Meaningful Use and PCC EHR

Tim Proctor (tim@pcc.com)
Users Conference 2016
Agenda

- MU basics and eligibility
- How to participate in MU
- Meeting MU measures in PCC EHR
- Understanding CQM reporting in PCC EHR
Takeaways

- An understanding of the eligibility requirements for participating in the MU program
- Identification of the areas at your practice that will need to be addressed to meet MU measures
- Understanding of PCC's CQM reports, how they are calculated, and the workflow/configuration changes you'll need to make before using those reports
Medicaid EHR Incentive Program

- Every state runs their own program
  - Application filed through your state
  - Deadlines can vary
  - States provide REC (Regional Extension Centers) for assistance
- 2016 is the last year to **start** participating
- No Medicaid payment reductions if you choose not to participate
# How Much Will You Get Paid?

<table>
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<tr>
<th>Medicaid Percent</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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- Maximum 6 years of participation
- Program ends in 2021
- Big payment first year

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Eligibility

- Must be an “Eligible Professional” (EP)
  - Physicians (M.D., D.O.)
  - Nurse practitioners
- PAs not eligible
- Incentives are per-provider
Determining Your Medicaid %

ARRA Medicaid Patient Volume Report

This report assists in determining eligibility for ARRA EHR Incentive program by calculating your Medicaid Patient Volume by provider.

Select a date range, stage, and your Medicaid Plans. A summary of patient volume with totals and Medicaid percentages will be calculated.

Select a Date Range:
- 90 Days from 04/02/15 to 06/30/15
- Calendar Year 2014

Select a stage to determine eligibility:
- Stage 1: Includes only visits with payments greater than $0
- Stage 2: Includes all visits

- Contact PCC support for assistance with using “arra” report
- Refer to your state for how to calculate Medicaid %
- CHIP patients do not count
MU Timing

- First year of MU participation is “AIU Year” (Adopt, Implement, or Upgrade” to EHR Technology)

- EP gets big chunk of MU $ without any MU reporting

- EP needs to be using certified EHR for 90 days and meet Medicaid % threshold
MU Timing

- Second year of MU participation requires MU reporting
  - Use 90-day reporting period for this first year of MU reporting
  - EP may be eligible for “alternate exclusions”
- Third and subsequent years of MU participation require 365-day (calendar year) for reporting period. EP may still be eligible for some “alternate exclusions”
No More Stage 1/Stage 2

■ On 10/6/15, CMS released a final ruling including a new set of 10 “Modified Stage 2” objectives which replace stage 1 and stage 2 objectives

■ Modified stage 2 will apply for 2015 through 2017 and shift to a single set of stage 3 objectives beginning in 2018

■ Many objectives from stage 1 and stage 2 were removed
CQM Reporting

- No changes were made with recent CMS final ruling. Still report on same 9 Pediatric CQMs
- Report on 90 day period. No threshold to meet.
- As with MU measures, CQMs are reported via your state application
Example 1

Example: Provider applied for Medicaid incentive in 2015 for the first time.

- 2015 – Attest for AIU
- 2016 – Modified stage 2 MU reporting based on 90 day reporting period in 2016
- 2017 – Modified stage 2 MU reporting based on 365 day reporting period in 2017
- 2018 and beyond – stage 3 MU reporting based on 90 day reporting period
Example 2

Example: Provider applied for Medicaid incentive in 2014 for the first time.

● 2014 – Attested for AIU

● 2015 – Modified stage 2 MU reporting (with alternate exclusions and specifications) based on 90 day reporting period in 2015

● 2016 and 2017 – Modified stage 2 MU reporting based on 365 day reporting period in respective year
Example 3

Example: Provider applied for Medicaid incentive in 2013 for the first time.

