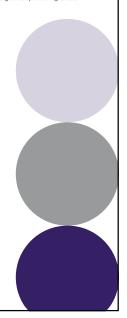


Protecting Sight. Empowering Lives.\*

# Quality and the IRIS Registry

Joy Woodke, COE, OCS, OCSR Coding & Practice Management Executive

Flora Lum, MD Vice President, Quality and Data Science



## **CME** Information

The American Academy of Ophthalmology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Academy of Ophthalmology designates this internet live activity for a maximum of 1 *AMA PRA Category 1 Credit* <sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

A link to claim CME will appear when you leave the Webinar.



### Financial Disclosure

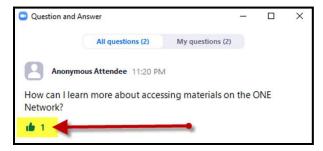
 Joy Woodke, COE,OCS, OCSR and Dr. Lum have no relevant financial interests or relationships to disclose.



Protecting Sight. Empowering Lives.\*

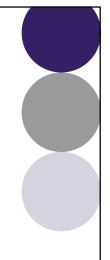
# Asking Questions During Q&A

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





# IRIS Registry





Protecting Sight. Empowering Lives.\*

# Current Stats (October 1, 2021)

#### Contracted

18,155 physiciansfrom 4,171 practices

# Contracted for EHR Integration

15,920 physicians from 3,014 practices

#### IRIS Registry Growth in Millions of Visits and Unique **Patients** 450 400 350 300 250 200 150 100 50 2015 2016 2017 2018 2019 2020 2021

#### Number of patient visits

412.77 million,representing 70.81 million pts



Protecting Sight. Empowering Lives.\*

6

# What is the IRIS Registry?



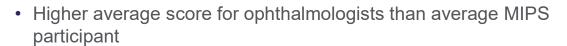
IRIS Registry (Intelligent Research in Sight) is the nation's first comprehensive eye disease clinical database, started March 25, 2014

- · 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)



Protecting Sight. Empowering Lives.\*

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



- \$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)



Protecting Sight. Empowering Lives.\*

# 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

# Total Savings in Avoided Penalties 2017-2020



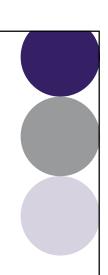


Protecting Sight. Empowering Lives.\*

# 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

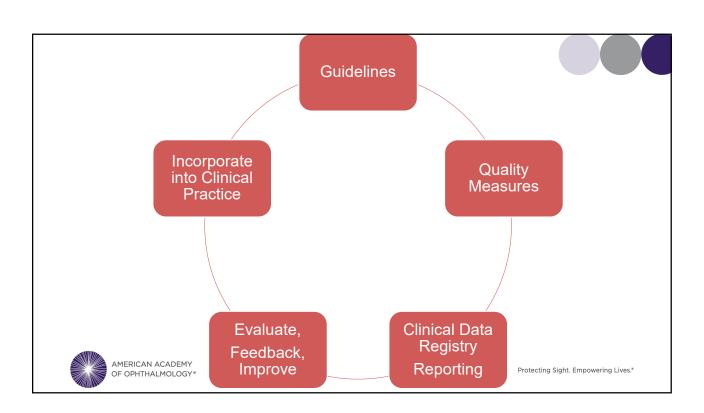
#### Manage your patients at a population level

- Look at a specific group of patients based on conditions, risk factors, demographics or outcomes
- Identify trends and track interventions
- Answer specific clinical questions



