REGISTRY-BASED SELF-DIRECTED IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY (NON-CLINICAL)

Topic

Title of Project:	Taking Better Care of our ARMD and Smoking Patients

Project Description

Identify the exact measures from your monthly IRIS registry report you will focus on in 100 words or less.	When I look at our IRIS dashboard, we are doing well with our glaucoma and diabetic patients, but we need to improve our care and documentation of our macular degeneration patients. For QIM 5 - documenting the level of severity of ARMD - we are at 6.17%. As pharmacologic interventions for geographic atrophy are approved, or as possible VEGF drops are developed, we need to be able to identify those patients who may benefit and make sure they receive timely follow-up. In addition, we need to be better about providing tobacco use counseling - so many of our ARMD patients are smokers, and our QIM 4 - Tobacco Use Counseling - is only at 2.56. I would like to use the next 90 days to bring my practices up to the IRIS benchmarks of 19% for QIM 5 and 50% for QIM 4.
Background Information: The month you pulled the baseline IRIS performance report and any additional information that may be pertinent).	In providing the above numbers, I looked at Q2-2017, as we are not through with August yet. In looking at July 2017, my QIM 4 score was 2.7% and my QIM 5 score was 6.25%.
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:	I will be focusing on the ARMD patients, but also addressing smoking in all populations to make sure my patients know that it is a risk factor for the most common cause of blindness in their age group (I primarily have a Medicare-based 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).	I will be enlisting my business manager, Jan, who will work with our IRIS account manager to make sure our mapping for those two measures is accurately describing the care we provide. I will be working with my scribe to make sure our ICD-10 codes are correctly categorizing our patients - something we are doing very well for diabetics now, but not very well for our ARMD patients.

Quality Indicators / Performance Measures

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	By the end of the 90-day period, I would like to have both QIM 4 and 5 at or above the registry average benchmarks of 19% for QIM 5 and 50% for QIM 4.

dashboard.	

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.	I would like to initiate a systematic approach to all our ARMD patients in line with what we do with our diabetic patients. My technicians have a checklist for our diabetic patients: type, duration of disease, PCP, A1C level, self-reported level of control, and any history of diabetic disease/interventions in the patients' eyes or other body systems (i.e., amputated toes, dialysis, etc). I would like to do this for our ARMD patients: age at diagnosis, type (wet or dry), whether they have/use an AMSLER grid, what vitamin supplementations they are on (including any contraindications to the recommended supplements, or other nutritional supplements other than listed in the AREDS 2 study), what their AMSLER shows at the visit, and whether they use tobacco products. We are above benchmark for QIM6 - antioxidant counseling, but I need to go beyond "1+soft drusen" in the chart and make sure I address macular thickening, whether it is from choroidal neovascularization, serous detachments, or retinal pigment epithelial detachments. In addition, I need to categorize the severity: early, intermediate, advanced.

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).	I was looking at two Quality Improvement Measures for our ARMD patients. Last year, before we started the intervention, we were at 6.17% for QIM 5 - documenting the level of severity of ARMD. Also, our performance score for QIM 4 (Tobacco Use Counseling) was only 2.56.

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).	For QIM 4, our percentage increase went up to 93.24% for tobacco use counseling for Q3 and 94.09% for Q4 in 2017. Unfortunately, QIM 5 has disappeared from our IRIS dashboard - I can't even find it in old reports. I have emails in to the support staff to see where our data went.

Project Impact

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.	I know we have had some mapping issues with our EHR - Compulink was spectacularly unhelpful in assisting us in adding quality control measures to the checklists we go through at the end of each exam (we always get asked about hospice and pneumococcal/influenza vaccine status, for instance). We wanted to modify it to add ones we use, such as ARMD, but were informed that modifying that tab wouldn't let it generate the reports we needed. So of course, then we get the spectacular unhelpful report that I didn't give anyone the pneumococcal vaccine. I think for QIMs that do not fall into our EHR's standard list (smoking, medicine reconciliation, for example), I need to work with IRIS staff on mapping our EHR so it can pull out key words that I can put our EHR notes section. Alternately, perhaps IRIS can pull data for ARMD, for example, from the ICD-10 code we use, and then I can address macular thickness in the assessment/plan section. This project has taught me that we can document extensively, but with the volume of patients, and the specificity of EHR/QIM/IRIS requirements, that we may not get credit for work we do. Customizing our EHR can help with IRIS mapping but interfere with the EHR vendor's ability to create the PQRS reports we need for submission. I think successfully reporting MIPS in the future lies with working with IRIS, which can be much more flexible and adaptable to our specific practice's ways of documenting our work.

Project Reflection

Did you feel the project was worthwhile, effective?	Yes
How might you have performed the project differently?	I would have logged into IRIS more frequently to track our progress monthly (and would have caught the QIM data loss earlier) instead of quarterly
Please offer suggestions for other ophthalmologists undertaking a similar project.	This is a great way to (gently) force ophthalmologists to take a step back and look at our practice's data as a whole, rather than just focusing on the patient in front of us that minute. PQRS and MIPS and whatever else they can come up with are our new future, and I would encourage physicians to get to know their practice well on IRIS and in their EHR to make sure we are documenting and getting credit for the hard work we do every day.