**REGISTRY-BASED IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY**

**(NON-CLINICAL)**

**Topic**

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| **Title of Project**: | Closing the Referral Loop & Optic Nerve Head Evaluation |

**Project Description**

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| Identify the exact measures from your monthly IRIS registry report you will focus on in 100 words or less. | IRIS eCQM1 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation IRIS eCQM19 Closing the Referral Loop: Receipt of Specialist Report |
| **Background Information**:  The month you pulled the baseline IRIS performance report and any additional information that may be pertinent). | IRIS eCQM1 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation: I am at 81.12% vs 77.34% national IRIS eCQM19 Closing the Referral Loop: Receipt of Specialist Report: I am at 27.59% vs. 22.19% national |
| Project Setting: (Please select from options below):   * Group Practice * Healthcare Network * Hospital * Multi-Specialty Group * Solo Practice * Surgical Center * Other | Group Practice |
| **Study population**: (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care: | All patients in my practice. |
| **Project Team**:  (describe the type of patient for whom the are process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care). | Ophthalmology success depends on an eye care team and close collaboration with technicians and scribes. Plan educational review on IRIS Registry and importance to all physicians (group of 2), patients and the profession. |

**Quality Indicators / Performance Measures**

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| It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. For the registry-based improvement activity, you will use the monthly performance report generated on your IRIS registry dashboard. | IRIS eCQM1 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation: I am at 81.12% vs 77.34% national (Hoping for a 5% improvement).  IRIS eCQM19 Closing the Referral Loop: Receipt of Specialist Report: I am at 27.59% vs. 22.19% national (Hoping for a 10% improvement). |

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| **Improvement Plan:**  State the improvement goal(s) you are aiming for and describe the change(s) to you intend to introduce to achieve the goal(s). Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes.  Generally, educational interventions are thought to be weak and demonstrate little impact.  The introduction of tools, strategies or systematic approaches to care delivery is more powerful.  A tool is a thing, for example a preoperative checklist, or written standardized process or protocol.  Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. | Will review these data points and others with IRIS Registry. Surprised I am not at 100% for both!  Then will remap these areas with IRIS Registry, speak with vendors, and personalize with my clinic team to achieve better performance. |

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| **Project Summary:**  In the following sections, please prepare a summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions and the overall impact of the project. | |
| **Baseline Data:**  Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). | 1. IRIS eCQM1 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation: I was at 81.12% vs 77.34% nationally. 2. IRIS eCQM19 Closing the Referral Loop: Receipt of Specialist Report: I was at 27.59% vs. 22.19% national. |
| **Follow-up Data:**  Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement). | 1. IRIS eCQM1 Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation: I achieved 98.73% vs 87.08% nationally. 2. IRIS eCQM19 Closing the Referral Loop: Receipt of Specialist Report: I was at 51.23% vs. 32.92% nationally. |

**Project Impact**

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| Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective. | Ophthalmology success depends on an eye care team and close collaboration with technicians and scribes. I planned an educational review on IRIS Registry and importance to all physicians (group of 2) and team members.  I also reviewed our key data measurements with Kaustubh S Abhyankar, Client Account Executive with the IRIS Registry vendor, FigMD. This insured that our mapping was conducted properly. He also sent me the mapping details which was most helpful for my team. |

**Project Reflection**

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| Did you feel the project was worthwhile, effective? | YES |
| How might you have performed the project differently? | Pretty good overall. Achieves goal of enhanced patient care and communication. |
| Please offer suggestions for other ophthalmologists undertaking a similar project. | Review IRIS Registry mapping with FigMD. I did this initially when the program was set up but have not done a turbo meeting since. This was helpful for educating ophthalmologists (and also key staff) on this most important ophthalmology initiative. |