- 2013 – Attested for AIU
- 2014 – Stage 1 MU reporting based on 90 day reporting period in 2014
- 2015 – Modified stage 2 MU reporting (with alternate exclusions and specifications) based on 90 day reporting period in 2015
- 2016 and 2017 – Modified stage 2 MU reporting based on 365 day reporting period in respective year
Example 4

Example: Provider applied for Medicaid incentive in 2013 for the first time, but skipped 2014 and 2015

- 2013 – Attested for AIU
- 2014 and 2015 – skipped
- 2016 – Modified stage 2 MU reporting based on 90 day reporting period in 2016 (no alternate exclusions)
- 2017 – Modified stage 2 MU reporting based on 365 day reporting period in 2017
Future of MU

- Is MU going away?
  - For Medicare providers, Yes.
  - For Medicaid providers, NO. CMS has not announced anything that will replace MU for Medicaid providers.

- CMS proposed new MACRA legislation in April which includes a completely new value-based reimbursement system for Medicare providers

- Stage 3 MU still scheduled to begin in 2018
How Do I Apply?

- Register with CMS  [https://ehrincentives.cms.gov/](https://ehrincentives.cms.gov/)
- Then file application with your state
- PCC's CMS Certification ID#: 1314E01PRYOZEA5
- Contact support if you need our CHPL# (this may have recently changed)
2016 MU Attestation

- Check your state MU website to determine if/when 2016 MU application is open

- If you have EPs who need to use full 2016 calendar year for MU reporting, the soonest you can apply will be early 2017

- MU Stage 3 begins in 2018
MU Audits

- Audits are happening more often than they used to
- What may you be asked to provide?
  - Detail to prove your attested Medicaid % is accurate (support has custom scripts to help with this)
  - Explanations of MU report calculations (we can give you a letter to explain how PCC calculates certain measures)
  - Documentation of Security Risk Analysis
  - Verification of Software Use letter (contact PCC for this)
MU Audits

- You should save everything in case of audit
  - 'arra' report output
  - Security Risk Analysis documentation
  - MU and CQM report output
  - Details of clinical decision support interventions
Meeting Meaningful Use in PCC EHR
PCC MU Reporting
Visit Reason Exclusions

• You have ability to exclude certain visit reasons from MU report calculations
• Examples: lab or nurse-only visits and other “fake” visit reasons
Eligible Professional Selection(s)

Eligible Professionals
Edit: Including: Beverly Crusher, MD, Elizabeth Mary Casey, MD, Fred Jones, M.D.

Report Layout
- Individual reports for each selected provider
- Aggregate data for selected providers into a single report

- Run individual MU reports for more than one provider at once
- Run MU reports aggregated for all providers (useful for PCMH)
Eligible Professional Selection(s)

- Most 2011 MU reports were based on **signing** provider.
- Most 2014 MU reports are based on **visit/encounter** provider.
Eligible Professional Selection(s)

- Be sure to map Partner providers to EHR users
- Some MU reports are based on EHR user

**Tim Proctor**

Eligible Professional Selection(s)

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<td>Last Name:</td>
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- Ins Name: DAV
- Ins Code: DAV92391
- Taxonomy Code: 298398747X
- Site ID #: 097284859
See which patients are (or are not) included in the numerator
MU Objectives

- Refer to Modified Stage 2 Objectives Guide for summary of objectives and how to meet measures in PCC EHR

Objective 1: Protect Patient Health Information

- Attestation measure (yes/no)
- Conduct or review a security risk analysis of certified EHR technology and implement updates as necessary
- Needs to be done prior to end of reporting period
- If you've done this analysis before, you need to document that you've reviewed the analysis
- States can and will audit this
Security Risk Analysis

Refer to new online resources PCC has provided:

- HIPAA and Security Risk Assessments
- CMS.gov Security Risk Analysis Tip Sheet
- ONC Tool to help with performing SRA

For more on SRA, so to Paul Vanchiere's “Security Risk Assessment” class at 1:00pm!
Objective 2: Clinical Decision Support

- Attestation measure (yes/no)

- Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period

- Measure 2: Enable and implement drug-drug and drug-allergy interaction checks for the entire EHR reporting period. (This is a built-in default for PCC eRx)
Objective 2: Clinical Decision Support

