Rheumatology practices differ widely on meeting quality measures for patient care

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Rheumatology practices in the United States aren't always meeting key quality measures for patient care that may affect them as new physician reimbursement laws go into effect in the next year, according to new research findings presented this week at the American College of Rheumatology Annual Scientific Meeting in Washington.

Due to the 2015 Medicare Access and CHIP Reauthorization Act (MACRA), rheumatologists must adapt to using either a Merit-Based Incentive Payment System (MIPS) or Alternative Payment Models (APMs) for reimbursement from these government payers. They will be required to meet certain quality measures, but how practices currently meet those measures, and how much they will have to adapt as the laws go into effect in 2017, has been unclear. So a group of researchers used data from the ACR's Rheumatology Informatics System for Effectiveness (RISE), a national electronic health record (EHR)-enabled quality improvement registry. Their goal was to examine variations in practices' performance on quality measures.

"Health care in the U.S. is undergoing rapid change, and rheumatologists face significant challenges in adapting to new payment and delivery models, evolving certification requirements and the rapid implementation of electronic health records," said Jinoos Yazdany, MD, Associate Professor of Medicine at the University of California, San Francisco and one of the study's authors.

The researchers analyzed data collected in RISE between April 1, 2015

and March 31, 2016 on all patients seen by 223 clinicians across 49 practices using complete EHR mapping. They examined quality measures at the practice level in rheumatoid arthritis care, drug safety, osteoporosis care, preventive care and gout care.

The study looked at data from 346,358 patients with a mean age of 58 (16.6) years, of whom 75.2 percent were female, 25.6 percent were of racial/ethnic minorities, and 65.8 percent had commercial insurance. Ninety percent of the rheumatologists studied were in a group practice. Performance on quality measures varied significantly across these practices with the largest gaps in quality of care for osteoporosis, gout and preventive care, such as body-mass index screening and counseling.

Some practices did achieve a high level of performance, the study revealed. For six of nine measures that have national benchmarks set by the Centers for Medicare and Medicaid Services (CMS), the average performance of rheumatology practices tracked in this registry exceeded targets.

"Our study shows that there are some areas where quality of care is high, and others were there is room for improvement," said Dr. Yazdany. "There are some practices that are consistently performing at a high level across measures. By allowing practices to view and compare their performance data, RISE provides a much-needed, practical tool to guide quality-improvement efforts. Ultimately, by improving the quality of care, RISE may help improve health outcomes for patients with rheumatic disease."

RISE is expanding quickly, as more rheumatology practices sign up to utilize the tools it provides to meet quality measures and adapt to imminent MACRA reforms, she added. Future studies of RISE data may highlight targets for improvement and more accurately analyze how rheumatology practices are meeting quality measures.

"Participation helps practices fulfill their national quality reporting requirements, but it's also creating the world's largest, interconnected quality network in rheumatology. As RISE grows, we plan to add more quality measures, and explore novel quality improvement and research applications in the registry."

Provided by American College of Rheumatology