MIPS: The IRIS Registry Makes Quality Reporting Relevant to Your Subspecialty

Pay-for-performance is becoming an increasingly important factor in physician reimbursement. The quality performance category of the Merit-Based Incentive Payment System (MIPS) evolved out of the Physician Quality Reporting System (PQRS). In turn, PQRS started in 2007 as the Physician Quality Reporting Initiative (PQRI).

Since PQRI launched, 2 perennial complaints about this evolving program have been that the reporting requirements are too burdensome, and ophthalmologists—especially subspecialists—were being asked to report quality measures that weren't sufficiently relevant to clinical care. The Academy's IRIS Registry helps members to surmount these problems.

How the Academy Can Help With Quality Reporting

Reducing your reporting burden. Compared with other reporting mechanisms, the Academy's IRIS Registry (aao.org/iris-registry) involves less labor and, thanks to its dashboard, less uncertainty about your MIPS performance. It offers 2 options for reporting quality measures: 1) IRIS Registry/EHR integration, which involves integrating your electronic health record system with the IRIS Registry or 2) manually entering MIPS quality data into the IRIS Registry web portal (no EHR system required). Note: Advancing care information measures and improvement activities are reported manually via the portal.

Providing QCDR measures for subspecialists. The IRIS Registry has been designated a Qualified Clinical Data Registry (QCDR). This gives the Academy latitude to develop quality measures for MIPS that capture the genuine value of medical and surgical eye care. Since launching the IRIS Registry in 2014, the Academy, working in conjunction with subspecialty societies and teams of subspecialty physicians, has developed 32 quality measures.

The QCDR measures may become even more important because the Centers for Medicare & Medicaid Services (CMS) is considering implementing stricter criteria for determining which quality measures will be included in the program in future years. These include a preference for 1) patient outcome measures over process measures and 2) measures that can address a "gap in care" or that do not have high performance rates across all physicians who report those measures. If CMS reassesses existing MIPS measures based on these criteria, it could remove some of the legacy PQRS quality measures that had been carried over into MIPS. However, the IRIS Registry QCDR measures—most of which are outcome measures—would ensure that you still have enough quality measures to report.

Fine-tuning the QCDR measures. The Academy can modify its QCDR measures on an annual basis if changes are needed to make them more technically feasible for EHR extraction or to update them for changes in clinical practice or technology.

Boosting performance with benchmarking. Regardless of whether you are participating in MIPS, you can use

What Are QCDR Measures?

Qualified Clinical Data Registry (QCDR) measures augment the standard MIPS quality measures that are published by CMS.

The standard MIPS quality measures published in the CMS regulations were mostly drawn from PQRS measures. You can report some of these measures by claims, some by manual entry via the IRIS Registry web portal, and some via your EHR vendor or IRIS Registry/EHR integration. Of the 13 ophthalmology-specific measures, only 6 qualify for EHR-based reporting.

QCDR measures are developed by medical specialties and subspecialties. CMS recognized that its legacy quality measures don't meet the needs of all physicians, and it encouraged specialty societies to develop their own measures that can only be reported via QCDRs, such as the IRIS Registry.

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the IRIS Registry dashboard to track your performance against that of your peers. By comparing your performance against the norm, you can identify areas that need improvement. The dashboard is available to practices that integrate their EHR system with the IRIS Registry, and it monitors those measures that have been successfully data mapped.

How to Use the IRIS Registry

Who can report QCDR measures? In order to report the Academy's QCDR measures, you must be signed up for the IRIS Registry.

Most QCDR measures can be reported via the web portal. If you choose to report MIPS manually via the IRIS Registry web portal, you can report any of the IRIS Registry QCDR measures except for measure IRIS16.

NEW—you *may* be able to report 16 QCDR measures via IRIS Registry/EHR integration. If you integrated your EHR system with the IRIS Registry, you'll recall that you went through a mapping process that enabled the transmission of your data for the various measures. This year, you can attempt that mapping process for 16 QCDR measures (see table). If successful, you'll have the option of reporting those measures. Furthermore, these measures will be valuable for your practice's internal quality improvement efforts.

Use the IRIS Registry's QCDR measures to score high-priority bonus points. Reporting an outcome measure or an appropriate use measure can contribute 2 bonus points or 1 bonus point, respectively, toward your quality score.This bonus is capped at 6 or 7 points, depending on the size of your practice. Note: You don't get bonus points for the first high-priority measure that you report. This is because you are required to report on at least 1 outcome measure (or, if no outcome measure is available, you must report an alternative high-priority measure).

A caveat about benchmarking. When you report a MIPS quality measure, your score will depend on how well you perform compared with the benchmark for that measure. CMS hasn't yet set benchmarks for the IRIS Registry QCDR measures. It will do so retroactively for those 2018 measures that receive sufficient physician data. In this case, you may be able to score up to 10 points depending on how you fare against that benchmark. However, if insufficient data are reported for a measure, CMS won't be able to establish a benchmark, and your score for that measure will be capped at 3 points.

Measures that aren't available for MIPS reporting. The Academy developed 3 additional measures that aren't available for 2018 MIPS reporting:

- Avoidance of Preoperative Medical Testing for Cataract Surgery
- Chronic Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells
- Removal of Macular Epiretinal Membrane

CMS may accept these as QCDR measures for MIPS in future years.