- Attestation measure (yes/no)
- Use clinical alerts for clinical decision support
Objective 2: Clinical Decision Support
Other examples of “clinical decision support” according to CMS:

- Clinical guidelines (consider developmental or depression screening templates built into EHR)
- Condition-specific order sets
- Documentation templates
- Diagnostic support
- Contextually relevant reference information.
Objective 3: CPOE (Computerized Provider Order Entry)

3 sub-measures for this one MU objective

- Measure 1: >60% of medication orders created by EP must be ordered via CPOE (“CPOE Medication” measure on PCC MU report)
- Measure 2: >30% of laboratory orders created by EP must be ordered via CPOE (“CPOE Lab” measure on PCC MU report)
- Measure 3: >30% of radiology orders created by EP must be ordered via CPOE (“CPOE Radiology” measure on PCC MU report)
Objective 3: CPOE (Computerized Provider Order Entry)

- Lab and radiology orders do not need to have discrete results to be counted toward this measure.
- Since all medication, radiology, and lab orders are done electronically in PCC EHR, these will always report as 100%.
Objective 4: Electronic Prescribing

- >50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.
- Report includes all Rxs signed by the EP within the reporting period.
- PCC MU report can include or exclude Rxs for controlled substances.
- Rxs generated through eRx but printed do not count in numerator.
Objective 4: Electronic Prescribing

- Be sure to map Partner providers to EHR users
- eRx MU report needs this mapping
Objective 5: Health Information Exchange

- 2 sub-measures for this one MU objective:
  - Measure 1: EP uses PCC EHR to generate summary of care records for patients (Attestation yes/no)
  - Measure 2: EP electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.
    - Refer to “Summary of Care (Transmitted)” measure on modified stage 2 PCC MU report
Objective 5: Health Information Exchange

- Important Exclusion:
  - If you have less than 100 referrals or other transitions of care to another setting during the reporting period, you are excluded from this measure.
Objective 5: Health Information Exchange

- The Summary of Care Record report produces a C-CDA-formatted chart summary for a patient.
- Use this report as a transition of care document. Can be printed, saved as .pdf or sent to another clinician or practice via Direct Secure Messaging.
Objective 5: Health Information Exchange

- Measure 2: EP electronically transmits summary of care to a receiving provider for more than 10% of transitions of care and referrals.
  - Denominator includes:
    - Referral orders during the reporting period where the EP was the Provider of Encounter for the visit where the referral was ordered
    - The number of Summary of Care Records generated whereby "Related to an outbound transition of care" is selected
Objective 5: Health Information Exchange

- Measure 2: EP electronically transmits summary of care to a receiving provider for more than 10 percent of transitions of care and referrals.
  - Numerator Includes:
    - Transitions of care and referrals in the denominator that were sent electronically to another clinician or practice via Direct Secure Messaging
First, choose the specific referral order or other transition of care from the selection pull-down menu:
Direct Secure Messaging

- The Summary of Care report output includes the patient’s insurance policy information, making it a good solution for referrals.
Direct Secure Messaging

- Select “Send via Direct Secure Message” and fill out the fields for the message.

![Message Options]

- Select "Send via Direct Secure Messaging:
  - To: test@testpeds.updox.test.com
  - Subject: Transition of Care C-CDA for Patient Dino Flintstone
  - Message: Dr. Test,
    Attached is the summary of care for patient Dino Flintstone. It includes all relevant patient data from the chart.

[Options: Print, Save as a PDF file, Save as a C-CDA file]
Direct Secure Messaging

- Optionally, you can enter text and click “Search” to find a clinician by name or practice name.
Direct Secure Messaging

- Still in pilot testing, so not all clients have access to this yet
- Contact PCC support ASAP if you are doing 2016 MU and haven't already been contacted for training and configuration of this feature
- See [PCC 7.0.4 release documentation](#) for more details on how to activate direct secure messaging
Objective 6: Patient Specific Education

- Patient specific education resources identified by PCC EHR are provided to patients for >10% of all unique patients with office visits seen by the EP during the EHR reporting period.

