Going Beyond Meaningful Use

Approximately 4 years ago, I decided to go digital in my clinical practice, because I thought doing so would help me to achieve nine key goals:

1. improve the accuracy and completeness of the information collected on my patients
2. reduce the risk of errors in medical transcription
3. allow quick and remote access to patients' records for more coordinated care
4. permit the secure sharing of electronic information with patients and other clinicians
5. make prescribing medication safer and more reliable
6. promote better documentation and more accurate, streamlined coding and billing
7. enhance the privacy and security of patients' data
8. augment my ability to perform clinical research on specific patient populations
9. increase my practice's compliance with federal health care mandates and incentive programs.

More than that, however, I wanted an electronic health record (EHR) system that actually made me a better and more efficient doctor.

This may all sound like a fantasy to many clinicians, but it is worthwhile to contemplate how EHR systems can transform the quality and efficiency of patients' glaucoma care. To find the answer, I believe we need to ask the right questions. EHRs must be much more than a tool for collecting data. Both clinicians and patients must demand a smarter product that truly allows practitioners to evaluate the decisions they make and to analyze specific populations. Ultimately, this software should encourage innovation and positive changes in glaucoma care. An EHR system must be able to reliably assist our assessment of patients' risk of developing glaucoma, the severity of disease, the rates of both current and predicted glaucomatous progression, and the success or failure of current options for management. Fortunately, all of the data are generally recorded in each patient's record, making the realization of these goals possible if we can harness the information.

The American Academy of Ophthalmology recently launched the nation's first clinical registry of comprehensive eye disease. The Intelligent Research in Sight or IRIS Registry is a centralized system for ophthalmologists that will

- provide benchmark reports validating quality of care and identifying specific opportunities for improvement
- allow access to clinically relevant data on diseases such as age-related macular degeneration, cataract, and glaucoma
- offer quality measurement solutions to help practices benefit from pay-for-performance incentives for which they may qualify
- automate data collection through EHRs that will even manage patient populations while fitting seamlessly into a practice's workflow

By 2015, the IRIS Registry will have records on more than an estimated 18 million patients.

I expect that we physicians will soon be able to evaluate how glaucoma patients are doing under our care and compare our outcomes to those of local, regional, national, and potentially even global colleagues. Rather than make anecdotal assumptions about new diagnostic and therapeutic technologies, we will be able to accurately assess the value of innovations in real time. If we are conscientious about observing trends in our patients' outcomes, we will be able to make changes in our treatment paradigms that will quickly help us to achieve our ultimate goal: the best possible glaucoma care for our patients. ■

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