What is a registry?

A registry is a private, secure database that systematically integrates patient data from multiple electronic health record ("EHR") systems and facilitates secondary uses of the data.

What is the name of AOA’s registry?

AOA MORE ("Measures and Outcomes Registry for Eyecare") by Prometheus Research.

How and why was AOA MORE developed?

The registry project was initiated by the AOA Board of Trustees in response to the growing emphasis on quality-reporting and measurements through registries as part of health care. We partnered with Prometheus Research because of their experience and reputation in developing high-quality registries.

What other specialties are currently using registries?

Most health care professions are already using registries or are in development to build a registry. Some examples of professions already using registries include: cardiology, oncology, osteopathy, and ophthalmology.

Where can I find additional information about AOA MORE?

Visit aoa.org/MORE to find many valuable resources that will introduce you to the benefits of AOA MORE and explain how registries are being used in health care. Contact information is available at aoa.org/MORE should you need additional questions answered.

What are the values and benefits of participating in AOA MORE?

Congress underscored the importance of registries, such as AOA MORE, in the Medicare and CHIP Reauthorization Act of 2015 ("MACRA"). Additionally, the Centers for Medicare & Medicaid Services ("CMS") has been directed to explore ways to encourage use of clinical data registries. Given this backing by Congress, it is clear that registry use will be a key component of the future of Medicare payment and the health care system overall. Use of a registry will allow participation in the new value-based payment system that Medicare and other insurers will be moving towards. Your participation in a registry can help you to increase your reimbursement rates as significant program changes are implemented under Medicare. The new Medicare Merit-Based Incentive Payment System ("MIPS"), that will be implemented starting January 2017, includes components of the Physician Quality Reporting System ("PQRS"), EHR Meaningful Use Program, the Value-Based Modifier, and other clinical quality improvement activities.
AOA MORE will allow optometry, as a profession, to analyze clinical outcomes for the benefit of improving care over time. This can apply to glaucoma care, contact lens care, pediatric care, and more. AOA MORE will offer our profession the ability to track outcomes that can be analyzed and then be improved upon by our profession. For example, amblyopia, diabetes, and contact lens complications can all be studied by using a registry.

AOA MORE seamlessly integrates data from your EHR to allow the PQRS/Quality reporting and benchmarking. Benchmarking is a privately-viewed comparison of your care to the profession as a whole. For example, you can view your performance rates on the PQRS/Quality measures or the number (%) of glaucoma patients you diagnose as compared to national registry averages in optometry. Additionally, you can see the demographics of your patient population as compared to the overall population numbers. AOA MORE will show many more levels of clinical and practice information with each new program release.

The AOA has recognized the movement toward quality reporting and its value in health care. The AOA Board of Trustees believes its members deserve to be at the forefront of the new health care paradigm, and that is requiring registry use. AOA MORE is offered as a member benefit with no additional costs to members and for a fee to non-members.

**Will AOA MORE help advocacy efforts for the profession?**

Yes! Doctors of optometry provide a high level of eye health and vision care. AOA MORE will allow the profession to advocate on behalf of optometry. For example, with data from AOA MORE, we can advocate to the media and public about patient demographics and quality eye exams we collectively perform. AOA MORE will allow optometry to advocate to insurance regulators, state legislatures, and to the public about the services and value of our profession.

**How does “benchmarking” work?**

ODs will be able to access statistics derived from their own patient base by viewing the AOA MORE dashboard. AOA MORE is preprogrammed to provide statistics on many topics including: your patient demographics compared to aggregate non-identifying national averages, your most common diagnosis codes compared to aggregate non-identifying national averages, and your most common medicines prescribed compared to aggregate non-identifying national averages. Your personal dashboard is private for your viewing alone, and only aggregate non-identifying national numbers are visible to the AOA.

In addition, ODs can access benchmarks that compare your patients and care to the profession as a whole. Initially, AOA MORE will show you benchmarks of the PQRS/Quality measures, glaucoma measures, and more. For example, you will see the percentage of glaucoma patients and glaucoma suspects you have seen in the past twelve (12) months. These measures will be
expanded in the future with more information relative to existing measures, and additional measures, with each new release.