- Education can be provided before, during or after reporting period.
Education sources now include AAP and Medline Plus.

Select problem, diagnosis, medication, or lab tests from single drop-down menu before printing.

Visit diagnoses now included.
Objective 6: Patient Specific Education

- Needs to actually be saved or printed to count
Objective 7: Medication Reconciliation

- Measure: The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- This measure refers to *incoming* transitions of care, not outgoing.
- Use Transition of Care (ARRA) component within protocols to indicate encounters that are transitions of care and medication reconciliation is performed.
- Direct secure messages received by EP are also considered transitions of care.

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Objective 7: Medication Reconciliation

- Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.

- The denominator includes the following examples of incoming transitions of care:
  - Any visit for the EP that includes the “Transition of Care (ARRA)” component with checkbox labeled "Patient transitioned to my care" checked
  - Direct secure messages containing a C-CDA received by EP
Objective 7: Medication Reconciliation

- Insert “Transition of Care (ARRA)” component in protocols used for new patient visits, hospital visit followups, or other incoming transition of care visits

![Transition of Care (ARRA)]

- Check off “Medication Reconciliation Performed” to count in numerator for this measure
Objective 7: Medication Reconciliation

- Other medical practices can send Direct Secure Messages to users at your practice. Those messages can include transition of care C-CDA attachments and other documents.
Objective 7: Medication Reconciliation

Review the message’s details and attachments

Confirm or search for a patient chart to place the message
Objective 7: Medication Reconciliation

Direct Secure Message

Dino Flintstone  2 yrs, 2 mos  7/03/13  M

Direct Secure Message

Message
Date:  09/18/15
From:  mark@ehrdoc.qa.pcc-direct.com
To:  kathleen@ehrdoc.qa.pcc-direct.com
Subject:  Transition of Care records for Dino Flintstone
Message:  Dr. Gomez,
          Here's the records you requested.
          -Dr. Mark Williams

Attachments
Continuity of Care Document: ccda_3335.xml

Tasks

Add Task
Objective 7: Medication Reconciliation

- When you see an incoming C-CDA in a Direct Secure Message, you can click “Reconcile” to review and import medication data (and also problems and allergies)
- Clicking “Reconcile” counts the transition of care in the numerator
Objective 7: Medication Reconciliation

- See [PCC 7.0.4 release documentation](#) for more details on how to receive direct secure messaging and reconcile inbound C-CDAs for transitions of care.
Objective 8: Patient Electronic Access (View, Download, Transmit)

- Measure 1: >50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

- Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

  - Starting in 2017, the threshold increases to 5% for all EPs
Objective 8: Patient Electronic Access (VDT)

- Need portal account for at least 50% of patients seen during reporting period
- Patient needs to be signed up for portal within 4 days of the visit
- If age-based privacy is enabled, patients that meet emancipation age are still included in denominator but won't be included in numerator unless portal access is individually enabled
Objective 8: Patient Electronic Access (VDT)

- Exclusion: If EP is in county where >50% of patients do not have 3Mbps broadband availability, they are excluded from this measure.
- For measure 2, portal user's action can take place before, during, or after reporting period to count.
Objective 9: Secure Messaging

- Measure: Use secure electronic messaging to communicate with patients on relevant health information.
  - For 2015, this was an attestation (yes/no) measure. The capability for patients to send and receive a secure electronic message with the EP needs to be fully enabled during the EHR reporting period
  - For 2016, need one secure message sent to patients by the practice
  - For 2017, threshold becomes 5%
Objective 9: Secure Messaging

- Exclusion: If EP is in county where >50% of patients do not have 3Mbps broadband availability, they are excluded from this measure

- If you are doing MU attestation (and/or PCMH Recognition) you need portal and secure messaging enabled
Objective 10: Public Health Reporting

