

PRACTICE PERFECT

INFORMATION TECHNOLOGY

Integrate the IRIS Registry With Your EHR—Getting Started Is Easy

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INTERVIEWING JEANNIE ATKINSON, ELIZABETH FUENTES, CPC, AMBER RHOADS,
AND DIANE ROSENOWER

There are several compelling reasons why your practice should participate in the Academy's IRIS Registry (Intelligent Research in Sight). In the near term, this clinical registry can help you to improve patient care by, for instance, facilitating benchmarking. It also will help you report for PQRS (see next page) and qualify for the EHR meaningful use program. In the longer term, once there is a critical mass of data, the IRIS Registry will boost research by making it easier to identify clinical correlations.

Learn from four early users. Prior to the IRIS Registry's implementation last month, a limited number of practices had been pioneering its use. Below are the initial impressions of four early users: Jeannie Atkinson at South Arkansas Eye Clinic, Elizabeth Fuentes, CPC, at Florida Eye and Plastic Surgery Associates, Amber Rhoads at Virginia Eye Consultants, and Diane Rosenbower at Middlesex Eye Physicians in Connecticut.

The Set-up Process Is Easy

"People are often intimidated by participating in new projects like

Join the IRIS Registry

Why should you start the sign-up process today? If you want to use the IRIS Registry to report PQRS via your EHR, you need to submit signed agreements by June 1.

Who can participate? U.S. Academy members and their employees.

How much does it cost? The Academy is offering fee-free access in 2014 and 2015 to the first 4,000 participants who submit signed agreements *and* get their EHRs integrated with the IRIS Registry.

Which EHRs can be used? The IRIS Registry was designed to be capable of working with any EHR system. At time of press, it had successfully been integrated with 17 EHRs, including the systems used by Ms. Atkinson (MedFlow), Ms. Fuentes (Maxim-Eyes EHR), Ms. Rhoads (NextGen), and Ms. Rosenbower (Vitera Intergy EHR).

How do you get started? 1) E-mail irisregistry@aao.org. 2) Fill out a questionnaire. 3) Review and sign the agreements. Next, you will be placed on a reservation list in order of receipt of the signed agreements and questionnaires. 4) When it's your turn for set-up, you will be sent an e-mail asking you to download the software and integrate it with your database. The IRIS Registry team will confirm connectivity and begin mapping, which involves locating the relevant data fields in your EHR.

For more information about the IRIS Registry, visit www.aao.org/irisregistry.

this because they lack the technical background, but it was really a very easy transition," Ms. Fuentes said. Ms. Rowenbower agreed: "Even though I am not an IT expert, the IRIS Registry staff made the integration process extremely simple. They were able to walk me through everything I needed to do." In addition to downloading some IRIS Registry proprietary software, Ms. Rosenbower's practice had to incorporate a read-only component from its EHR vendor before their data could be extracted because they use a report writer with their EHR. "Anyone

who has instituted an EHR will find the integration procedure quite easy," she said.

Tips for Integrating Your EHR

"Within a couple of weeks after expressing our interest, I spoke with an IRIS Registry representative who explained the registry and procedures, we signed the contract, and we participated in a webinar that outlined the process in detail," Ms. Atkinson said.

Select a super-user to manage the integration. This person will act as a liaison. "In order to simplify the pro-



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cess and avoid confusion, it is essential to designate one person who will be responsible for integration,” said Ms. Rhoads. This should be “someone who understands the procedure, the compliance measures, and what is required for implementation and can communicate well with the IRIS Registry personnel.”

Provide the super-user with the help he or she needs. Depending on the size of your practice or the experience of the super-user, it may be necessary to involve additional staff to collect clinical information or perform technical tasks. For example, Ms. Atkinson consults with a clinical super-user when clinical questions arise.

Be prompt about talking to your EHR vendor. “I kept a log of each conversation with the IRIS Registry team and recorded the items I needed to discuss with our EHR vendor to ensure that I responded to queries without delay,” said Ms. Fuentes.

How Long Does Integration Take?

The IRIS Registry team must confirm that the appropriate data fields in a practice’s EHR have been selected. This mapping process will involve a series of communications with the practice’s super-user. It is these interactions that will take up the bulk of the time a practice devotes to the integration process.

“Overall, the process took us a couple of months to navigate, but this is primarily because integration began in late 2013, just prior to the holiday season,” said Ms. Atkinson. “A couple of data spreadsheets were sent back and forth between our practice and the IRIS Registry team as additional details were requested about where particular information could be found in our system and how that data was generated.”

Seek assistance from support staff when necessary. Ms. Rhoads, who devotes approximately one to two hours per week to gathering information for the IRIS Registry, was still in the process of integration when *EyeNet* spoke to her. “Most of the questions that we encountered can be answered by our

Use the IRIS Registry to Report PQRS

Whether you want to obtain the PQRS bonus or just avoid the PQRS penalty (plus possible repercussions under the Value-Based Modifier program), the IRIS Registry provides you with three options. Even if you don’t have an EHR system, you can still use the IRIS Registry Web portal to report for PQRS.

THE EHR APPROACH

OPTION 1—Report measures via EHR. Once you have integrated your EHR system with the IRIS Registry, you’ll have an easy way to report PQRS measures. Although you need to successfully report nine measures (from three different quality domains) 50 percent of the time to obtain the bonus, you can avoid the penalty by reporting just three measures 50 percent of the time.

Deadlines. 1) By June 1, submit signed IRIS Registry agreements. 2) By Aug. 1, your EHR system must be mapped to the IRIS Registry. 3) By Sept. 1, submit your signed consent form, allowing your information to be sent to CMS.

Requirements. 1) The IRIS Registry will require access to data gathered by your EHR system in the current reporting period. 2) As with the meaningful use program, your EHR must be certified as a 2014 Certified EHR Technology (CEHRT) by an Authorized Testing and Certification body.

THE NON-EHR APPROACH

At time of press, CMS hadn’t announced its list of qualified PQRS registries for 2014. The announcement is expected in May or June, and the Academy is confident that the IRIS Registry will be included in that list.

OPTION 2—Report measures via a qualified registry. Although you need to successfully report nine measures (from three different quality domains) 50 percent of the time to obtain the bonus, you can avoid the penalty by reporting just three measures 50 percent of the time.

Deadlines. 1) By Oct. 31, submit signed IRIS Registry agreements along with your signed consent form, allowing your information to be sent to CMS. 2) By Jan. 15, 2015, submit all of your data to the IRIS Registry.

OPTION 3—Report the cataract measures group via a qualified registry. Include only patients who’ve had procedures performed from Jan. 1 through Sept. 30, 2014.

Deadlines. 1) By Aug. 1, submit signed IRIS Registry agreements. 2) By Sept. 30, identify 20 patients meeting the selection criteria, give them the presurgical forms, and perform the cataract surgery procedures to be included in the measures group. 3) By Oct. 21, submit your signed consent form, allowing your information to be sent to CMS. 3) By Jan. 15, 2015, submit all of your data to the IRIS Registry.

For more information about PQRS, visit www.aao.org/pqrs.

data entry staff. These questions usually involve determining which box was selected within an EHR template. I can then provide the IRIS Registry team with screenshots of the template so they know where in the record to acquire the pertinent data,” she said.

How much time will be required of the practice physician(s)? “I occasionally met with our physicians to determine where they were recording information in the EHR. But the amount of time was inconsequential—perhaps an hour or two,” said Ms. Fuentes. ■

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