What dashboards are available?

AOA MORE will offer different dashboards to view your patient information. The dashboards are updated weekly and are intended to strengthen your patient care by providing you with frequent comparison feedback and reporting status.

The PQRS/Quality dashboard provides your current year-to-date performance on the PQRS/Quality measures. The Practice dashboard will allow you to view aggregate statistics about your patients (e.g., demographics, diagnoses, etc.) and the care provided to them. For example, you will be able to view the number and percentage of patients in the past twelve (12) months with either glaucoma, or suspected glaucoma, and the most common medications you prescribe compared to the aggregate non-identifying national averages. AOA MORE will soon add a feature that allows you to easily see how many visual fields and OCTs were ordered for those glaucoma, and suspected glaucoma patients, compared to aggregate non-identifying national averages. For each measure, you will be able to view these numbers and percentages both within and across practices (if you are in multiple settings) as well as for the registry as a whole.

Is there a practice-level dashboard?

No. The viewing of dashboards is private for each doctor. If you have multiple doctors in your practice, each doctor can view only their own patients. Group practice dashboards are coming soon.

Will AOA MORE help with Maintenance of Certification?

In the future, AOA MORE will offer a service that enables providers to view their progress toward Maintenance of Certification. We are planning for these services to be included in a later release.

How easy is it to use AOA MORE?

AOA MORE is simple to use because it integrates with your EHR. AOA MORE does not fetch data directly from your EHR; your EHR will "push" information to AOA MORE on a weekly basis. This will provide the data you view in your dashboard and reports. There is no manual entry required for AOA MORE.
SIGN-UP AND COST
TECHNICAL REQUIREMENTS AND SECURITY

How do I register (enroll) with AOA MORE?

The AOA members can go to [aoa.org/MORE](http://aoa.org/MORE) to register. Follow the “ENROLL” prompt, using your AOA member credentials to register. Be sure to use an 8-digit username (adding zeros before your number as needed to make an 8-digit username). If you are a non-member, the [aoa.org/MORE](http://aoa.org/MORE) site will announce when the AOA MORE payment process is available.

What is the cost of AOA MORE?

AOA MORE is a member benefit to those who are current with their dues. Non-AOA members will pay $1,800, per annum, to use AOA MORE.

Are there prorated fees for non-AOA members?

No.

Who is eligible to use AOA MORE?

Any AOA member OD, using a participating partner EHR, can sign-up for AOA MORE.

I am in partial practice; do I have to pay full price?

AOA MORE is an AOA member benefit. There are no additional costs for the AOA members. The fee for non-members will be $1,800, per annum, regardless of the number of hours you work per week. The registry is being programmed to accept non-member payments and, once complete, will be announced for enrollment.

What if I am in multiple practices or locations?

Your individual National Provider Identification (NPI) number and Tax ID number is what ties you to the registry. You can use it for multiple locations. If you are in multiple locations (under the same Tax ID number and using the same EHR), your AOA MORE data will show in one dashboard and include the separate practice locations so you can compare your data across multiple locations. However, if you work in multiple practices with different Tax ID numbers, each practice will need to sign-up for the registry and authorize its EHR vendor to release data to the registry.
I am an associate in my practice (not an owner); can I register with AOA MORE?

Yes; associates can register with AOA MORE, but they will need their practice’s owner to sign an agreement to authorize the associate OD to use AOA MORE. The owner is not required to use AOA MORE.

Do my patients need to sign anything to be in AOA MORE?

Patients do not need to sign additional forms, i.e., additional HIPAA disclosures. Because your EHR has coordinated with the registry to remove patient identifying information (patient name, etc.), additional forms are not necessary.

Is training required to use AOA MORE?

AOA MORE is set up to be intuitive. However, like most new things, there is some learning that needs to occur. aoa.org/MORE will have resources, including video education and screen shots to provide you with step-by-step instructions on the use of AOA MORE. Help is also available within AOA MORE. Most measures have a “how is this measure calculated,” and a “HELP” dashboard displays when you are logged into AOA MORE.