If you haven't signed up for the IRIS Registry, do so today. The IRIS Registry team is currently processing 2017 MIPS data. Later this spring, it will start processing new applications. To get in the queue, sign up now at aao.org/iris-registry. To learn more about the application process, visit aao.org/iris-registry/application-process.

EXTRA **MORE ONLINE.** Learn more at aao.org/eyenet; download this chart and click on the measure titles for detailed information on each measure.

30 QCDR Measures for 2018 MIPS Reporting

	ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported By IRIS Registry (IR):
Cataract	**IRIS27:** Adverse Events After Cataract Surgery	Outcome (+2)	IR Portal, IR/EHR*
	IRIS28: Regaining Vision After Cataract Surgery	Outcome (+2)	
Cornea	**IRIS1:** Endothelial Keratoplasty: Postoperative Improvement in Best-Corrected Visual Acuity to 20/40 or Greater	Outcome (+2)	IR Portal, IR/EHR*
Glaucoma	**IRIS2:** Intraocular Pressure (IOP) Reduction	Outcome (+2)	IR Portal, IR/EHR*
	IRIS3: Visual Field Progression	Outcome (+2)	IR Portal
	IRIS4: Intraocular Pressure Reduction Following Laser Trabeculoplasty	Outcome (+2)	IR Portal, IR/EHR*
Neuro-Ophthalmology	**IRIS20:** Idiopathic Intracranial Hypertension: No Worsening or Improvement of Mean Deviation	Outcome (+2)	IR Portal
	IRIS21: Ocular Myasthenia Gravis: Improvement of Ocular Deviation or Absence of Diplopia or Functional Improvement	Outcome (+2)	
	IRIS22: Giant Cell Arteritis: Absence of Fellow Eye Involvement After Corticosteroid Treatment	Outcome (+2)	
Oculoplastics	**IRIS5:** Surgery for Acquired Involutional Ptosis: Patients With an Improvement of Marginal Reflex Distance	Outcome (+2)	IR Portal
	IRIS6: Acquired Involutional Entropion: Normalized Lid Position After Surgical Repair	Outcome (+2)	

	ID: Measure Title	High-Priority Measure (Bonus Points)	Can Be Reported By:
Pediatrics/ Strabismus	**IRIS7:** Amblyopia: Interocular Visual Acuity	Outcome (+2)	IR Portal
	IRIS8: Surgical Esotropia: Postoperative Alignment	Outcome (+2)	
Refractive	**IRIS23:** Refractive Surgery: Postoperative Improvement in Uncorrected Visual Acuity of 20/20 or Better	Outcome (+2)	IR Portal, IR/EHR*
	IRIS24: Refractive Surgery: Postoperative Correction Within +/- 0.5 Diopter of the Intended Correction	Outcome (+2)	IR Portal
Retina	**Age-Related Macular Degeneration (AMD)**		
	IRIS10: Exudative AMD: Loss of Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
	IRIS11: Nonexudative AMD: Loss of Visual Acuity	Outcome (+2)	
	IRIS34: AMD: Disease Progression	Outcome (+2)	
	Diabetic Retinopathy (DR) and Diabetic Macula Edema (DME)		
	IRIS9: DR: Documentation of the Presence or Absence of Macular Edema and the Level of Severity of Retinopathy	Not a high-priority measure (+0)	IR Portal
	IRIS13: DME: Loss of Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
	Epiretinal Membrane (ERM)		
	IRIS29: Improved Visual Acuity After ERM Treatment Within 90 Days	Outcome (+2)	IR Portal, IR/EHR*
	IRIS30: Return to OR Within 90 Days After ERM Surgical Treatment	Outcome (+2)	
	Macular Hole		
	IRIS32: Evidence of Anatomic Closure of Macular Hole Within 90 Days After Surgery as Documented by OCT	Outcome (+2)	IR Portal
	IRIS33: Return to OR Within 90 Days After Macular Hole Surgery	Outcome (+2)	IR Portal, IR/EHR*
Uveitis	**IRIS16:** Acute Anterior Uveitis: Post-Treatment Visual Acuity	Outcome (+2)	IR/EHR*
	IRIS17: Acute Anterior Uveitis: Post-Treatment Grade 0 Anterior Chamber Cells	Outcome (+2)	IR Portal
	IRIS18: Chronic Anterior Uveitis: Post-Treatment Visual Acuity	Outcome (+2)	IR Portal, IR/EHR*
Resource Use	**IRIS25:** Adenoviral Conjunctivitis: Avoidance of Antibiotics	Appropriate Use (+1)	IR Portal, IR/EHR*
	IRIS26: Avoidance or Routine Antibiotic Use in Patients Before or After Intravitreal Injections	Appropriate Use (+1)	IR Portal
	IRIS31: Avoidance of Genetic Testing for Age-Related Macular Degeneration	Appropriate Use (+1)	

* You may be able to report this measure via IRIS Registry/EHR integration but only if the IRIS Registry is able to extract the relevant data from your EHR. An initial data mapping process will determine whether this is feasible.