Implementation Phases

PHASE 1: Complete Technical Requirements

The ACR partners with a technical vendor, FIGmd, to offer the RISE registry. Each practice is assigned a FIGmd client account manager and will receive a technical survey form from FIGmd. The technical survey is divided into four [4] categories listed below:

1. Practice Information: Provide contact information [names, email addresses, and phone numbers] about the practice physician[s] and project leads [admins, managers, IT staff].

2. Information about the Electronic Health Record (EHR) Server

3. Information about the Practice Management (PM) System

4. Clinical Information:
   a. Disease Activity Measurement: Provide information on the tool[s] used to assess disease activity for a patient with RA and the scale used [e.g., CDAI, RAPID 3].
   b. Functional Status Assessment: Provide information on the tool[s] used to assess functional status for a patient with RA and the scale used [e.g., HAQ-II, MDHAQ].

PHASE 2: Connectivity

Once the technical survey form has been completed and returned, FIGmd’s technical team will work with the practice’s identified technical staff contact[s] to gain connectivity. Once connectivity has been established, frequency of data sharing will be determined.

PHASE 3: Verification of Information

The FIGmd team will work with the practice to identify the details of the active providers at the practice and number of sites from which the practice operates. The FIGmd team will create the EHR spreadsheet for the practice, which includes information [divided by tabs] such as “Race and Ethnicity,” “Appointment Types,” and “Insurance Types.” The goal is to accurately identify CPT codes used for established and new patient visits, match CMS’s provided race and ethnicity options with the practice’s demographic documentation pattern, and ensure insurance types are present and correctly labeled in the practice’s EHR.

Additionally, verification of insurance carriers is conducted to ensure they are being appropriately marked with the insurance options provided by CMS [e.g., Private Health Insurance, Medicare fee for service, Medicaid]. To complete the verification of the practice’s EHR spreadsheet, the FIGmd team will schedule a 30-minute call to review the information with the practice.
PHASE 4: Mapping Refinement

Within 3-4 weeks after the EHR spreadsheet verification, FIGmd will deliver the preliminary performance reports to the practice. Mapping refinement calls will be scheduled with the FIGmd team at least once a month for the next 2-3 months.

The FIGmd team will coordinate with the practice to identify how and where the provider(s) document patient data is located in the EHR. The FIGmd client team will work to understand the keywords used for different diagnoses, medication, plans of action, etc. The goal is to customize the mapping process to ensure accuracy of the data reports by identifying changes in documentation patterns.

The practice lead(s) for RISE will be provided access to the RISE Dashboard, which is a web-based tool that can be used to monitor and track the practice's performance. The practice can review performance for the practice or individual providers. Performance can also be compared to CMS/registry benchmarks (this differs from measure to measure) to better understand the areas of strength and opportunities for improvement in patient care.

PHASE 5: Maintenance & Production

Once the practice is satisfied with the data mapping and are performing on at least 6 measures (with one being an outcome measure), the implementation process is considered complete. An auto-generated email will be sent to the practice indicating when performance reports are available for review on the RISE Dashboard for the respective practice. The practice may access the dashboard at any time during the year to track progress; we encourage tracking monthly, at minimum.

If the practice identifies discrepancies in their performance, mapping refinement calls with the FIGmd team can be scheduled.