

**WHAT IS A REGISTRY?**

In simplest terms, a registry is a database. It is not an Electronic Health Record (EHR). More comprehensively, a registry provides a systematic way of collecting information from multiple EHRs that allows health care to be evaluated to improve outcomes, procedures and standards of practice. Registries can collect data on treatment options and outcomes to determine best practices based on evidence. Medicare allows registries to be used to submit quality measures in the Physician Quality Reporting System (PQRS).

**WHY DO I NEED A REGISTRY?**

The overall goal of a registry is to empower doctors to make the best decisions for their patients and improve health care outcomes. Registries can determine disease prevalence for your own patient population and best treatment options available per disease. Registries will determine gaps in health care (i.e., where an individual OD can expand his/her services) or best practices for patient care.

The Optometric Registry will also create an evidence-base for optometry that will fuel future research and impact the development of evidence-based clinical practice guidelines.

Registries aide in easier reporting of PQRS measures and avoidance of penalties.

**DOES INSURANCE PAY ME TO USE A REGISTRY?**

Effective July 1, 2007, the Centers for Medicare and Medicaid Services (CMS) started the Physician Quality Reporting Initiative (PQRI) which was later renamed Physician Quality Reporting System (PQRS). Codes for PQRS can be submitted by traditional paper-claims or directly from an electronic medical record through a registry (known as registry-based).

Recently, the CMS discussed the success of registry-based PQRS submission compared to the limitations of claims-based PQRS. CMS has tried to discontinue claims-based reporting in favor of registry reporting.

**WHO IS USING REGISTRIES?**

Registries have many general applications: marriage registries; baby registries; sex-offender registries; canine registries. Health care organizations are using registries to improve patient outcomes and doctor's ability to provide care. The National Cancer Institute, American Heart Association, American College of Cardiology and American Academy of Ophthalmology are examples of healthcare association registry users. An optometric registry is designed to assist doctors in quality improvement, tracking outcomes and patient advocacy.

**WHAT IS THE FUNCTION OF A REGISTRY?**

The Registry has two main independent functions:

- To submit your PQRS codes;
- To provide a quality improvement tool for your practice.

## WHAT IS THE COST?

The AOA is offering the optometric registry as a MEMBER BENEFIT - included as part of your AOA membership. The registry will be available to non-members for a fee.

## HOW IS PATIENT CONFIDENTIALITY MAINTAINED IN THE REGISTRY?

Information about specific doctors or patients (names, insurance numbers, etc.) is not retained within the registry. Doctors have access to their own patient's information through their electronic medical record (EMR). Non-identifying information is used by the registry for comparison purposes for doctors to evaluate how their care compares to their peers. This is one of the hallmarks of quality improvement. Examples of non-identifying information includes: diagnosis, visual acuity, etc.

Patient identifying information is never collected, included, used or distributed by the registry. The AOA, individual doctors, individual patients, insurance companies, licensing boards, regulatory agencies or other groups will not have access to or be able to obtain any information about specific doctors or patients. Specific doctor and patient information is not collected by the registry.

## WHAT ELECTRONIC HEALTH RECORDS (EHRs) WORK WITH THE REGISTRY?

Optometrists use a variety of EHR brands. The goal is to begin integration with the top three to four EHR vendors used by optometrists, and gradually add additional brands.

## WHAT IS THE "REGISTRY" DISCUSSION IN MEANINGFUL USE?

Meaningful Use (MU) requirements include Core Objectives, Menu Set Objectives and Clinical Quality Measures. The Menu Set Objectives in Meaningful Use Stage 1 (MU1) included two registry measures that were not applicable to most optometrists: reporting to immunization registries; and reporting to syndromic surveillance registries (for tracking disease outbreaks like SARS, Bird-Flu, etc.).

Meaningful Use Stage 2 (MU2) requirements were released in September 2012. The MU2 Menu Set is more selective, including only six items for which the OD must select three applicable measures. Three of the six Menu Set Objectives are registry-based. The immunization and syndromic surveillance registry items were retained from MU1 (and still do not apply to ODs). New to MU2 is the Objective for your EMR to report to "specialized" registries like an eye care registry. CMS says that reporting to registries is an integral part of improving population and public health thus their role in MU has expanded. CMS expects health professions to increase their use of registries to improve health outcomes.

## WHO IS PROMETHEUS RESEARCH™?

Prometheus Research™ is AOA's partner in developing, building and supporting the optometric registry. For over a decade, Prometheus Research has employed innovative software tools to build, maintain, and manage customized systems for multidisciplinary research projects. Their clients acquire, centralize, utilize, share, and preserve research data in a manner that lowers costs, increases efficiency and ensures data integrity.