- An EP must be in *active engagement* with a public health agency for two of the following three measures:
  - Measure Option 1: Submit immunization data.
  - Measure Option 2: Submit syndromic surveillance data
  - Measure Option 3: Submit data to a specialized registry
Objective 10: Public Health Reporting

- For 2016, you can be excluded from having to be in active engagement with syndromic surveillance or specialized registry

- *Explanation of CMS alternate exclusion*

- Check with your state and specialty society (the AAP) to determine if a specialized registry exists that will accept pediatric-specific data. This action should be documented.
Objective 10: Public Health Reporting

• Exclusions for syndromic surveillance data submission:
  • Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system
  • Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
  • Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.
Objective 10: Public Health Reporting

- Exclusions for specialized registry data submission:
  - *Does not diagnose or treat any disease or condition* associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
  - Operates in a jurisdiction for which no specialized registry is *capable of accepting electronic registry transactions in the specific standards* required to meet the CEHRT definition at the start of the EHR reporting period; or
  - Operates in a jurisdiction where *no specialized registry for which the EP is eligible has declared readiness to receive* electronic registry transactions at the beginning of the EHR reporting period.
Objective 10: Public Health Reporting

- If you are doing MU attestation, you need to be registered with your state to submit immunization data.
- Testing phase counts as “active engagement”. You don't need to be in production to meet this measure.
CQM Reporting
CQM Reporting

- Report on 9 Pediatric CQMs.
- Report on 90 day period. No threshold to meet.
- Like most MU reports, based on provider of encounter
- As with MU measures, CQMs are reported via your state application

- Documentation on learn.pcc.com on how to chart to meet each CQM
CQM Reporting

Clinical Quality Measures

2014 Edition Clinical Quality Measures

Measures
Edit: All Measures Included

Reporting Period
- 90 Day Reporting Period: from 05/29/15 to 08/26/2015
- Calendar Year Reporting Period: 2015
- From mm/dd/yy to mm/dd/yy

Eligible Professionals
Edit: All Providers Included

Report Layout
- Individual reports for each selected provider
- Aggregate data for selected providers into a single report

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Screening for Clinical Depression and Follow-Up Plan

The 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.
Screening for Clinical Depression and Follow-Up Plan

Denominator: All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter* with the EP during the measurement period

Numerator: Patients in the denominator screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

* The 2014 specs we used do not include well visits as an eligible encounter for this measure
Screening for Clinical Depression and Follow-Up Plan

Make sure the depression screening order is linked to an appropriate LOINC test
Screening for Clinical Depression and Follow-Up Plan

If screening is positive, a follow-up order mapped to a SNOMED-CT procedure is required to meet the measure.

Examples:
- Suicide risk assessment
- Follow-up for depression – (27 possible descriptions)
- Additional evaluation for depression (9 possible descriptions)
- Referral mapped to SNOMED-CT
Screening for Clinical Depression and Follow-Up Plan

Make sure that referral orders are mapped to an appropriate SNOMED-CT.
Screening for Clinical Depression and Follow-Up Plan

Make sure that depression screenings, followup, and/or referral orders are stored within protocols for adolescents.
Children With Dental Decay/Cavities

Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.

Denominator: # patients ages 0-20 years with at least one eligible encounter with the EP during the measurement period

Numerator: # patients in the denominator who had an active diagnosis of dental decay or cavities during the measurement period
Children With Dental Decay/Cavities

Update protocols to make it easier to record dental health and/or followup dental care

![Physical Exam Form](https://example.com/physical_exam.png)

- **General Appearance**: Well developed and well nourished. Appropriate response for age.
- **Head**: Normocephalic. Atraumatic.
- **Teeth (caries, white spots, staining)**: Normal dentition for age. No caries.
Children With Dental Decay/Cavities

If a patient has dental caries, enter an appropriate diagnosis code. Diagnosis can be entered in diagnosis component or as an active problem on problem list.
Childhood Immunization Status

