MEETING MEANINGFUL USE WITH YOUR PCC EHR

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MEANINGFUL USE AND THE PCC EHR

Simply put, "meaningful use" means that providers need to show they're using certified EHR technology in ways that can be measured significantly in quality and in quantity.

Eligible Professional (EP) in the PCC EHR is anyone who has signing or co-signing rights. They may or may not be an EP under the ARRA program.

There are 15 core measures that all EP's must meet and an additional 10 optional measures from which each EP must select 5 to meet.

The information in this session reviews those measures that have specific EHR reporting requirements and the related documentation and reporting tools in your PCC EHR.

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CPOE (Computerized Provider Order Entry) for Medication Orders
PCC Measure I – CMS Core Measure 1

Percentile > 30%

Denominator
Number of *unique* patients with at least one medication in their medication list and seen by the EP during the reporting period.

Numerator
Number of patients that have at least one medication order entered using the CPOE (DrFirst)

Meeting the Measure
The provider must use DrFirst to prescribe medication. The measure will not use medications entered as medication history nor will it use any patient whose only prescribed medication is outside the selected reporting period.

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Transmit Permissible Prescriptions Electronically
PCC Measure II – CMS Core Measure 4 (eRx)

Percentile: >40%

Denominator
Number of prescriptions written for **drugs requiring prescriptions** in order to be dispensed, but excluding controlled substances, during the reporting period

Numerator
Number of the prescriptions which were sent electronically.

Meeting the Measure
The measure will include all prescriptions in the medication history that could have been sent electronically. It will exclude controlled substances.
In order to meet the measure, the eligible professional must use DrFirst to prescribe all prescriptions that can be sent electronically.

Exclusions
Any EP who writes fewer than 100 prescriptions during the EHR reporting period

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Recording Demographics
PCC Measure III – CMS Core Measure 7

Percentile: >50%

Denominator
Number of *unique* patients seen by the EP during the reporting period.

Numerator
Number of patients who have all the elements of the demographics and/or have specific exclusions, either due to patient refusal or the requirement is contrary to State law.
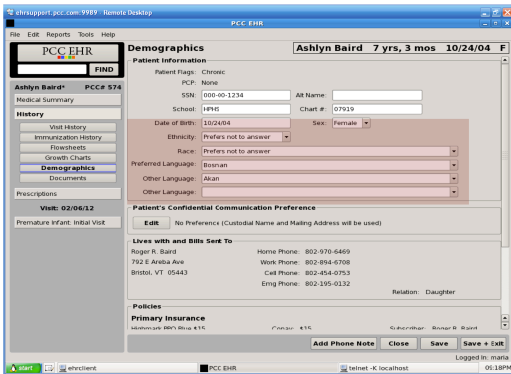
Meeting the Measure
It is an all or nothing situation – all questions must be answered. Preferred language, gender, race, ethnicity and date of birth. The answer may be "prefers not to answer" for some. The responses in the pull-down menus are the required responses that are used in the US Census.
The language drop-down list remembers the top ten answers.

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Maintain Up-to-Date Problem List
PCC Measure IV – CMS Core Measure 3

Percentile: >80%

Denominator
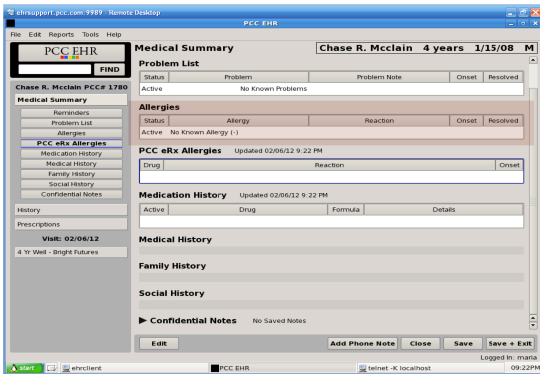Number of *unique* patients seen during the reporting period by the EP.

Numerator
Number of the unique patients seen during the reporting period who have at least one entry or an indication that there are no know problems.

Meeting the Measure
The patient problem list must have at least one active problem or have the status of "No Known Problems". This does not populate automatically. It must be selected from the drop down menu.
Note: If all items on the problem list have been resolved, the EP must select "No Known Problems".

