

Frequently Asked Questions

What is RISE?

The American College of Rheumatology's (ACR) Rheumatology Informatics System for Effectiveness (RISE) registry is an enhanced version of the ACR's legacy Rheumatology Clinical Registry (RCR) aimed at improving the quality of patient care by leveraging the new wave of big data from electronic health records (EHRs). RISE is the first and largest national EHR-enabled rheumatology qualified clinical data registry (QCDR) in the US.

Why was RISE developed?

RISE was developed to improve the quality of patient care, demonstrate the value of the rheumatologist, and meet quality reporting requirements. RISE is designed to assist providers with practice improvement and local population management, while helping facilitate efficient and successful participation in national quality programs. Projects based on aggregate clinical data can also lead to discoveries that will advance rheumatology.

How does RISE differ from other registries?

ACR has enhanced its registry to simplify the entry process. It is a robust tool for quality improvement by syncing with EHRs for data extraction; the registry enhancements reduce the need for additional work by physicians or staff. Single data entry into the EHR for the purpose of medical record clinical documentation provides data, which flow into the registry for reporting and reimbursement requirements.

Who is eligible to use RISE?

RISE is available to practicing rheumatologists and rheumatology professionals who are active ACR/ARP members.

Is training available for participants before the registry goes live at my practice?

Yes. All sites that participate in the RISE registry will be trained during the integration process.

Will this replace my current participation in the Rheumatology Clinical Registry (RCR) or other registries?

The ACR will work to transition practices that previously used the RCR to RISE. The RISE registry will be the only registry you need for quality reporting and quality improvement. Participating in RISE does not require that you participate in other registries; however, RISE practices are more than welcome to participate in additional registries.

What are participation requirements?

Prior to RISE participation, providers/practices must:

- I. Complete the RISE participation agreement (includes a Data Use Agreement and Business Associate Agreement).

II. Review the RISE data model and provide information on what registry data fields are currently captured in your EHR.

III. Work with ACR's registry technical partner, FIGmd, over a series of 3-6 conference calls over the course of 2-3 months to review and refine data mapping to the registry.

Do I need IRB approval to use RISE in my practice?

The Western IRB reviewed RISE and determined that, because RISE is a quality improvement registry focused on healthcare delivery and on measuring and reporting data for clinical, practical or administrative uses, individual practices do not need IRB approval or patient consent to use RISE. However, you should check with your organization or institution to determine if you are required to get independent approval or exemption from your local IRB.

What's the time requirement for implementation and inputting data and from a staffing perspective?

The time required for implementation varies depending on the practice's EHR. We recommend planning for 10 hours over the course of 2-3 months. Although staff time is required to set up the RISE registry in your software, once installed, RISE requires little maintenance for easy integration into your practice.

How can RISE improve the care of patients?

By providing access to detailed and aggregate data, as well as benchmarks, RISE allows you to investigate treatment successes and adverse event patterns, which ultimately leads to better treatment decisions and improved patient outcomes.

How will RISE help with quality reporting incentive payments and avoiding penalties?

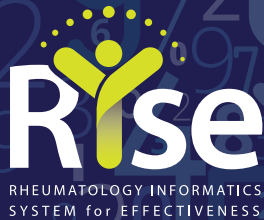
RISE has been designated as a qualified clinical data registry (QCDR) by CMS, meaning that providers using RISE may choose to complete their MIPS reporting for CMS' Quality Payment Program. Participating practices can meet the Quality, Promoting Interoperability, and Improvement Activities categories of reporting to a specialty registry, saving valuable staff time and resources.

What type of data will be collected?

RISE compiles information that is collected during the course of routine clinical care and entered into EHRs, including demographic data, medications, and laboratory studies, as well as data on a wide range of rheumatic diseases and functional status.

How will RISE data be used?

The participating sites of RISE will benefit from the ability to access the quality improvement and population management tools of RISE, as well as quality reporting. The ACR will use the aggregate and de-identified data in RISE to demonstrate the value of rheumatology and advance the specialty. The ACR will review third-party requests for aggregate and de-identified data; however, those data requests will undergo a thorough review and vetting process. No data that would identify patients or providers will be provided to any third parties.



Are there privacy regulations or policies in place to protect patients' health information?

Yes. The RISE registry infrastructure is HIPAA compliant. The ACR will not have access to a patient's protected health information (PHI); when the patient's information is entered into the system, their PHI is stored separately. The practice itself will have access to the PHI data, which they can use for their own needs and for reporting on quality measures to CMS. Any data used by the ACR or third parties for research or other purposes will be de-identified, aggregate (not individual) data.

Will the data RISE collects from my EHRs be shared or released?

Within your practice, each provider will only be able to see RISE data on his/her patients and the practice's overall benchmarks. The practice administrator is the only person who will be able to see RISE data for all providers in the practice. When RISE is used for federal reporting, RISE data, including PHI, will be encrypted and securely shared with CMS, as required by federal regulations.