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Overview of ARRA Medicaid Incentive Program

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Table of Contents

References:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

learn.pcc.com – Search for meaningful use.

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Core Objectives

1.	CPOE	Use CPOE for more than 30% of medications ordered
2.	Drug Interaction Checks	Enabled functionality
3.	Maintain Problem List	Maintain up-to-date problem list for more than 80%
4.	E-Prescribing (eRx)	Generate and trans more than 40% of permissible prescriptions
5.	Active Medication List	Maintain active medication list for more than 80%
6.	Active Medication Allergy list	Maintain active medication allergy list for more than 80%
7.	Record Demographics	Record demographics (language, gender, race, ethnicity, DOB) for more than 50%
8.	Record Vitals	Record vitals (height, weight, BP, BMI, growth charts) for more than 50%
9.	Record Smoking status	Record for more than 50% of patients 13 years or older
10.	Clinical Decision Support Rule	Implement one clinical decision support rule
11.	Patient Electronic Access	Provide patients to view, download and transmit health information more than 50%
12.	Clinical Summaries	Provide clinical summaries more than 50% for each office visit.
13.	Protect Electronic Health Info	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1)

Menu Objectives

1.	Drug Formulary Checks	Enabled functionality
2.	Clinical Lab Test Results	More than 40% of all clinical lab test results ordered by the EP
3.	Patient Lists	Generate at least one report listing patients of the EP with a specific condition
4.	Patient Reminders	Send reminders to patients for preventive/follow-up care more than 20%
5.	Patient-specific Education Resources	Use EHR technology to id patient-specific education resources for more than 10%
6.	Medication Reconciliation	Performs medication reconciliation for more than 50% of transitions of care from another provider
7.	Transition of Care Summary	Transitions patient to another provider or setting and provides a summary of care record for more than 50% of transitions of care and referrals
8.	Immunization Registries Data Submission	Performed at least one test of the certified EHR technology's capacity to submit electronic data to immunization registries
9.	Syndromic Surveillance Data Submission	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agency

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Core Objective	Measure (all 17 Must Be Meet)
1. CPOE	Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology
2. E-Prescribing (eRx)	eRx for more than 50%
3. Record Demographics	Record demographics (language,sex, race, ethnicity, DOB) for more than 80%
4. Record Vital Signs	Record vital signs for more than 80%
5. Record Smoking Status	Record smoking status for more than 80%
6. Clinical Support Rules	Implement 5 clinical decision support interventions; implemented drug-drug, drug-allergy checks
7. Electronic Patient Access	Provide online access to health information for more than 50% with more than 5% actually accessing info
8. Clinical Summaries	Provide office visit summaries for more than 50% of office visits
9. Protect Electronic Health Information	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1)
10. Clinical Lab-Test Results	Incorporate lab test results for more than 55% of lab tests
11. Patient List	Generate a least one list of patients with a specific condition
12. Preventive Reminders	Identify and provide reminders for preventive/follow-up care for more than 10% of patients with two or more office visits in the last 2 years
13. Education Resources	Identify and provide education resources more than 10% of office visits
14. Medication Reconciliation	Medication reconciliation for more than 50% of transitions of care received from another setting or provider
15. Summary of Care	Provide summary of care document for more than 50% of transitions of care & referrals of which 10% are sent electronically and at least one sent to a recipient with a different EHR vendor or successfully tested with CMS EHR
16. Immunization Registries Data Submission	Successful ongoing transmission of immunization data
17. Use Secure Electronic Messaging	More than 5% of patients send secure messages
Menu Objective	Measure (3 Of 6 Must Be Meet)
1. Syndromic Surveillance	Successful ongoing transmission of syndromic surveillance data to public health agencies
2. Electronic Notes	Enter at least one electronic progress for more 30% of patients with one OV
3. Imaging Results	More than 10% of imaging results are accessible through Certified EHR Technology
4. Family Health History	Record family health history for more than 20%
5. Report Cancer Cases	Successful ongoing transmission of cancer case information to public health center cancer registry
6. Report Specific Cases	Successful ongoing transmission of data to a specialized registry (other than cancer)

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CMS ID & CQM NO.	CQM TITLE	DESCRIPTION	DOMAIN
CMS146v1 NQF 0002	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	Efficient Use of Healthcare Resources
CMS155v1 NQF 0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. • Percentage of patients with height, weight, and body mass index (BMI) percentile documentation. • Percentage of patients with counseling for nutrition. • Percentage of patients with counseling for physical activity.	Population/Public Health
CMS153v1 NQF 0033	Chlamydia Screening for Women	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement period.	Population/Public Health
CMS126v1 NQF 0036	Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Clinical Process/Effectiveness
MS117v1 NQF 0038	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Population/Public Health

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NEW: CMS154v1 NQF 0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	Efficient Use of Healthcare Resources
NEW: CMS136v1 NQF 0108	ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one followup visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	Clinical Process/Effectiveness
NEW: CMS2v1 NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Population/Public Health
NEW: CMS75v1	Children who have dental decay or cavities	Percentage of children ages 0-20, who have had tooth decay or cavities during the measurement period.	Clinical Process/Effectiveness

Please note, in Stage 2 of meaningful use, the core set requirement has been removed. Instead, the Centers for Medicare & Medicaid Services (CMS) proposed a recommended core which includes measures aligned with high priority health care improvement goals. If one or more of these measures are not relevant for your organization, please utilize other measures from the approved 2014 CQM set to meet the reporting requirement.