The percentage of patients turning 2 years old during the reporting period who have a visit during the reporting period and have four DTaP; three IPV, one MMR; three HiB; three Hep B; one Varicella; four pneumococcal; one Hep A; two or three rotavirus; and two influenza vaccines by their second birthday, or had a documented history of the illness, seropositive result for the antigen, or a contraindication for a specific immunization.
Childhood Immunization Status

Denominator: # children turning two years old during the measurement period with at least one eligible encounter with the EP during the measurement period

Numerator: # children in the denominator who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday
Childhood Immunization Status

- Verify CVX codes are stored properly for each immunization in Partner immunization and disease table
- When charting, review immunization history and forecasting results to make sure immunizations are up-to-date
- The 2014 specs we used for this measure do not include quadrivalent flu vaccines as a valid immunization
- Refer to new “Immunization Rates - Patients 2 Years Old” measure coming soon to Dashboard
Use of Appropriate Meds For Asthma

The percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.

A separate stratification is reported for each of the following ages:

- Patients 5-11
- Patients 12-18
- Patients 19-50
- Patients 51-64
Use of Appropriate Meds For Asthma

Denominator: # patients 5-64 years of age who have an active, persistent asthma diagnosis during the measurement period and who have a visit with the Eligible Professional during the measurement period.

Numerator: # patients in the denominator who were prescribed or had an active prescription for an appropriate medication during the measurement period.

Exclusion: Patients will be excluded from the denominator if they have a diagnosis of emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period.
Use of Appropriate Meds For Asthma

- Diagnoses considered “persistent asthma”:
  - Persistent asthma
  - Mild persistent asthma
  - Moderate persistent asthma
  - Severe persistent asthma
Use of Appropriate Meds For Asthma

Review medications with patients at every visit. Update medication history when patient is prescribed asthma med elsewhere.
The percentage of children 6-12 years of age, newly dispensed a medication for ADHD, who had appropriate follow-up care. Two rates are reported:

- Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.

- 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.
ADHD Followup Care

Exclusions:

- Patients who were actively on an ADHD medication in the 120 days prior to the newly dispensed ADHD prescription
- Patients diagnosed with narcolepsy at any point in their history or during the measurement period.
- Patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the ADHD medication date
ADHD Followup Care – Initiation Phase

Measure 1 Denominator: # children 6-12 years of age who had a visit with the EP during the reporting period and also who were dispensed an ADHD medication 90 days before the start of the reporting period through 60 days after the start date of the reporting period.

Measure 1 Numerator: # children in the denominator who had at least one face-to-face visit with the EP within 30 days after the ADHD Medication date
ADHD Followup Care – Initiation Phase

- Measure is focused on new ADHD medications. Patients already on ADHD meds 120 days prior to new ADHD med are separated as exclusions and not reported in measure result.
- Medication Initiation Phase: 90 days before start of reporting period to 60 days after start of reporting period.
- To be counted in numerator, patient needs to have a visit with any EP within 30 days of ADHD medication date.

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Measure 2 Denominator: Same as measure 1 but only including patients who remained on the ADHD medication for at least 210 days out of the 300 days following initial medication date

Measure 2 Numerator: # children in the denominator who, in addition to the first visit during the Initiation Phase, had at least two additional follow-up visits with a clinician within 270 days (9 months)
ADHD Followup Care – Continuation Phase

- Use the measure 1 details report as a recall tool to identify kids with newly prescribed ADHD meds that need followup

- Followup visits during continuation phase do not need to be with the same provider

- Review medications with patients at every visit. Update medication history when patient is prescribed ADHD med elsewhere

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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.

Denominator: # of episodes (visits) for patients 2-18 years of age who had an outpatient or ED visit with the EP with a active diagnosis of pharyngitis during the reporting period and an antibiotic ordered on or three days after the visit

Numerator: # episodes (visits) for patients in the denominator who had a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis
Appropriate Testing For Children With Pharyngitis

- Measure counts “episodes” (visits) not patients
- “Pharyngitis” includes various ICD-10 or SNOMED diagnoses including: Acute Pharyngitis, Acute Tonsillitis, Streptococcal Sore Throat, Viral Pharyngitis entered as active in diagnosis component or problem list
- To be included in the measure, antibiotic needs to be ordered on or three days after visit
- Strep test must be ordered from 3 days prior to 3 days after pharyngitis diagnosis
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

A separate stratification is reported for each of the following ages:

- Patients 16-20
- Patients 21-24
Chlamydia Screening for Women

Denominator: # of women 16 to 24 years of age who are sexually active and who had a qualifying visit with the EP in the measurement period.

