

## IRIS Registry Web Portal Launches the Diabetic Retinopathy Measures Group

**A**side from the prospect of financial penalties, what major concerns have ophthalmologists had about the Physician Quality Reporting System (PQRS)? The 3 biggest sources of frustration have been the laborious reporting requirements, uncertainty over the ever-changing rules, and concerns that the measures being reported are not relevant to quality of ophthalmic care.

Fortunately, the Academy IRIS Registry, now in its third year, can help on all 3 counts—it provides a streamlined process for PQRS reporting; it is kept up-to-date with the latest PQRS rules; and the Academy has helped develop new reporting options that are more relevant to eye care.

**Use the IRIS Registry for PQRS.** Because not all practices have an electronic health record (EHR) system, the Academy has developed 2 sets of infrastructure for PQRS reporting.

- **Practices with EHR can integrate with the clinical database.** After you integrate your EHR system with the database, the IRIS Registry can extract the data needed for PQRS (see “EHRs and the IRIS Registry for PQRS”).
- **Practices without EHR can manually report via the Web portal.** You have 4 options for manually reporting PQRS data via the portal (see this month’s Web Extra, “No EHR? Use the IRIS Registry Web Portal”). For each

option, the portal provides a step-by-step reporting process that includes safeguards to prevent errors. The portal also makes it easy to track your reporting progress.

### DRMG Overview

If you don’t have an EHR system, you will need to report PQRS manually, and the most straightforward way to do that is to report a measures group, which involves reporting on a minimum of 20 patients. Last year, there was only 1 measures group for ophthalmologists, the Cataracts Measures Group; this year, a second has been added.

**New Diabetic Retinopathy Measures Group (DRMG) could streamline manual reporting.** If you reported PQRS manually last year but didn’t perform

enough cataract surgery to report the Cataracts Measures Group, the new DRMG may now give you an option for measures group reporting.

**What to report.** You will need to report the 7 DRMG measures for each of 20 or more patients. Those patients need to be at least 18 years old and no older than 75. At least 11 of them should be Medicare Part B fee-for-service patients; the rest can have Medicare Advantage or commercial insurance.

**Deadlines.** The patient encounters must take place between Jan. 1 and Dec. 31, 2016, and you must meet the following deadlines: By Oct. 31, you must have registered with the IRIS Registry; by Dec. 1, you must have signed a data-release consent form; and by

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## Qualified Registry vs. QCDR

Before registries can be used for PQRS reporting, they require CMS certification, which is renewed annually (usually in April) and can be of 2 types—Qualified Registry certification and Qualified Clinical Data Registry (QCDR) certification. The IRIS Registry received both last year and expects to receive both again this year. In May, after this recertification has been finalized, you can start using the IRIS Registry to manually report PQRS measures for 2016.

**A Qualified Registry can be used to report the “traditional measures.”** These are the measures that were published in the PQRS regulations. They include the 7 DRMG measures.

**A QCDR can be used to report traditional measures and specialty-specific measures.** QCDR certification was developed after CMS recognized that some specialties could not find enough PQRS measures to satisfy their reporting requirements. CMS encouraged specialties to develop specialty-specific measures that can be reported via QCDRs. Confusingly, such measures are commonly referred to as “non-PQRS measures”—meaning they aren’t among the traditional PQRS measures—but they *are* used for PQRS reporting.

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Jan. 15, 2017, you must have entered all your PQRS data into the portal.

The portal is expected to open for manual reporting of 2016 PQRS data by May. (To see deadlines for the other reporting options, read “EHRs and the IRIS Registry for PQRS” and this month’s Web Extra, “No EHR? Use the IRIS Registry Web portal.”)