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Maintain Active Medication List
PCC Measure V – CMS Core Measure 5

Percentile: >80%

Denominator
Number of *unique* patients seen during the reporting period by the EP.

Numerator
Number of the unique patients seen during the reporting period that have a medication or an indication that the patient is NOT currently prescribed any medications.

Meeting the Measure
The medication list must have at least one active medication or have the status of "Patient Takes no Medication", which is set in DrFirst. The status will not come across automatically from DrFirst unless it happens be coupled with another change that will update the Medication List.
Checking off any one of the 'reviewed' options (Allergies Reviewed, Medications Reviewed, Problems Reviewed) will generate the update.

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Maintain Active Medication Allergy List
PCC Measure VI – CMS Measure 6

Percentile: >80%

Denominator
Number of *unique* patients seen during the reporting period by the EP.

Numerator
Number of the unique patients seen during the reporting period that have at least one entry or an indication that the patient has no known medication allergies.

Meeting the Measure
To meet the measure a prescription allergy needs to be entered into DrFirst or the status "No Known Drug Allergies (NKDA). The status will not come across automatically from DrFirst unless it happens be coupled with another change that will update the Medication List. Checking off any one of the 'reviewed' options (Allergies Reviewed, Medications Reviewed, Problems Reviewed) will generate the update.

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Record and Chart Changes in Vital Signs
PCC Measure VII – CMS Core Measure 8

Percentile: >50%

Denominator
Number of *unique* patients age 2 or over seen during the reporting period by the EP.

Numerator
Number of the unique patients over the age of two who have at least one entry of height, weight, blood pressure and BMI recorded in the EHR.
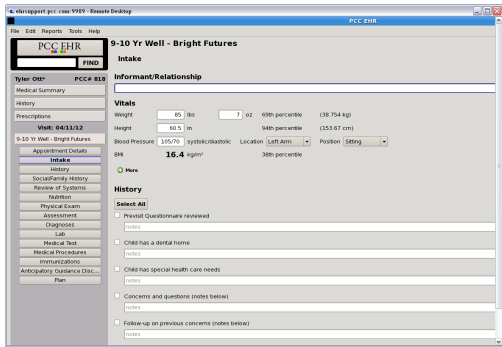
Meeting the Measure
To meet the measure each patient must have all four pieces of information entered. All four do not have to be in the same visit. The measure will look back to previous visits to gather vital information even if the visit is not within the selected reporting period. But please note that, in order to have a calculated BMI, there does need to be at least one visit with both height and weight recorded together.

Exclusions
Any EP who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.

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Record Smoking Status
PCC Measure VIII – CMS Core Measure 9

Percentile >50%

Denominator
Number of *unique* patients age 13 or older seen during the reporting period by the EP.

Numerator
Number of patients with the smoking status recorded as structured data.

Meeting the Measure
The smoking status can only be recorded if the "Smoking Status (ARRA)" component is used. The component cannot be edited. It can be added as an anchor. The responses in the drop down menu are mandated by CMS and use the CDC standardized responses. If a patient turns 13 and the smoking status is not noted, it will effectively reduce the percentile for the practice.
To meet the measure the smoking status needs to be noted only once and will continue to meet the standard in subsequent reporting periods.

Exclusions
Any EP who sees no patients 13 years or older.
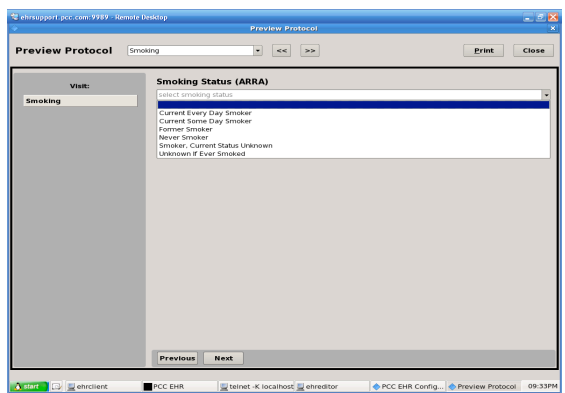
Electronic Access
PCC Measure IX – CMS Optional Measure 5

Percentile: >10%

Denominator
Number of *unique* patients seen during the reporting period by the EP.

Numerator
Number of patients who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to the health information on line.

Meeting the Measure
At present, it is not possible to qualify for this measure. PCC's Patient Portal is in Beta testing.

