PRACTICE PERFECT

How to Use IRIS Registry/EHR Integration to Boost Practice Performance

Why integrate your electronic health record (EHR) system with the IRIS Registry? First, it enables you to compare your performance against that of your peers and identify areas where you can improve patient care. It also provides the least burdensome way to participate in the Merit-Based Incentive Payment System (MIPS), and as a qualified clinical data registry (QCDR), it can offer subspecialty-specific MIPS quality measures that aren't available anywhere else. Furthermore, use of the IRIS Registry is free for U.S. Academy members and their staff.

To help you make the most of IRIS Registry/EHR integration, this article highlights some proven strategies.

4 Practices Share Their Tips

The Academy spoke to 5 IRIS Registry users at 4 U.S. practices about their use of the IRIS Registry. All of them emphasized its convenience and utility for performance monitoring and quality improvement.

Bonnie Allen and Jennifer Laing said that the IRIS Registry dashboard provides an easy, efficient way to monitor practice performance. Ms. Allen is the practice administrator and Ms. Laing is the business office manager at Drs. Fine, Hoffman, and Sims Ophthalmologists, a practice based in Eugene, Oregon, that has 4 providers at 2 sites.

Karen Potts stated that using the IRIS Registry to track performance rates had become second nature at her practice, thanks in no small part to its ease of use. Ms. Potts is the office manager at Koziol-Thoms Eye Associates, a practice in Arlington Heights, Illinois, that has 6 providers.

Michele Huskins added that she runs reports on the group as a whole as well as reports for individual providers. She can print these and hand them to the clinicians, or send them electronically. She works at Rocky Mountain Eye Center, a 19-provider practice in Pueblo, Colorado.

Ufuk Fusun Cardakli, MD, described the IRIS Registry as a tremendous resource that helps her solo practice navigate MIPS. She runs EyeDoc Associates in Altoona, Pennsylvania.

Tip 1: Regularly Review Your IRIS Registry Dashboard

Look at the data monthly. All 5 interviewees urge you to regularly review the IRIS Registry dashboard, which pulls quality metrics directly from a practice's EHR. It shows performance rates on 51 measures, 29 of which can be found only on the IRIS Registry.

Compare your performance against the IRIS Registry benchmarks. Dr. Cardakli noted that she meticulously

follows these numbers, looking monthly, as soon as the data are refreshed, comparing her performance to the IRIS Registry benchmarks. She sets a goal of reaching 95%-100% on the quality measures.

IRIS Registry benchmarks differ from MIPS benchmarks. The benchmarks on the IRIS Registry are derived from the current performance of all practices that have integrated their EHR system with it. These differ from the benchmarks that the Centers for Medicare & Medicaid Services (CMS) uses to evaluate performance on MIPS quality measures. For 2018, those CMS benchmarks are based on performance rates of all clinicians who used those measures in 2016.

Break down your practice's performance on a measure. Clinicians can use the dashboard to see how they performed as individuals, how the practice performed as a group, and how the individual- and practice-level performance compares to the average across all physicians in the IRIS Registry.

Tip 2: Communication Is Key

Set up a regular schedule for performance updates. Ms. Allen and Ms. Laing schedule bimonthly executive meetings with physicians and staff. In these meetings, they make sure that scribes and technicians 1) are aware of what needs to be done to meet the requirements of the MIPS quality measures and 2) are getting the information that they need from the physicians to help make sure those requirements are met.

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Don't overwhelm staff. When action is needed, Ms. Potts focuses on 1 quality measure at a time, so staff can focus on making sure any adjustments to procedures are implemented correctly.

Tip 3: Documentation Matters

All 5 interviewees said that the IRIS Registry has helped them identify areas where they need to improve documentation.

Review your performance rate for a measure patient by patient. For example, your performance rate for Measure 18, which appears in the IRIS Registry dashboard as IRIS eCQM 2, is based on the percentage of adult diabetic retinopathy (DR) patients for whom you have documented the presence or absence of macular edema and the level of retinopathy severity. From your dashboard, you can click on this measure to see a list of patients to whom this measure applies (i.e., adults with DR). If your performance rate for this measure is low, you can drill down to see which of those patients are listed as not meeting the measure's requirements.

Next, review their records and determine the source of the problem—perhaps, for example, the documentation was incomplete—and decide how to address that problem in the future. It is possible that the required documentation does exist in the patients' records, but the IRIS Registry isn't mapping your EHR data accurately. If this is the case, you can work with staff at FIGmd, the registry's technical vendor, to improve that data mapping.

Work with FIGmd to identify opportunities to improve documentation. Practices can review their dashboard with their client account representative at FIGmd to see where their measure data are stored within the EHR and the terms or codes used to pull the data. Ms. Huskins, for example, was able to work with FIGmd to review past patient encounters and identify patients who had been wrongly identified as not meeting a measure's requirements. She then worked with the scribes and technicians to take appropriate steps to address those problems.

At her practice, Ms. Potts augmented the EHR system's drop-down menus

Use the IRIS Registry for MIPS

Join your colleagues. Since it launched in March 2014, the IRIS Registry has proved a popular benefit for U.S. Academy members, with more than 5,000 practices registering to use it for quality improvement and MIPS reporting.