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
CMS146v1 NQF 0002	**Appropriate Testing for Children with Pharyngitis** Percentage of children 2-18 years of age, who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	**National Committee for Quality Assurance (NCQA):** www.ncqa.org	▪ EHR PQRS ▪ CHIPRA	Efficient Use of Healthcare Resources
CMS155v1 NQF 0024	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents** Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. ▪ Percentage of patients with height, weight, and body mass index (BMI) percentile documentation. ▪ Percentage of patients with counseling for nutrition. ▪ Percentage of patients with counseling for physical activity.	**NCQA:** www.ncqa.org	▪ EHR PQRS ▪ UDS	Population/ Public Health
CMS153v1 NQF 0033	**Chlamydia Screening for Women** Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement period.	**NCQA:** www.ncqa.org	▪ EHR PQRS ▪ CHIPRA ▪ ACA 2701 ▪ HEDIS ▪ State Use ▪ NCQA-PCMH Recognition	Population/ Public Health

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
CMS126v1 NQF 0036	**Use of Appropriate Medications for Asthma** Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	**NCQA:** www.ncqa.org	EHR PQRS	Clinical Process/ Effectiveness
CMS117v1 NQF 0038	**Childhood Immunization Status** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	**NCQA:** www.ncqa.org	▪ EHR PQRS ▪ UDS	Population/ Public Health
NEW: CMS154v1 NQF 0069	**Appropriate Treatment for Children with Upper Respiratory Infection (URI)** Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	**NCQA:** www.ncqa.org	▪ PQRS ▪ NCQA-PCMH Recognition	Efficient Use of Healthcare Resources

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
NEW: CMS136v1 **NQF 0108**	**ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication** Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.	**NCQA:** www.ncqa.org		Clinical Process/ Effectiveness
NEW: CMS2v1 **NQF 0418**	**Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan** Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	**Centers for Medicare & Medicaid Services (CMS):** 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139 **Quality Insights of Pennsylvania (QIP):** www.usqualitymeasures.org	▪ EHR PQRS ▪ ACO ▪ Group Reporting PQRS	Population/ Public Health

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
NEW: CMS75v1	**Children who have dental decay or cavities** Percentage of children ages 0-20, who have had tooth decay or cavities during the measurement period.	**Maternal and Child Health Bureau, Health Resources and Services Administration (MCHB-HRSA):** http://mchb.hrsa.gov/		Clinical Process/ Effectiveness

Press release: CMS rule to help providers make use of Certified EHR Technology

Date	2014-05-20
Title	CMS rule to help providers make use of Certified EHR Technology
For Immediate Release	Tuesday, May 20, 2014
Contact	press@cms.hhs.gov

CMS rule to help providers make use of Certified EHR Technology

Rule also proposes to extend Stage 2 of the EHR Incentive Programs through 2016

Today, HHS published a new proposed rule that would provide eligible professionals, eligible hospitals, and critical access hospitals more flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet meaningful use. The proposed rule, from the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), would let providers use the 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT for the EHR reporting period in 2014 for the Medicare and Medicaid EHR Incentive Programs.

Beginning in 2015, all eligible hospitals and professionals would still be required to report using 2014 Edition CEHRT. Since the Medicare and Medicaid EHR Incentive Programs began in 2011, more than 370,000 hospitals and professionals nationwide have received an incentive payment.

"We have seen tremendous participation in the EHR Incentive Programs since they began," said CMS Administrator Marilyn Tavenner. "By extending Stage 2, we are being receptive to stakeholder feedback to ensure providers can continue to meet meaningful use and keep momentum moving forward."

The proposed rule also includes a provision that would formalize CMS and ONC's previously stated intention to extend Stage 2 through 2016 and begin Stage 3 in 2017. These proposed changes would address concerns raised by stakeholders and will encourage the continued adoption of Certified EHR Technology.

"Increasing the adoption of EHRs is key to improving the nation's health care system and the steps we are taking today will give new options to those who, through no fault of their own, have been unable to get the new 2014 Edition technology, including those at high risk, such as smaller providers and rural hospitals," said Karen DeSalvo, M.D., M.P.H, M.Sc., national coordinator for health information technology.