Protecting Sight. Empowering Lives.\*

13



"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

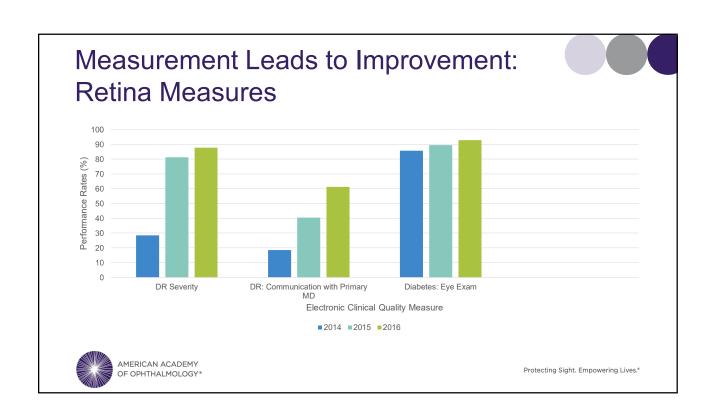


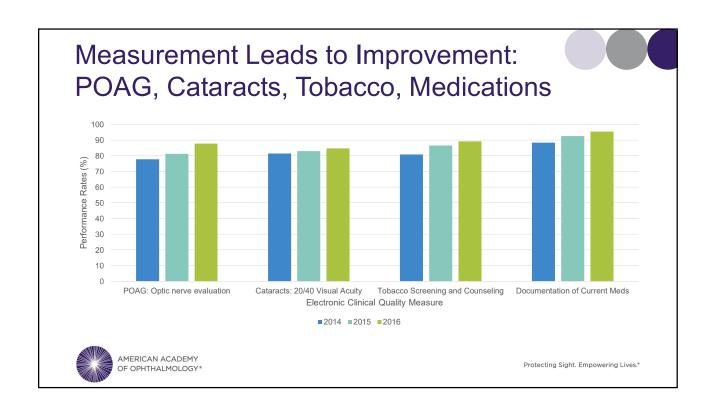


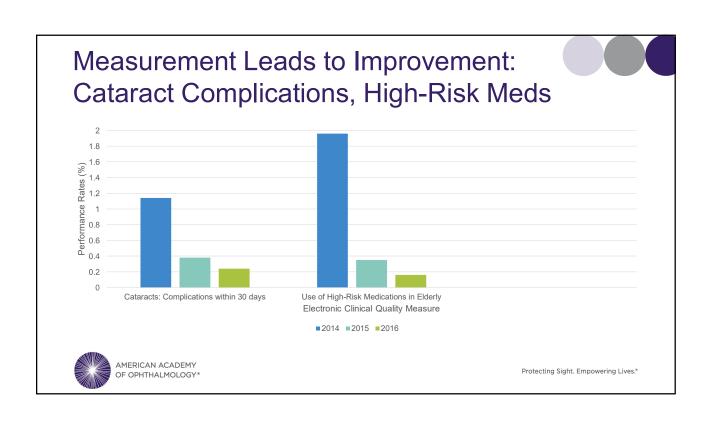
# **Quality Improvement**

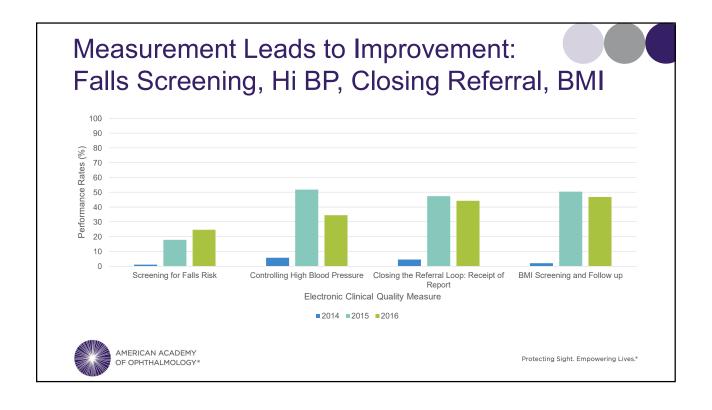
- Does quality improve with Actionable Feedback and Targeted Education?
- There is demonstrated improvement on quality measures over 3 years using the IRIS Registry
- Rich W et al. Performance Rates Measured in the American Academy of Ophthalmology IRIS® Registry (Intelligent Research in Sight). Ophthalmology 2018











# 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



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 \*

Closing the AMERICAN ACADEMY OF OPHTHALMOLOGY\*

T/O Topped out

#### 2022 QCDR Measures



- 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



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
- o IRIS43:\*\* Intraocular pressure reduction following laser trabeculoplasty
- o 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

Protecting Sight. Empowering Lives.\*

#### 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

- o IRIS48\*\* Adult Surgical Esotropia: Postoperative alignment
- o IRIS49:\*\* Surgical Pediatric Esotropia Postoperative alignment
- o 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