What do I do if my vendor is not listed?

AOA MORE will be expanding to add additional EHR vendors. If your vendor is not currently integrated, please still sign up. When you register for AOA MORE, the form will ask you what EHR you are using, and we will track the demand of additional vendors going forward. In addition, we encourage you to let your vendor know your preference to participate in the registry.

MIPS/PQRS AND MEANINGFUL USE

What is MIPS?
Medicare created the Merit-based Incentive Payment System as part of their Quality Payment Program. It is their new payment program for Medicare services and includes your optometric services in addition to your use of 4 performance driven areas:

- Quality: formerly known as PQRS;
- Advancing Care Information: formerly known as Meaningful Use;
- Cost: formerly known as Value-Based Modifier; and
- Clinical Practice Improvement Activities: new to Medicare and include objectives that support areas of public health

Optometrists will be paid based on their services and use of these 4 MIPS categories.
What is MIPS Quality?

MIPS “Quality” is what used to be known as PQRS (Physician Quality Reporting System). PQRS was started by Medicare in 2007 as PQRI (“Physician Quality Reporting Initiative”) and requested reporting of codes on their claims to indicate that specific tests, counseling, or documentation was performed during a patient encounter. For example, if you saw a patient with glaucoma and documented the cup-to-disc ratio, then you would report code: 2027F. This would tell Medicare that you properly documented the cup-to-disc ratio. While it may seem obvious that doctors of optometry should document a cup-to-disc ratio on a glaucoma patient, evidence shows that many doctor specialists in many areas of medicine do not properly document their findings. PQRS is now known as “Quality” in MIPS. The PQRS started as a voluntary program that gave doctors bonus money for complying. Now Quality imposes potential financial penalties to doctors who do not participate.

What is MIPS Advancing Care Information?

In MIPS, Meaningful Use is now known as “Advancing Care Information” (ACI). ACI will include the principles of Modified Meaningful Use Stage 2 and Meaningful Use Stage 3. Most EHRs will move to Meaningful Use Stage 3 by the end of 2017.

What is an eCQM?

The short answer is: electronic Clinical Quality Measure. Doctors of optometry will see eCQMs as part of MIPS Quality and Advancing Care Information. eCQMs are essentially an internal component of your EHR that is sent to AOA MORE. It is the internal communication that allows your EHR to communicate with AOA MORE. Electronic health record vendors have internal counters to track eCQMs. For example, many vendors have a specific letter that, if you generate it for your patient, will pull all the diabetic retinopathy information from your fundus exam findings in your eye exam and populate the information into the diabetic retinopathy letter. That letter (after you generate it) is then counted toward your eCQM for sending the PCP a letter about your patient with diabetic retinopathy. AOA MORE tracks your eCQMs and allows reporting to the CMS in that format.

I am using AOA MORE, do I still have to submit the PQRS on my claims?

You should continue to report the PQRS/Quality through other methods (i.e., claims, EHR, web interface) until you see data for all nine (9) Quality measures on your dashboard for 2016 Performance Year or six (6) Quality measures for 2017 Performance Year.

For the PQRS/Quality reporting, what happens once my EHR is fully-integrated with AOA MORE?

Once your EHR is fully-integrated, AOA MORE will collect your PQRS/Quality data for one (1) full year. This means, in 2016, the PQRS/Quality data will be sent to AOA MORE on a weekly basis (automatically done through your EHR integration). If you are full integrated with AOA MORE after January 1 of a Performance Year, AOA MORE will collect your data for the entire
year. You will submit that data the following January-February. Once you are fully integrated with AOA MORE, you will no longer need to include extra written codes on claims (i.e., 2027F, 2019F, etc.) as AOA MORE will do it for you. You will be required to formally “agree to submit” this data through AOA MORE to the MIPS Quality when it is time to do so (data submission occurs during the first sixty (60) days following the calendar Performance Year). The AOA will notify doctors when it is time to report and remind all AOA MORE users of the deadlines.

