Quality and the IRIS Registry

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• Joy Woodke, COE, OCS, OCSR and Dr. Lum have no relevant financial interests or relationships to disclose.

Asking Questions During Q&A

• Use Attendee Q and A Function to:
  o Ask questions of the presenters
  o Upvote questions by clicking the thumbs up
IRIS Registry

Current Stats (October 1, 2021)

Contracted
- **18,155** physicians from **4,171** practices

Contracted for EHR Integration
- **15,920** physicians from **3,014** practices

Number of patient visits
- **412.77** million, representing **70.81** million pts

IRIS Registry Growth in Millions of Visits and Unique Patients

[Graph showing growth in visits and patients from 2015 to 2021]
What is the IRIS Registry?

IRIS Registry (Intelligent Research in Sight) is the nation’s first comprehensive eye disease clinical database, started March 25, 2014

• Improve care delivery and patient outcomes
• Provides individual feedback on performance and comparison to benchmarks
• Helps practices meet Merit-based Incentive Payment System requirement (MIPS)

IRIS Registry Main MIPS Reporting Tool for Ophthalmologists, 2017-2020

• Higher average score for ophthalmologists than average MIPS participant
• $1.05 billion in avoided penalties or $102,963/ophthalmologist over 4 years
• Majority of ophthalmologists earned an exceptional performance bonus
  • .10% - 1.79% of Medicare Fee Schedule (based on 2017-2019)
  • Translates to $402 - $7,191 bonus per ophthalmologist/year
  • $1,608 - $28,764 bonus per ophthalmologist for 2017-2020 reporting years
2019 MIPS Preliminary Score Performance for IRIS Registry Participants

- Average MIPS preliminary score was **74.82** out of 85 points
- For Quality, **88%** of EHR-integrated participants scored either the maximum or within five points of it
- **78%** of EHR-integrated participants qualified for a 2021 exceptional performance bonus
- Exceptional performance bonus ranges from 0.1% ($402) to 1.79% ($7,191)

2020 Preliminary MIPS Performance: Ophthalmologists in the IRIS Registry

- 83% of ophthalmologists submitting through the IRIS Registry earned a score of 85 points or more
- 5,450 ophthalmologists are eligible to earn an exceptional performance bonus in 2022
- 3,004 (36.7%) had the top score of 100 points and are eligible to earn the highest bonus
- 912 ophthalmologists are also eligible to earn a small bonus in 2022
- 7,262 ophthalmologists avoided the 9% penalty, which would total $262.6 million in aggregate
Total Savings in Avoided Penalties 2017-2020

$1.05 Billion
$102,963/ophthalmologist

How to Monitor Quality and Improve Quality Using IRIS Registry

Benefits of participation
Options
Tips for success
Value of IRIS Registry

Evaluate your own data
• Benchmark your outcomes against your practice colleagues or national averages

Manage your patients at a population level
• Look at a specific group of patients based on conditions, risk factors, demographics or outcomes
• Identify trends and track interventions
• Answer specific clinical questions
“If you can’t measure it, you can’t improve it”

Lord Kelvin, 1880

Measure Development – Academy History

- Created first eye care outcome measures
- Created Cataracts Measures Group, including PROs
- 30 measures covering subspecialties
- 58 eye and noneye related measures
Quality Improvement

• Does quality improve with **Actionable Feedback** and **Targeted Education**?