Boost your MIPS score. For performance year 2017, the Academy sent CMS 19,286 sets of data on behalf of IRIS Registry users. Some users had integrated their EHR system with the IRIS Registry; others had entered their MIPS data manually via a web portal. The results speak for themselves:
- all 19,286 submissions avoided the MIPS penalty
- 28% scored 100 points, the maximum MIPS final score
- 85% qualified for the exceptional performance bonus
- 91% of submissions for IRIS Registry/EHR integrated users qualified for the exceptional performance bonus

(Note: These statistics are based on CMS' preliminary scores, which didn't take into account all the nuances of MIPS scoring.)

Report subspecialty-specific QCDR measures that aren't available anywhere else. The IRIS Registry has been designated a qualified clinical data registry (QCDR), which means it is authorized to develop its own measures. Academy staff and committee members have developed subspecialty-specific QCDR measures that capture the true value of medical and surgical eye care. These measures are likely to become increasingly important as the MIPS program focuses more on measures that evaluate outcomes rather than process measures. Importantly, the Academy can modify its QCDR measures annually to account for changes in clinical practice or technology.

Use a reporting mechanism that focuses exclusively on eye care. Changes to the MIPS rules can impact some specialties more than others, which is why Academy experts assess any regulatory changes for their impact on ophthalmology and update the IRIS Registry accordingly.

Haven't signed up for the IRIS Registry? It is too late to register for IRIS Registry/EHR integration this year, but you can still use the IRIS Registry web portal for manual reporting if you register by Nov. 7 at aao.org/iris-registry.

to include specific keywords and terms that are associated with the quality measure specifications.

Tip 4: You May Need to Make Systematic Changes

Use the dashboard to identify the measures in which your practice is underperforming, and then see if a change in procedures will boost performance.

Identify solutions. To enhance performance on MIPS quality measure 128 (which appears in the dashboard as IRIS14), Ms. Potts' practice added a question on Body Mass Index to the initial patient intake form. For measure 226 (IRIS20), Ms. Huskins included a half-page document in all the exam rooms to remind the technicians to provide patients with information about the effects of smoking on eye health. She also added triggers in her EHR

system that prompt users to print such materials. Fixes such as these don't need to add much time but can make a difference across the board.

Use checklists. To ensure consistency in meeting a quality measure's requirements, add checklists to your daily routine. For example, Ms. Potts' checklist includes a reminder to run a report of referrals made by physicians outside the practice. Then staff members call those physician offices to remind them to send their reports to close the referral loop.

Tip 5: Adopt Best Practices

Ms. Allen and Ms. Laing identify the best-performing physician on a measure-by-measure basis. They then determine what is being done differently by that physician (or by his or her clinical staff or scribe) that results

in a higher performance rate. Those best practices can then be implemented across the practice.

Tip 6: Need to Work as a Team
All staff members—from practice administrators and front desk staff to ophthalmologists, optometrists, technicians, and scribes—need to take ownership of improving quality. Everyone needs to be involved with and informed of the practice's quality goals and of what's required to get high performance rates for the measures in the dashboard.

Start early. To encourage high performance, introduce staff to the IRIS Registry dashboard and measures early on in their training. Dr. Cardakli noted that each of her team members knows what is expected for improving quality and understands his or her role in consistently meeting those expectations, whether it's asking patients about their smoking history and noting it in the EHR, prompting Dr. Cardakli to counsel the patient on the benefits of smoking cessation, or—when patients with DR are being seen—identifying the primary care physician who needs to be sent a summary of the visit.

No EHR? No Problem
Practices without an EHR can still use the IRIS Registry for MIPS reporting by manually entering quality measure data and attesting to the improvement activities.

If you report the quality performance category manually, you can choose from 56 measures, including 29 subspecialty-specific QCDR measures that can only be reported via the IRIS Registry.

You also can report the 24 improvement activities that are most meaningful to ophthalmologists.

Register today. If you aren't yet registered to report MIPS manually via the IRIS Registry web portal, you must do so by Nov. 7 at aao.org/iris-registry.

Free Help for Members
FIGmd and IRIS Registry staff are available to answer questions about the IRIS Registry, MIPS quality measures, required documentation, and the MIPS program.

Learn more about the measures found in the IRIS Registry at aao.org/medicare/quality-reporting-measures.

For instructions on how to access your IRIS Registry dashboard, visit aao.org/iris-registry/user-guide/view-performance-reports.

For questions about the IRIS Registry, email irisregistry@aao.org.

For questions about MIPS, email mips@aao.org.

For further reading on MIPS, visit aao.org/medicare and aao.org/eyenet/mips-manual-2018.

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IN THE EXHIBIT HALL
Visit the Academy Resource Center (Booth 508). Bring your MIPS questions to the Coding desk or Advocacy desk. Take your IRIS Registry questions to the IRIS Registry kiosk.

Staff can help you to report your improvement activities. If you are already registered with the IRIS Registry, staff at the IRIS Registry kiosk can help you log in to your account and report on your MIPS improvement activities. If you are able to max out your score for this performance category, that would be enough to avoid the MIPS payment penalty.

To take advantage of this opportunity, make sure you 1) have your IRIS Registry login credentials and 2) know which improvement activities you want to report (aao.org/medicare/improve ment-activities).