Provide Clinical Summaries to Patients for Each Visit
PCC Measure X – CMS Core Measure 13

Percentile: >50%

Denominator
Number of *unique* patients seen during the reporting period by the EP.

Numerator
Number of patients who are provided a clinical summary for their visits within three business days of the date of service.

Meeting the Measure
Measurement uses the following criteria: (1) was the patient visit summary generated and either printed or saved as PDF and (2) was the visit signed. The visit need not be signed prior to generating the summary; however, it must be signed to qualify in the numerator.
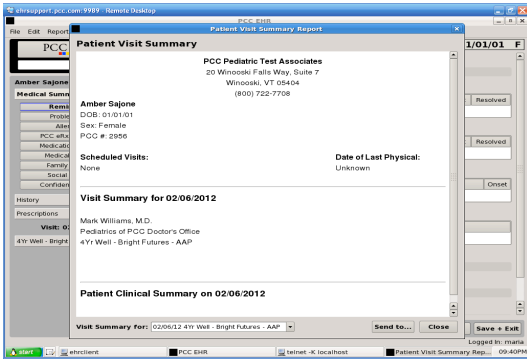Each visit that is signed or con-signed by the provider requires a visit summary be generated.
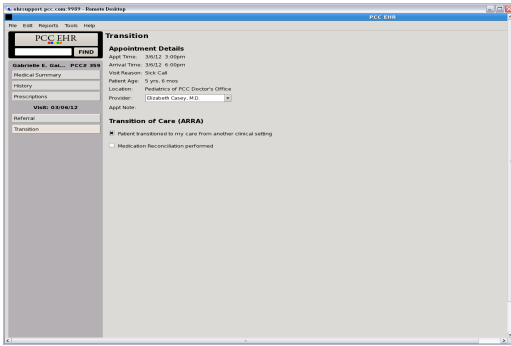
Exclusions
Any EP who has no office visits during the EHR reporting period.

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Incorporate Lab Results as Structured Data
PCC Measure XI – CMS Optional Measure 2

Percentile: >40%

Denominator
Number of labs ordered during the reporting period by the EP whose lab results are expressed in a positive or negative affirmation or as a number

Numerator
Number of lab results that are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Meeting the Measure
Measurement **_does not_** track by patient or lab. The measure tracks lab tests.
Example: An urinalysis done for a patient and with all 9 tests with discrete results will score 9/9 = 100% on the meaningful use report
If only 6 are completed the results will show as 6/9=66%
NOTE: This measurement does not require that the chart be signed.

Exclusions
An EP who orders no lab test where results are either in a positive/negative or numeric format during the reporting period.

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Sent Reminders to Patients
PCC Measure XII – CMS Optional Measure 4

Percentile: >20%

Denominator
Number of patients 65 years old or older or 5 years old or younger seen by the EP during the EHR reporting period.

Numerator
Number of patients who have been sent a reminder.

Meeting the Measure
The reminders can be for appointments or preventive care.
This measure requires the practice create/set the parameters for the patient reminders and then generate the list. When the reminder list is generated in the EHR, it is necessary to select "Save as File". Reports which are saved will show on the Reminder Log Tab.
Open the list and select the patients for which a reminder was generated and then click save. This will mark the reminder has having been sent.
NOTE: This information can be gathered in the recaller on the Partner side but to meet the measure it must be tracked in the EHR.

Exclusions
An EP who has no patients 65 years old and older or 5 years old and younger with records maintained using certified EHR technology.

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Provide Electronic Copy of Health Information
PCC Measure XIII – CMS Core Measure 12

Percentile: >50%

Denominator
Number of patients of the EP who request an electronic copy of their health information up to four business days before the end of the reporting period.

Numerator
Number of patients who receive an electronic copy of their health information within three business days.

Meeting the Measure
This measure is calculated when the Health Summary is generated and the "Send" button is selected. The Date of Request should be the date the request was made, not the date the Health Information Summary is printed. In order to meet the "electronic copy" requirement, the PDF option must be selected.

Exclusions
An EP has no requests from patients for an electronic copy of their health information.

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Select the patient requested an electronic copy

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Provided Patient Education Resources
PCC Measure XIV – CMS Optional Measure 6

Percentile: >10%

Denominator
Number of patients of *unique* patients seen by the EP during the reporting period.

