



Frequently asked questions about structured reports

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What are structured reports?

Structured reports are standardized reports that contain details regarding the essential components of an IR procedure structured in a coded fashion to both enable efficient report generation, as well as data capture, for reporting performance measures and driving quality improvement projects. By using a standard report format, any site can report on performance measures without relying on manual chart abstraction or information technology resources to extract relevant data.

Why should I use structured reports?

There are several reasons to consider the use of structured reports. For MIPS-eligible clinicians, using structured reports will enable reporting without additional time and resource allocation. Structured reports will enable reporting on three of the four [MIPS components](#): (1) quality, (2) advancing care information and (3) clinical practice improvement activities. Depending on the MIPS composite score, MIPS eligible clinicians may see a bonus, reduction or no change in their Medicare Part B reimbursement. Interventional radiologists who are reporting via another strategy (multispecialty group reporting, alternative payment model) should consider using structured reports to drive quality improvement efforts and participate in data collection to demonstrate the value of IR to stakeholders. The IR Quality Registry benchmarks performance at the individual and group levels and provides feedback to participating institutions to facilitate data-driven quality improvements. Collecting data about the cost-effective quality care IRs deliver will put SIR in a better position to advocate to referring physicians and payers for patient access to IR care.

How do you enter data into structured reports?

Structured reports have several data types, such as pick lists and free text fields. The objective is to minimize the number of similar data entries so that collected data can be objectively evaluated without undergoing a data cleaning process. Users enter data using voice recognition dictation systems, advancing from field to field using the “next field” key and either choosing an entry from a pick list or dictating free text as necessary. Users are able to update pick lists and define default entries for data field such as a particular device (catheter type). The structured report content has been vetted by the structured reporting committee, which ensures compliance with any applicable billing codes. There are minor modifications which individual sites can make to the body of the structured report; however, it is important to keep the text immediately preceding the data fields the same to ensure accurate data capture.

How does data from structured reports get transferred into the IR Registry?

Data is transferred to the IR Quality Registry using a software engine that looks for the structured report title in health level 7 (HL7) messages sent between the voice dictation system and the radiology information system. When a report with a recognized title is identified, the HL7 message is captured, HIPAA data is removed, a site/patient specific ID is defined and the data then sent to the IR Quality Registry. It is important to note that the anonymization process retains the ability to identify subsequent procedures on a particular patient so that longitudinal data can be captured in the IR Quality Registry.

How do structured reports integrate with EHRs?

At present structured reports do not integrate into the EHR. However, EHR integration is the

ultimate objective of the SIR's structured reporting initiative. The lack of a dominant EHR system and variability of each EHR build from site to site increases the barriers to entry. At present, regardless of EHR vendor, the great majority of sites still rely on separate voice recognition software systems for reporting. Advantages of EHR integration include integrated mechanisms for risk-stratifying patients for performance measurement, assessing outcomes, evaluating care coordination and assessing patient engagement in one platform. The SIR is exploring this option in the form of pilot sites who are embedding the content of SIR structured reports into a reporting workflow integrated into the EHR. For more information, contact policy@sirweb.org.

What software can I use to complete the reports? Do I have to use PowerScribe?

The structured reports are generated in both xml and rich text formats. These formats can be imported into any voice recognition system. The SIR 2017 Annual Scientific Meeting will offer opportunities to gain hands on experience and ask questions about structured reports.

How do structured reports comply with HIPAA?

HIPAA identifiers are stripped from the HL7 message at the user's site, behind their firewall using the software that is supplied by the American College of Radiology. This is the same software engine that supports the other subregistries housed in the National Radiology Data Registry (NRDR) and is installed at more than 1,000 sites already sending data to NRDR. The patient is assigned a site and patient specific ID, which is used to link all reports generated from a particular patient in the IR Quality Registry.

Once the data is in the IR Registry how is the data used?

Submitting sites receive aggregate data to help benchmark performance measures under the Quality Payment Program's MIPS pathway. This feedback loop allows sites to drive quality improvement activities without investing in local resources for data analysis. Data will also be aggregated across sites and regions to allow SIR to demonstrate to stakeholders the high-level care that IRs provide (outcomes, patient-reported outcomes, patient safety and patient/caregiver engagement). This data will allow IR to move away from fee-for-service MIPS models into data-driven and better-paying alternative payment models.

How does this benefit me?

Structured reports automatically send data to the IR Quality Registry. For MIPS-eligible clinicians reporting IR-specific quality measures, structured reports enable you to meet reporting criteria for MIPS and potentially, based on your performance, qualify for a Medicare Part B bonus. Data collected through the structured reporting process will be provided to participating sites to drive quality improvement projects and will be aggregated to assist the SIR in demonstrating the quality care that IRs provide to stakeholders. Finally, [a pilot study](#) lead by UCLA IR, Justin McWilliams, MD, demonstrated that referring physicians prefer the format of the structured reports, potentially leading to improved communication and better care coordination.

Do I have to use structured reports for all my reporting to participate in the IR Registry?

No, structured reports are not required for all reporting; however, physicians are strongly encouraged to use structured reports where they are available. Structured reports provide a standard format for data collection that ensures that all necessary data is sent to the IR Quality Registry in a way that can be compared. Since structured reports have performance measures embedded into them, they ensure data for a particular performance measure or clinical practice improvement activity are consistently reported across a reporting year.

How can structured reports help me meet QPP reporting requirements?

The IR Quality Registry simplifies MIPS reporting by aggregating quality, clinical practice improvement activities and advancing care information data for submission to CMS. Data is captured using structured reports and sent to CMS by ACR.

What procedures are covered by structured reports?

Structured reports are currently available for 31 procedures. The available structured reports can be reviewed and [downloaded here](#). The structured reporting committee continues to develop structured reports for all IR procedures, while recognizing that the variability of practice makes the design of structured reports difficult for some procedures. The structured reporting committee is working with interested volunteers to provide an expanded library of structured reports for the majority of IR procedures by the end of the SIR Annual Meeting in 2017.

What do I do if a procedure is not covered by a structured report?

If a procedure is not covered by the library of structured reports, IRs can continue their current reporting workflow. SIR stewarded performance measures and clinical practice improvement activities that are reportable through the IR Quality Registry are only linked to structured reports. We would encourage groups to incorporate new structured reports into their workflow as they become available. Once a complete set of structured reports has been developed, updates will be performed at least annually to align structured report content with MIPS reporting.

Do you have additional questions about structured reports?

Email them to policy@sirweb.org.