Numerator: # women in the denominator with at least one chlamydia test during the measurement period
Chlamydia Screening for Women

There are several methods to indicate sexually active women including:

- Sexually transmitted infections entered as a charted diagnosis, active problem on the problem list, or billed diagnoses
- Lab tests with results, such as pregnancy tests
- Medications, such as a contraceptive or infertility treatments
Chlamydia Screening for Women

- Measure exclusion: Women who received a pregnancy test solely as a safety precaution before ordering an x-ray or specified medications
- Chlamydia, pregnancy test, and radiology orders need to be mapped to LOINC test appropriately
- Update your practice’s chart note protocols to make it easier to record sexual activity (by adding default diagnoses to age-appropriate chart notes, for example) and order and administer Chlamydia tests.

PCC Pediatric EHR Solutions
Chlamydia Screening for Women
Appropriate Testing For Children With 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.

Denominator: # episodes (visits) for children age 3 months to 18 years who had an outpatient visit with the Provider of Encounter (EP) with a diagnosis of upper respiratory infection (URI) during the measurement period

Numerator: # episodes (visits) in the denominator without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit
Appropriate Testing For Children With URI

- This measure counts episodes (visits) for patients seen by the EP with active diagnosis of URI indicated on problem list or diagnosis component.

- Review medications with patients at every visit. Update medication history when patient was given antibiotic for URI elsewhere

- Prescribe antibiotics for URI only when appropriate

- Includes Rx made on or within 3 days after visit
Weight Assessment and Counseling for Nutrition and Physical Activity

Percentage of patients 3-17 years of age who had an outpatient visit with the Provider of Encounter (EP) and who had evidence of the following during the measurement period (three rates are reported):

- Measure 1: Percentage of patients with height, weight, and body mass index (BMI) percentile documentation
- Measure 2: Percentage of patients with counseling for nutrition
- Measure 3: Percentage of patients with counseling for physical activity
Weight Assessment and Counseling for Nutrition and Physical Activity

- Two age stratifications for each measure:
  - Age 3-11
  - Age 12-17

- Denominator for each measure: # patients ages 3-17 who had at least one outpatient visit with the Provider of Encounter (EP) during the measurement period

- Denominator exclusion: Patients who have an active diagnosis of pregnancy during the measurement period (based on visit diagnosis, problem list, E-Rx problem, and EEF diagnosis)
Weight Assessment and Counseling for Nutrition and Physical Activity

- Numerator 1: # patients in the denominator who had a height, weight and body mass index (BMI) percentile recorded during the measurement period.

- Sick, well, and counseling visits are included. Vaccine-only visits are not included.

- The height, weight, and BMI can be recorded by any provider. It just has to be recorded during the measurement period.
Weight Assessment and Counseling for Nutrition and Physical Activity

- Numerator 2: # patients in the denominator who had counseling for nutrition performed during a visit that occurs during the measurement period
- Numerator 3: # patients in the denominator who had counseling for physical activity performed during a visit that occurs during the measurement period
- Add medical procedure orders for nutrition and physical activity counseling and link to appropriate SNOMED procedures.
Weight Assessment and Counseling for Nutrition and Physical Activity
Weight Assessment and Counseling for Nutrition and Physical Activity
Weight Assessment and Counseling for Nutrition and Physical Activity

- Add these “Nutrition Counseling” and “Recommendation to Exercise” medical procedures to chart protocols and order when appropriate.
How to Chart for Each Clinical Quality Measure in PCC EHR

Thank you!

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