Protecting Sight. Empowering Lives.®

# 2022 QCDR Measures cont.



#### Retina: 4

- o 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
- o IRIS35:\*\* Improvement of macular edema in patients with uveitis
- o IRIS51:\*\* Acute Anterior Uveitis Post-treatment visual acuity
- o IRIS53:\*\* Chronic Anterior Uveitis Post-treatment visual acuity



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

Protecting Sight. Empowering Lives.\*

# How to use the IRIS Registry





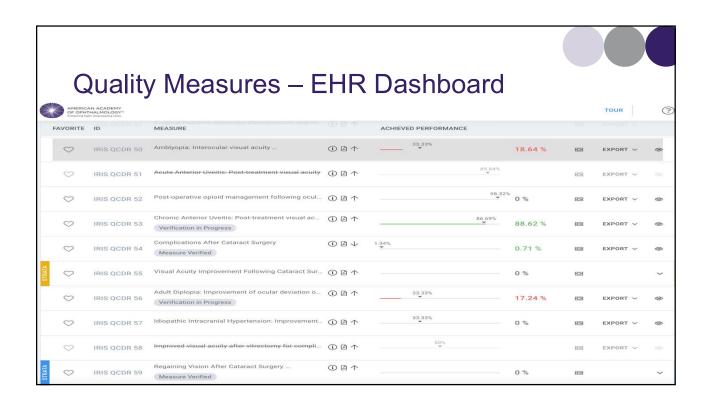
# **IRIS** Registry Dashboard

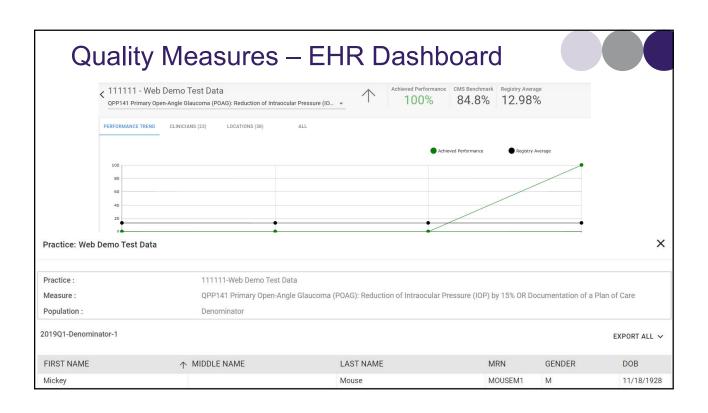
- Provides views of performance
  - o By physicians
  - o By location
  - o By practice as a whole
- Allows comparison to national benchmarks
- Ability to drill-down to see which patients didn't meet measure criteria



Protecting Sight. Empowering Lives.™
Protecting Sight. Empowering Lives.\*

#### Quality Measures – EHR Dashboard U CLINICIANS (67) IRIS Measure Set 2020 01-01-2020 09-14-2020 CHANGE Updated on: Aug 17th, 2020 05:27 Data available till: Jul 14th, 2020 ACHIEVED PERFORMANCE Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation 0 Diabetic Retinopathy: Communication with the Physician Managing ... 1Measure Verified 81.91 % EXPORT ~ Measure Verified ① △ 个 90.01% Measure Verified ① ② QPP 117 96.79 % Measure Verified Preventive Care and Screening: Body Mass Index (BMI) Screening a... (1) [2] 1 Measure Verified Cataracts: 20/40 or Better Visual Acuity within 90 Days Following C... 81.59 % Measure Verified





# 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





Protecting Sight. Empowering Lives.\*

35

# IRIS Registry — Request a Meeting Understand measure and IRIS mapping □ Demonstrate documentation in EHR □ Review "not met" charts with client account manager 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 AMERICAN ACADEMY OF OPHTHALMOLOGY\* Protecting Sight. Empowering Lives.\*

# 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



Protecting Sight. Empowering Lives.\*

# 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



Protecting Sight. Empowering Lives.™
Protecting Sight. Empowering Lives.\*

# **Academy Member Resources**



- Visit <a href="www.aao.org/medicare">www.aao.org/medicare</a> to find resources for 2022 MIPS
- MIPS Help: mips@aao.org
- IRIS Registry general questions: <u>irisregistry@aao.org</u>
- For help with your IRIS Registry dashboard: <a href="mailto:aaocams@figmd.com">aaocams@figmd.com</a>