• There is demonstrated improvement on quality measures over 3 years using the IRIS Registry


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Measurement Leads to Improvement: Retina Measures

![Graph showing performance rates for DR Severity, DR: Communication with Primary MD, and Diabetes: Eye Exam over the years 2014, 2015, and 2016.](image-url)
Measurement Leads to Improvement: 
POAG, Cataracts, Tobacco, Medications

**POAG:** Optic nerve evaluation

**Cataracts:** 20/40 Visual Acuity

**Tobacco Screening and Counseling**

**Documentation of Current Meds**

**Performance Rates (%)**

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Measurement Leads to Improvement: 
Cataract Complications, High-Risk Meds

**Cataracts:** Complications within 30 days

**Use of High-Risk Medications in Elderly**

**Performance Rates (%)**

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<tr>
<td>Use of High-Risk Medications in Elderly</td>
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</table>
Measurement Leads to Improvement: Falls Screening, Hi BP, Closing Referral, BMI

Quality Measures – EHR/IRIS Registry Integration

12: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care *

110: Preventive Care and Screening: Influenza Immunization

111: Pneumococcal [Pneumonia] Vaccination Status for Older Adults

117: Diabetes: Eye Exam

128: Preventive Care and Screening: BMI Screening and Follow-Up Plan

130: Documentation of Current Medications in the Medical Record * t/o

Key: * High Priority
** Outcome
t/o Topped out
Quality Measures – EHR/IRIS Registry Integration cont.

191: Cataracts: 20/40 or Better Visual Acuity Within 90 Day Following Cataract Surgery **

226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

236: Controlling High Blood Pressure **

238: Use of High-Risk Medications in the Elderly * t/o

318: Falls: Screening for Future Fall Risk *

374: Closing the Referral Loop: Receipt of Specialist Report *

Key:  * High Priority
** Outcome
** t/o Topped out

2022 QCDR Measures

Cataract: 3
- IRIS54**: Complications after cataract surgery
- IRIS55**: Visual Acuity Improvement Following Cataract Surgery and Minimally Invasive Glaucoma Surgery
- IRIS59**: Regaining vision after cataract surgery

Cornea: 2
- IRIS1**: Endothelial Keratoplasty: Post-operative improvement in best corrected visual acuity to 20/40 or greater (better)
- IRIS38**: Endothelial Keratoplasty: Dislocation requiring surgical intervention

Key:  * High Priority
** Outcome
** t/o Topped out
2022 QCDR Measures cont.

Glaucoma: 5
- IRIS2:** Glaucoma - Intraocular pressure reduction t/o (max 5 points if not 100%)
- IRIS39:** Intraocular pressure reduction following trabeculectomy or an aqueous shunt procedure
- IRIS43:** Intraocular pressure reduction following laser trabeculoplasty
- IRIS44:** Visual field progression
- IRIS60:** Visual acuity improvement following cataract surgery combined with a trabeculectomy or an aqueous shunt procedure

Key: * High Priority
** Outcome
t/o Topped out

2022 QCDR Measures cont.

Neuro-Ophthalmology: 2
- IRIS56:** Adult Diplopia: Improvement of ocular deviation or absence of diplopia or functional improvement
- IRIS57:** Idiopathic Intracranial Hypertension: Improvement of mean deviation or stability of mean deviation

Oculoplastic: 1
- IRIS6:** Acquired Involutional Entropion - Normalized lid position after surgical repair

Key: * High Priority
** Outcome
t/o Topped out
2022 QCDR Measures cont.

Pediatric Ophthalmology/Strabismus: 3
- IRIS48** Adult Surgical Esotropia: Postoperative alignment
- IRIS49:** Surgical Pediatric Esotropia - Postoperative alignment
- IRIS50:** Amblyopia - Interocular visual acuity after treatment

Refractive Surgery: 2
- IRIS23:** Refractive Surgery: Patients with postoperative improvement in uncorrected visual acuity of 20/20 or better within 30 days
- IRIS24:** Refractive Surgery: Patients with postoperative correction within ± 0.5 Diopter of the intended correction

Key:  * High Priority  
** Outcome  
t/o Topped out

Retina: 4
- IRIS13:** Diabetic Macular Edema - Loss of visual acuity
- IRIS41:** Improved visual acuity after epiretinal membrane treatment within 120 days
- IRIS46:** Evidence of anatomic closure of macular hole within 90 days after surgery as documented by OCT
- IRIS58:** Improved visual acuity after vitrectomy for complications of diabetic retinopathy within 120 days

Key:  * High Priority  
** Outcome  
t/o Topped out
2022 QCDR Measures cont.