Numerator
Number of patients who were provided patient education specific resources.

Meeting the Measure
This measure is based on the printing of information from the "Patient Education Resource". The report is available when the patient chart is opened. From the Reports drop down menu select Patient Education. This will open the Patient Education Screen which provides access to the Medline Plus search engine. Select from the drop down menus for 'Problem List', 'Allergies', or 'Lab Tests'. Your selection must be from one of these in order to meet the measure.

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Performed Medication Reconciliation for Transitions of Care
PCC Measure XV – CMS Optional Measure 7

Percentile: >50%

Denominator
Number of transitions of care during the EHR reporting period for which the EP was the *receiving* party of transition

Numerator
Number of transitions of care where medication reconciliation of care occurred.

Meeting the Measure
The component called Transition of Care (ARRA), will need to be added to the protocols. The component includes two check box options.
- Patient transitioned to my care from another clinical setting
- Medication Reconciliation performed.

Checking the box "Patient transitioned to my care from another clinical setting" will place the child in the denominator. Checking off "Medication Reconciliation performed " will place the child in the numerator.

Exclusions
An EP who was not the recipient of any transitions of care during the reporting period.

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Provide Summary of Care Record for Transition of Care.
PCC Measure XVI – CMS Optional Measure 8

Percentile: >50%

Denominator
Number of transitions of care and referrals during the EHR reporting period for which the EP was the *transferring or referring provider.*

Numerator
Number of transitions of care and referrals where a summary of care record was provided.

Meeting the Measure
The measure is calculated in one of two ways:
1. **Transition of Care**: From the reports menu select the Health Information Summary, select Send and you will be given an opportunity to select the Other transition of care. It will put in both the denominator and numerator. The EHR will then see who signed the visit
2. **Referral:** Whenever a referral is ordered for a patient the referral will be placed in the denominator. This is based on referrals, not patients. For example if a provider has four referrals, but only generated a health information summary for two, the performance ratio would be 50%.
   Note: The referral needs to have been ordered by using the referral component and be included in a signed visit.

Exclusions
An EP who neither transfers a patient to another setting nor refers a patient to another provider during the reporting period.

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CQM REPORTS

CMS Core Measure 10

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Overview of Clinical Quality Measures

• Using the Electronic Encounter Form is required for calculating the measures.

• Setting the CVX code for each immunization in Partner Ted Table 2 (Immunization and Disease) is required for the Childhood Immunization Status report.

• Unlike the MU reports, there is not a required performance percentage for any of the reports.

• A 0% performance percentage on a report doesn't necessarily mean your practice isn't doing something correctly, it means that you don't have any applicable patients. However, if you know you have patients who meet the criteria, please contact PCC Support to review the billing codes you are using for the visits.

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CATEGORIES OF CQM REPORTS

CORE REPORTS
- NQF 0421   Adult Weight Screening and Follow-up
- NQF 0028a&b   Tobacco Use and Intervention
- NQF 0013   Hypertension Blood Pressure Management

ALTERNATE CORE REPORTS
- NQF 0041   Preventative Care and Screening Influenza Immunization for Patients 50 Years and Older
- NQF 0038   Childhood Immunization Status
- NQF 0024   Weight Assessment and Counseling for Children & Adolescents

You must select three (3) of theses six (6) Core/Alternate Core reports.

SPECIALTY REPORTS
- NQF 003   Use of Appuropriate Medications for Asthma
- NQF 0002   Appropriate Testing for Children with Pharyngitis
- NQF 0047   Asthma Pharmacological Therapy

You must do all three (3) of these specialty reports.

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Patient Populations

- **Initial Patient Population** – Base patient population (this group does not show on CQM reports in PCC EHR).
- **Eligible Instances** – The total number of patients being counted on the report. This is your denominator.
- **Meets Performance** – This is your numerator.
- **Performance Exclusions** – These patients are added to your 'meets performance population' when the report calculates your performance percentage. Not all reports have exclusions.
- **Performance Not Met Instances** – The patients listed in this population are counting against your performance percentage.

Adult Weight Screening and Follow-up (NQF 0421) - Core Report
Percentage of patients aged 18 years old or older with calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented. This report looks at two patient populations: patients 65 years and older and patients 18-64 years old.

