New RISE registry dashboard will help rheumatologists monitor MIPS quality scores

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Quality measures reported by rheumatology practices using the RISE registry significantly varied in the first quarter of 2017, with financial repercussions for practices through the new Merit-Based Incentive Payment System (MIPS), according to new research findings presented this week at the 2017 ACR/ARHP Annual Meeting in San Diego.

Rheumatology Informatics System Effectiveness (RISE) is a HIPAA-compliant, qualified clinical data registry created and managed by the ACR. Rheumatology practices may sign up for RISE with no charge and use it to directly report quality of care measures to the Centers for Medicare and Medicaid Services. Rheumatology practices that participate in MIPS through RISE can qualify for performance-based payments. MIPS is part of the Medicare Access and CHIP Reauthorization Act (MACRA).

MIPS scores medical providers across four domains: Quality, Clinical Practice Improvement, Advancing Care Information and Cost. In this study, researchers evaluated the performance on quality measures for providers and practices in the RISE registry in the first quarter of 2017, the first reporting period for MACRA. The ACR has developed a prototype dashboard for RISE that will display scores across the four domains to help clinicians better understand and track their MIPS performance, and make adjustments to raise their scores in the future.

"Our intention in creating the dashboard was to provide actionable data to practices to both track quality improvement and to ensure that their

efforts are financially rewarded in the MIPS program. The dashboard was developed with the busy clinician in mind and is meant to greatly simplify understanding performance in the MIPS program," said Jinoos Yazdany, MD, MPH, Associate Professor at the University of California, San Francisco School of Medicine and a lead author of the study.

The RISE platform continuously collects data from the electronic health records systems of participating practices. This allows for centralized aggregation and analysis of data across the four MIPS domains. For this study, measures in rheumatoid arthritis, drug safety, preventive care and gout were analyzed. For the first quarter of 2017, researchers calculated the participants' performances on quality measures, defined as the percentage of eligible patients receiving recommended care.

Data from 548,990 patients reported by 491 clinicians and 109 practices was examined in the study. Most of the rheumatologists, or 72 percent, were in a group practice; 26 percent were in a solo practice and two percent were part of larger health systems. The mean age of the patients was 59 years, 75 percent were female and 21 percent were racial/ethnic minorities. For two of five quality measures for which Medicare has set national benchmarks, the average performance of practices in RISE exceeded targets for the first quarter of 2017. However, there was significant variation in quality measures performance across all the practices, with some having already achieved very high levels of performance.

"For the first time, rheumatologists can join a national registry that provides tools to measure quality of care and outcomes. This will enable practices to see where they are performing well, and where there is room for improvement. Importantly, as a community, we have an opportunity to learn from practices that are excelling and work to adapt successful workflows to improve care for our patients and to thrive financially

under the MIPS program," Dr. Yazdany said.

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