How do I submit my Quality data from my EHR to the registry?
Your EHR vendor will securely push your PQRS/Quality data to AOA MORE, which will then calculate your PQRS/Quality measures for you. Once the data is in AOA MORE, you will simply review and formally approve the data for submission during the MIPS Quality data submission period (January 1 to February 28 of the following year). Only then will AOA MORE submit the data to the CMS on your behalf.

Will AOA MORE satisfy Advancing Care Information/meaningful Use registry requirement?
AOA MORE is considered a “specialized registry” in the eyes of the CMS and a Qualified Clinical Data Registry. This means it will satisfy MIPS registry specifications.

Do the displayed PQRS/Quality performance rates include non-Medicare patients?
When your practice authorizes your EHR vendor to release data to AOA MORE, it includes all patients regardless of their payer. Therefore, if you see Medicare patients in your practice, and your practice’s EHR is sending data to the registry, then Medicare patients will be included in the calculation of the PQRS measures prior to submitting the data to the CMS.

Will my PQRS/Quality scores that are calculated through AOA MORE be made public through the CMS Physician Compare website?
The CMS launched the Physician Compare website in 2010. Over the past several years, the CMS has been adding additional information to Physician Compare including physician performance on certain quality measures based on information you submit to the CMS. Regardless of the PQRS/Quality reporting method used, each year the CMS will consider performance rates on quality measures for possible inclusion on Physician Compare. The CMS determines what quality measure performance information to publish based on an analysis of whether the doctor had a minimum sample size of twenty (20) patients for the measure and if the measure proves to resonate with consumers. When you report through a QCDR, the CMS will consider your quality measure performance rates for publication just as is done for every other PQRS reporting method.

What are Clinical Practice Improvement Activities and can AOA MORE help me in that category of performance?
Clinical Practice Improvement Activities (CPIAs) are new to Medicare. CPIAs are designed for
doctors of optometry to demonstrate their role in overall public health initiatives. Registry reporting (including AOA MORE) is emphasized in the scoring of CPIAs. For 2017, additional capabilities are being built into AOA MORE in order to support 5 CPIAs - 1 high weighted CPIA and 4 medium weighted CPIAs.

What role will AOA MORE play in the new Merit-Based Incentive Payment System (“MIPS”) under Medicare?

AOA MORE will play a critical role in Merit-Based Incentive Payment System (“MIPS”). There are a total of four (4) categories that doctors will be evaluated on under MIPS — Quality, Advancing Care Information, Clinical Practice Improvement Activities, and Resource Use/Cost. AOA MORE will be key to doctors meeting requirements under three (3) of the four (4) categories (Quality, ACI, CPIA). For the one (1) remaining Resource Use category, no information has to be submitted to the CMS. AOA MORE will help doctors to report the required quality measures, to achieve the clinical practice improvement activity requirements, and AOA MORE can even be used for providing information on how you use your electronic health record to improve patient care.

TECHNICAL REQUIREMENTS AND SECURITY

How easy is it to use AOA MORE?

AOA MORE requires the use of one (1) of the approved EHR vendors. The list of approved vendors is constantly expanding. AOA MORE has worked with the EHR vendors to ensure that data entered into your electronic exam record flows accurately to AOA MORE. You will have to sign on to the website with a user name and password to view data in AOA MORE, and your data will only be visible to you and no one else.

How does data get from my EHR to AOA MORE?

Each week, the participating EHR vendors send clinical data from their systems to AOA MORE’s receiving area. AOA MORE is not reaching into your EHR to pull data. The information is “pushed” from your EHR to AOA MORE by systems your EHR vendor has put into place. The data is encrypted using industrial-strength encryption and remains encrypted while in transit and at rest. Once the data has been validated and processed, it is imported into the registry where it is stored securely.

Can you manually enter data into AOA MORE?

There is no plan to have manual data entry into AOA MORE. We view the success of AOA MORE to be that ODs can use their valuable time to see patients and not become data-entry technicians. Also, if you are allocating manual data entry to someone else, there is the potential
for human error. By simply filling out your EHR exam form and having it linked to AOA MORE, you can participate with minimal effort.