Initial Patient Population	Patients 65 years old or older or patients 18-64 years old	Meeting this Measure in PCC EHR	Add Adult Weight Screening and Follow-up (A.B.N.) component in PCC EHR. The BMI will calculate automatically when vitals are entered. **Billing code for follow-up plan and encounter outpatient on E&F.**
Eligible Instances	All patients in the initial patient population who had an encounter outpatient during the measurement period	Denominator Qualifiers: CPT Codes for Outpatient Encounter	99081-99082, 99084-99089, 97001, 97002, 97802-97803, 99940, 99201-99205, 99211-99215, 99324-99328, 99334-99337, 99341-99345, 99347-99350
Performance Exclusion	Patients with a terminal illness, diagnosis pregnancy or that the physical exam was not completed for a patient or medical reason recorded 6 months before or simultaneous to the encounter outpatient.	Numerator Qualifiers: BMI Vitals, Situational Diagnosis or CPT Codes	Population: 65 years & older BMI = 23 to 30 Population 18 to 64 years BMI = 18.5 to 25 For BMI outside of designated range the follow-ing must be charted during the visit: V65.3 or 43644-5, 43770-4, 43842-8, 97084, 98961, 98962, 99078
Meets Performance	Patients 18-64 years with BMI between 18.5 and 25 occurring 6 months before or simultaneous to the encounter outpatient. Patients with BMI over 25 or under 18.5 must have a follow-up plan documented.	Exclusion: Diagnosis Codes Pregnancy or terminal illness, recorded 6 mos. prior or simultaneous to the encounter	Pregnancy Codes: 630-637.3, 633.10-633.11, 633.21, 633.80, 633.91, 640.01, 640.03, 641.13, 641.23, 641.31, 641.33, 641.81, 641.83, 641.91, 641.93, 642.01-642.05, 642.11-642.13, 642.21-642.23, 642.31-642.33, 642.82

Denominator = Practice

Appropriate Testing for Children with Pharyngitis (NQF 0002) - Specialty Report
The percentage of children 2-18 years of age, who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Initial Patient Population	Patients 2-18 years old	Meeting this Measure in PCC EHR	The practice needs to bill a CPT code for the encounter, perform education using Dr. First and complete a strep test in PCC EHR. The diagnosis must be on the problem list.
Eligible Instances	All patients in initial patient population that have an encounter ambulatory including pediatric during the measurement period, patients with an active pharyngitis diagnosis and active pharyngitis medication	Denominator Qualifiers: CPT Codes or Diagnosis Codes and Diagnosis Codes in the EHR Problem List	99201-99205, 99203-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456 or V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 And active diagnosis of 034.0, 034.1, 462, 463 (Pharyngitis) Dispense the medication within three days
Performance Exclusions	There are no exclusions for this report	Numerator Qualifiers: Medication, Strep Test, lab order, or CPT Code	Varity of Rx Norm Codes dispensed ≤ 3 days prior to or after Strep test. Loinc Code for Strep A Lab Test 11268-0, 17656-0, 18481-2, 31971-5, 49610-9, 5036-9, 626-2 6556-5, 6558-1, 6559-9 or CPT 87070
Meets Performance	Lab performed for group A streptococcus before or simultaneous to the active pharyngitis medication	Exclusion	Medication dispensed 30 days prior to the encounter

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Asthma Pharmacologic Therapy (NQF 0047) - Specialty Report

Percentage of patients aged 5-40 years old with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Initial Patient Population	Patients between the ages of 5 and 40 before the beginning of the measurement period that have an active diagnosis of asthma and two outpatient consult visits.	Meeting this Measure in PCC EHR	Need to add: Asthma Care (ARRA) component to protocols, bill two encounter outpatient consult visits and enter a diagnosis of asthma during one of those encounters
Eligible Instances	All patients in initial patient population.	Denominator Qualifiers: Diagnosis Codes noted in the EHR Problem List or the Resolved Manage Problem* List.	493.00-493.02, 493.10-493.12, 493.20-493.22, 493.81-493.82, 493.90-493.92, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9
Performance Exclusions	Patients with a medication allergy to an asthma medication and the check box selected in the Asthma Care (ARRA) component in the protocol.	Numerator Qualifiers: CPT Codes	99201-99205, 99212-99215, 97003, 97004, 90801-90815, 90801-5, 90862
Meets Performance	Patients that have been prescribed an asthma medication through OrdEntry.	Exclusions	Patients with a medication allergy to an asthma medication and the checkbox selected in the Asthma Care (ARRA) component in the protocol.