**Identify the appropriate patients.**

Look for patients who have both:

1. An ICD-10 code indicating diabetic retinopathy: E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, and
2. One of these CPT codes:
  - New patient eye visit code: 92002, 92004
  - Established patient eye visit code: 92012, 92014
  - New patient E&M code: 99202, 99203, 99204, 99205
  - Established patient E&M code: 99212, 99213, 99214, 99215

## The 7 DRMG Measures

**Measure 1. Diabetes: Hemoglobin A<sub>1c</sub> Poor Control.** Enter the most recent hemoglobin A<sub>1c</sub> level. You do not have to draw blood; asking the patient will suffice—and if the patient doesn’t know, you can contact his or her primary care provider or internist. Note: Because this is an inverse measure, a lower calculated performance rate indicates better clinical care or control.

**Measure 18. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy.** Confirm that you performed a dilated macular or fundus exam, including documentation in the patient’s record of the presence or absence of macular edema. In addition, document the level of severity of the retinopathy.

**Measure 19. Diabetic Retinopathy: Communication With the Physician Managing Ongoing Diabetes Care.** Confirm whether or not you communicated to the provider managing the patient’s ongoing diabetes care regard-

## EHRs and the IRIS Registry for PQRS

The most efficient way to meet the PQRS program’s requirements is to integrate your EHR system with the IRIS Registry clinical database, which will automatically extract the necessary data from your records.

**Report CQMs.** You report the meaningful use (MU) program’s clinical quality measures (CQMs), rather than the “traditional” PQRS measures.

**EHR requirements.** Your EHR system must be 2014-certified, and you must use it for the full calendar year. You will need to integrate your EHR system with the IRIS Registry clinical database. Because most practices customize their EHR, you will need to go through a data mapping process even if you are using an EHR system that other practices have already integrated into the IRIS Registry. Although this mapping process is mostly automated, it will involve some back and forth with IRIS Registry support staff. (To see which systems have been successfully integrated with the IRIS Registry, go to [www.ao.org/iris-registry/ehr-systems](http://www.ao.org/iris-registry/ehr-systems).)

**Deadlines.** By June 1, you must have registered to integrate your EHR with the IRIS Registry clinical database. By Aug. 1, you must have successfully completed the EHR data mapping process. (You will need to work closely with IRIS Registry support staff, responding promptly to their requests for information. If you don’t, you risk missing this deadline and will have to use a different option for participating in PQRS.) By Dec. 1, you must have signed your consent for the Academy to release your data to CMS.

**For more information,** see [www.ao.org/iris-registry](http://www.ao.org/iris-registry).

ing the results of the dilated macular or fundus exam. You also should confirm that you performed the exam and documented the presence or absence of the macular edema and level of severity of retinopathy.

**Measure 117. Diabetes: Eye Exam.** Confirm whether or not a dilated retinal eye exam, with interpretation by an ophthalmologist or optometrist, was documented and reviewed.

**Measure 130. Documentation of Current Medications in the Medical Record.** Confirm that a list of current medications—including name, dosages, frequency, and route of administration—was documented in the patient’s record. Note: CMS recently clarified that for DRMG reporting, you only need to report this measure once per patient. (For individual measures reporting, report it at each visit.)

**Measure 226. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention.** Confirm whether or not the patient was screened for tobacco use and, if identified as a tobacco user, received tobacco-cessation counseling.

### Measure 317. Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented.

Record the patient’s blood pressure, keeping in mind the following:

- When reporting this measure, you must perform the blood pressure screening at the time of a qualifying visit. You may not obtain measurements from external sources.
- If the patient is prehypertensive or hypertensive, you will be asked to confirm whether you noted follow-up documentation in the medical record.
- This measure does not apply—and you do not need to report it—for patients who have an active diagnosis of hypertension.
- If a patient does not already have a hypertension diagnosis, you must measure his or her blood pressure.

**EXTRA MORE ONLINE.** For a summary of manual reporting options, see this article at [www.eyenet.org](http://www.eyenet.org). To see a comprehensive listing for each measure, including reporting instructions, go to [www.ao.org/pqrs](http://www.ao.org/pqrs) and select “2016 Measures.”