**Which EHRs are supported?**
At launch, AOA MORE was supported by RevolutionEHR, Compulink, and MaximEyes. Then Practice Director, Crystal Practice Management and ExamWRITER were added. Eyefinity EHR will be added in 2017. The plan is to bring on additional EHR vendors as quickly as possible, and there are many vendors already preparing to be part of the next release. If your vendor is not supported, please register with AOA MORE so we know which EHRs are most in demand.

**What browsers are supported? Technical requirements**
AOA MORE supports Google Chrome, Firefox, Safari, and Internet Explorer (Version 8 or above).

**Who is Prometheus Research?**
Prometheus Research is the AOA’s partner in designing, building, and supporting AOA MORE and its many functions. They have spent the past decade building integrated registries to address the challenges of acquiring, integrating, and repurposing health data for biomedical researchers, academic health centers, philanthropic institutions, and professional societies. Staffed by a unique combination of clinical research informaticians and open-source software engineers, they stand apart from traditional “registry” companies with a partnership model that avoids software licensing fees and vendor lock-in strategies. Instead, they embrace the model in favor of empowering their clients to the point that they will no longer need most—if not all—of Prometheus’ expert data management consultation once the registry is completely built and running. Of course, Prometheus Research will continue to house and maintain the registry for the AOA into the future and make improvements as needed.

**What data is shared with the AOA? Is it de-identified?**
Only de-identified aggregate data is shared with the AOA. This data is used for benchmarking, i.e., the number of diabetic eye exams you performed last year compared to your peers. No individual patient data, or doctor-specific data, can be seen by the AOA. Only individual doctors can see their own data.

**How is data de-identified?**
Prometheus Research and your EHR vendor have worked together to program AOA MORE. Data fields like a patient’s name, address, phone number, etc., are fields that will only be included in your reporting. All eCQMs require patient- and provider-identifying data, but Prometheus Research does not share patient-identifying data fields or individual patient records with the AOA. The information about you and your practice are used only for you to see your dashboards and will not be visible to any reviewers or other users of AOA MORE. It is very important that your information stay private to you; therefore, AOA MORE will require that you
enter a user’s name and password to view your data. All data viewed by the AOA will be in aggregate/cumulative formats.

**Single Sign-On (“SSO”)**
You can sign into AOA MORE using your aoa.org login credentials. The AOA employs Single Sign-On (“SSO”) to allow access to AOA MORE. SSO is a method by which one (1) login ID works for multiple applications. In this instance, the same username and password used to access areas of aoa.org also can be used to access AOA MORE.

**Do I need to install/download anything?**
No. AOA MORE is configured at the level of the EHR vendor interface to retrieve the data from an individual provider's EHR. All set-up and configuration should be handled for you by EHR vendors and Prometheus Research.

**Can my staff (other than providers) access AOA MORE?**
Yes, but only if you elect to provide access to your staff. Designated staff members may view your data in AOA MORE if you grant them access. Because you, the provider, grant these rights to view the data, you may elect to revoke these rights to staff members at any time, but this may require password changes, etc.

**Where do I learn MORE?**
You may obtain additional information at aoa.org/MORE. There you will find FAQs, videos, and other resources to teach you about AOA MORE and registry use in general.

**Where do I go for technical support?**
If you need technical support, first go to aoa.org/MORE. If you are unable to resolve your issue, additional resources and contact information are available on the website.

**I joined and cannot see my data in my AOA MORE dashboard. What happened?** If you have just signed up for AOA MORE, it can take up to four (4) weeks for your registration and verification to be finalized once your EHR is fully integrated. This critical time period is one where the AOA lets your vendor know you have signed up, the vendor adds your data to the registry, Prometheus tests that your data has been transmitted accurately from the EHR vendor and notifies the AOA, and the AOA notifies you directly. Once finalized, your data will be successfully “pushed” from your EHR to the registry, and you can then view AOA MORE dashboard statistics. After that, data is pushed once per week so you will not see updates instantaneously. You will see them weekly.