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Childhood Immunization Status (NQF 0038) - Alternate Care

The percentage of children 2 years of age who had four DTaP, three IPV, one MMR, two HiB, three Hepatitis B, one VZV, four PCV, two Hepatitis A, two or three Rotavirus and two Influenza vaccines by their second birthday.

Initial Patient Population	Patients that will reach two years old during the measurement period. Patients that are more than 1 year of age and less than 2 years of age at the beginning of the measurement period.	Meeting this Measure in PCC EHR	The following CPT codes need to be entered into Partner: DTaP: 110, 120, 20, 50 IPV: 10, 120 MMR: 3, 94 HiB: 120, 46, 47, 48-51 Hep B: 9, 110, 44, 51 VZV: 21, 94 PCV: 100, 133 Hep A: 83 Rotavirus: 116, 119 Influenza: 135, 19
Eligible Instances	All patients in initial patient population and have had an encounter outpatient before or simultaneous to the measurement end date	Denominator Qualifiers: CPT Codes Or Diagnosis Codes	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456 OR V45.5, V61.5, V61.6, V61.7, V69.2, V72.3, V72.4, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9, V24*, V25*, V26*, V27*, V29*
Performance Exclusions	Patients with active or resolved diagnosis of Hep B, Hep A; resolved diagnosis of measles, mumps or rubella; allergy to an immunization or an immunization that has been contraindicated	Numerator Qualifiers: CPT Codes	4 DtaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, 1 VZV, 4 PCV, 2 Hepatitis A, 2 or 3 Rotavirus and 2 Influenza vaccines by their second birthday
Meets Performance	Patients that have the following before the end of the measurement period: 4 DtaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, 1 VZV, 4 PCV, 2 Hepatitis A, 2 or 3 Rotavirus and 2 Influenza vaccines by their second birthday	Exclusions Diagnosis Codes	323.51 (Encephalopathy), 070.4-.1 (Hep A), 070.2-.3, V02.61 (Hep B), 279 (Immunodeficiency), 200,202,204-4 (Leukemia), 283 (Hemolytic), 055 (Measles), 055 (Mumps), 056 (Rubella), 052-055 (VZV) Exclusions are specific to appropriate related immunization

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Hypertension: Blood Pressure Management (NQF 0013) - Core Report

Percentage of patient visits for patients aged 18 years or older with a diagnosis of hypertension who have been seen for at least two office visits, with a blood pressure (BP) recorded.

Initial Patient Population	Patients 18 years old or older before the beginning of the measurement period, have an active diagnosis of hypertension and at least two counts of encounter outpatient or encounter nursing facility	Meeting this Measure in PCC EHR	The findings of systolic or diastolic blood pressure pull directly from the blood pressure entered in the vitals section. The two office visits do not have to be with the same provider or the EP.
Eligible Instances	All patients in initial patient population	Denominator Qualifiers: CPT Codes for Two Outpatient Encounters or Diagnosis Code for Hypertension (Problem List)	99201-99205, 99212-99215, 99241-99245, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99384, 99385-99350 Or 401.0-401.1, 401.9, 402.00-402.01, 402.10-402.11, 403.90-401.91, 404.00-404.03, 404.10-404.13, 404.90-404.93
Performance Exclusions	There are no exclusions for this report.	Numerator Qualifiers Blood Pressure Vitals	Entered in the chart.
Meets Performance	Patients with physical exam finding of systolic blood pressure or a physical exam finding of diastolic blood pressure	Exclusions:	None

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Preventive Care and Screening: Influenza Immunization for Patients 50 Years or Older (NQF 0041) - Alternate Core
Percentage of patients aged 50 years or older who received an influenza immunization during the flu season (Sept through Feb)

