures and analytic tools, haven't tapped its potential for robust individual practice benchmarking and analytics in all subspecialties, haven't used it as a practice management tool, and have yet to add powerful imaging data, genomics, and effective patient-reported outcomes. That will come.

None of this would have happened without you—the IRIS Registry user. By participating, you are supporting clinical investigation, getting innovations to market more quickly, monitoring drug and device safety, and improving patient care. You are strengthening your profession. Congratulations, and thank you on behalf of your patients.



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