Uveitis: 4
- IRIS17:** Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells
- IRIS35:** Improvement of macular edema in patients with uveitis
- IRIS51:** Acute Anterior Uveitis - Post-treatment visual acuity
- IRIS53:** Chronic Anterior Uveitis - Post-treatment visual acuity

Key:  * High Priority
     ** Outcome
       t/o Topped out

How to use the IRIS Registry
IRIS Registry Dashboard

- Provides views of performance
  - By physicians
  - By location
  - By practice as a whole
- Allows comparison to national benchmarks
- Ability to drill-down to see which patients didn’t meet measure criteria

Quality Measures – EHR Dashboard

[Table showing quality measures with achievement percentages and options to export]
Quality Measures – EHR Dashboard

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>ACHIEVED PERFORMANCE</th>
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<tbody>
<tr>
<td>Iris QCDR 50</td>
<td>25.32% 18.64%</td>
</tr>
<tr>
<td>Iris QCDR 51</td>
<td>99.32% 25.32%</td>
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<tr>
<td>Iris QCDR 52</td>
<td>99.62% 99.62%</td>
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<tr>
<td>Iris QCDR 53</td>
<td>0% 0%</td>
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<tr>
<td>Iris QCDR 54</td>
<td>0.71% 0.71%</td>
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<tr>
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<tr>
<td>Iris QCDR 58</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Iris QCDR 59</td>
<td>0% 0%</td>
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Quality Measures – EHR Dashboard

**Practice:** Web Demo Test Data

**Measure:** QIPPT41: Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care

**Population:** Denominator

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
<th>MRN</th>
<th>GENDER</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mickey</td>
<td></td>
<td>Mouse</td>
<td>MOUSEM1</td>
<td>M</td>
<td>11/18/1928</td>
</tr>
</tbody>
</table>
Patients Not Meeting Measures

- Quickly drill down to patient list
- Review data fields in EHR during reporting period
- Correct workflow
- Work with IRIS to correct mapping issues

<table>
<thead>
<tr>
<th>QUALIFIED (ALL)</th>
<th>MET (+)</th>
<th>NOT MET (-)</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>94</td>
<td>92</td>
<td>2</td>
<td>% 97.87</td>
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IRIS Registry – Request a Meeting

- Understand measure and IRIS mapping
- Demonstrate documentation in EHR
- Review “not met” charts with client account manager

Corrective action may include
- Improve practice hardware and interface with IRIS Registry
- Internal process adjustments
- Educating providers regarding measures
- IRIS Registry may need to reload data or update mapping
Tips from Other IRIS Registry Practices

- Involve staff members – front desk to ophthalmologists to improve quality
- Each team member knows what is expected and their role
- Break down your practice performance by clinician
- Focus on 1 measure at a time to avoid overwhelming
- Add questions or triggers to remind about collecting information, e.g., BMI, and smoking, and print patient educational materials,
- Use checklists, e.g., run a report of referrals made to outside practices

IRIS Benefits to My Practice

- Allows monitoring of MIPS measures
- Shows areas needing improvement
- Permits comparison/competition among partners
- Demonstrates “quality” to hospital system for department use and insurance carriers without practice specific quality programs
- Helps refine EHR template language maximizing measure compliance
- Permits quarterly tracking of measure “success” and prepares for attestation
Conclusions

• Helps to think about documenting in a manner that conforms to CMS guidelines
• Decreases risk of incurring reimbursement penalties
• Permits demonstration of quality to hospital, health plan, third party payer, American Board of Ophthalmology

Academy Member Resources

• Visit www.aao.org/medicare to find resources for 2022 MIPS
• MIPS Help: mips@aao.org
• IRIS Registry general questions: irisregistry@aao.org
• For help with your IRIS Registry dashboard: aaocams@figmd.com