Initial Patient Population	Patients 50 years or older that have two encounter outpatients or one of the following: encounter preventative med 40 and older, encounter preventative med group counseling, encounter preventative med individual counseling, encounter preventative med other services, encounter nursing facility or encounter nursing discharge	Meeting this Measure in PCC EHR	Enter the CVX code 135 or 15 in Partner 15 Influenza, split (incl. purified surface antigen 135 Influenza, high dose seasonal
Eligible Instances	All patients in initial patient population that have an encounter influenza before, after, or simultaneous to the beginning of the measurement period	Denominator Qualifiers: CPT Codes	99201-99205, 99213-99215, 99341-99345, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99386-99387, 99396-99397 (Preventative Medical 40 & over)
Performance Exclusions	Patients with a refused immunization, medically contraindicated immunization or have an allergy to eggs recorded before or simultaneous to the encounter influenza	Numerator Qualifiers: CPT Codes & Diagnosis	V04.81, V06.6 Or 90656,90658, 90660, 90661, 90662
Meets Performance	Patients that have an influenza vaccine administered before or simultaneous to the encounter influenza	Exclusions CPT Codes or Diagnosis Codes	995.60, V15.03 (Allergy to Eggs)

Tobacco Use and Intervention (NQF 0028a) - Core Report (Part A) - Tobacco Use Assessment
Percentage of patients aged 18 years or older who have been seen for at least two office visits, who were queried about tobacco use one or more times within 24 months.

Initial Patient Population	Patients 18 years old or older before the beginning of the measurement period and have 2 counts of any of the following: encounter office visit, encounter health and behavior assessment, encounter occupational therapy or encounter psychiatric and psychological during the measurement period	Meeting this Measure in PCC EHR	This report will pull from the Smoking Status (ARRA) component in PCC EHR during the qualifying visit or 24 months prior to reporting period.
Eligible Instances	All patients in initial patient population	Denominator Qualifiers	Entire population
Performance Exclusions	There are no exclusions for this report	Numerator Qualifiers: CPT Codes (Two encounters) OR CPT Codes (One encounter)	Two Encounters 99201-99205, 99212-99215 (OVs) 98081-98082, 98084-98013, 98045, 98062 (Counseling) 96150, 96152 (Behavior Assessment) 97003-4 (Occupational Therapy) OR One Encounter 99411-2 (Preventative Group Counseling) 99420-99429 (Preventative Other Services) 99385-7, 99395-7 (Preventative Services Over 18) 99401-4 (Preventative Individual Counseling)
Meets Performance	Patient has been marked as a tobacco user or a tobacco non-user	Exclusions	None

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Tobacco Use and Intervention (NQF 0028b) - Core Report - Tobacco Cessation Intervention
Percentage of patients aged 18 years or older identified as tobacco users within the past 24 months and have been seen for at least two office visits, who received cessation intervention.

Initial Patient Population	Patients 18 years old or older before the beginning of the measurement period who have during the measurement period two counts of encounters: office visit, health & behavior assessment, occupational therapy or psychiatric & psychological OR one count of: preventative medical services 18 and older, preventative medical individual counseling or preventative medical group counseling	Meeting this Measure in PCC EHR	The smoking status will pull from ARRA component. The provider must bill for tobacco cessation counseling or prescribe a cessation medication through DrFirst
Eligible Instances	Patients in initial patient population who have patient characteristic of tobacco user before or simultaneous to encounter	Denominator Qualifiers: CPT Codes OR ARRA Smoking Status Component	Two Encounters: 99201-99205, 99212-99215 (OVs) 98081-98082, 98084-98013, 98045, 98062 (Counseling) 96150, 96152 (Behavior Assessment) 97003-4 (Occupational Therapy) or One Encounter: 99411-2 (Preventative Group Counseling) 99420-99429 (Preventative Other Services) 99385-7, 99395-7 (Preventative Services Over 18)
Performance Exclusions	There are no exclusions for this report	Numerator Qualifiers: CPT Codes or Rxnorm Codes	99401-4 (Preventative Individual Counseling) 99406-7 (Tobacco Use Cessation) 189075, 198829, 198036, 198031, 204406, 198447, 198677, 227177, 250983, 311975, 314139, 359817, 359810, 308882, 636353
Meets Performance	Patient has procedure performed: tobacco use cessation counseling before or simultaneous to encounter or has a smoking cessation medication prescribed	Exclusions	None

Denominator = Practice

Use of Appropriate Medications for Asthma (NQF 0036) - Specialty Report
Percentage of patients 5-50 years of age during the measurement period who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report looks at three different populations: 5-11 years, 12-50 years, and 5-50 years.

Initial Patient Population	Patients who will reach 5-50 years during the measurement period	Meeting this Measure in PCC EHR	Bill for the office visit(s), enter a diagnosis on the medical summary screen (if applicable), prescribe the asthma medication in DrFirst.
Eligible Instances	All patients in initial patient population who have one encounter ED and active asthma diagnosis less than 1 year or simultaneous to the measurement period; 1 encounter acute inpatient and active diagnosis less than 1 year or simultaneous to the measurement period; 4 counts of encounter outpatient, active asthma diagnosis and 2 counts of asthma medication or 4 counts of asthma medication less than 1 year or simultaneous to the measurement period	Denominator Qualifiers: CPT Codes Outpatient, Acute Inpatient or ED encounters with Asthma Diagnosis Special Subset	4 encounters: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99415, 99420-99450 w V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 or 3 encounter: 99281-99285 or 2 encounters: 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291 493, 493.0, 493.00-493.02, 493.1, 493.10-493.12, 493.2, 491.20-493.22, 493.8, 493.81-493.82, 493.9, 493.90-493.92 Or 4 asthma medications, other than leucotrine inhibitors, II 4 plus of leucotrine inhibitors, then must have asthma diagnosis.
Performance Exclusions	Patients with an active diagnosis of COPD, cystic fibrosis, emphysema or acute respiratory failure	Numerator Qualifiers: CPT Codes	Asthma Medication through Dr. First.
Meets Performance	Patients that have one count of an asthma medication prescribed during the measurement period.	Exclusion CPT Codes or Diagnosis Codes	277.0, 277.00-277.03, 277.09 (CF) 492, 492.0, 492.8, 518.-518.2 (emphysema), 491.2, 491.20-491.22, 492.0, 493.2, 493.20-493.22, 496, 506.4 (COPD) 518.81 (Acute Respiratory Failure)

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Denominator = Practice

Weight Assessment and Counseling for Children and Adolescents (NQF 0024) - Alternate Care Report
Percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. Report looks at three different populations: 3-16 years, 2-19 years and 11-16 years. Three different item a report in each patient population: physical exam finding: BMI percentile during encounter, counseling for nutrition and counseling for physical activity.

Initial Patient Population	Patients 2-17 years old, 2-19 years old or 2-17 years old	Meeting this Measure in PCC EHR	Need to bill for BMI percentile, counseling for nutrition and counseling for physical activity.
Eligible Instances	All patients in initial patient population that have an encounter outpatient with PCP or OB/GYN and does not have a diagnosis of pregnancy or an encounter pregnancy	Denominator Qualifiers: CPT Codes	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411-99415, 99420-99450
Performance Exclusions	There are no exclusions for this report	Numerator Qualifiers: BMI Vitals and Situational Diagnosis or CPT Codes	BMI Vital V65.3 (Nutrition Counseling), V65.1 (Physical Activity Counseling), V85.5-85.51-85.54 (BMI percentiles) 97802-97804 (Medical nutrition therapy)-M not be billable by a certified nutritionist.
Meets Performance	Physical exam finding: BMI percentile calculated during encounter outpatient, counseling for nutrition during the encounter and counseling for physical activity during the encounter outpatient	Exclusion CPT Codes or Diagnosis Codes	630-633.1, 633.10-633.21, 637.21, 633.81, 633.91, 630.01, 640.03, 641.13, 641.21, 641.23, 641.31, 641.33, 641.81, 641.83, 641.91, 641.93, 642.01-642.03, 642.11-642.33, 642.21-642.23, 642.31-642.33, 642.62, V26.81, V28, V26.3, V28.81, V26.82, V72.4, V72.40, V72.41, V72.42

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Adult Weight Screening and Follow-Up (ARRA)
This component will only display when the patient age is 18 years or older
☐ Dietary Consultation Ordered

Exclude today's weight screening from my Clinical Quality Measure Report because:
☐ Patient is Terminally Ill
☐ Physical Exam is incomplete due to Patient Reason, Medical Reason, or System Reason.

Transition of Care (ARRA)
☐ Patient transitioned to my care from another clinical setting
☐ Medication Reconciliation performed

Smoking Status (ARRA)

Asthma Care (ARRA)
☐ Asthma medication was not prescribed at patient/caregiver's request

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1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Meaningful Use Websites

Additional information about Meaningful Use can be found at:

http://www.cms.gov

https://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp

https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads//EP-MU-TOC.pdf

http://learn.pcc.com

Thank you!!!