

# Meaningful Use Criteria for Pediatric Providers

## CORE SET OF CRITERIA - 15 REQUIRED

These 15 core criteria are called the “core set” and are required elements for demonstrating meaningful use. This document was prepared for pediatric providers so language pertaining to hospitals and CAHs is removed to make this list as succinct as possible. In addition to satisfying these criteria, EP’s must also meet criteria on the “Menu Set”.

Stage 1 MU Criteria	Applicable MU Measure	Calculation	Scope & Report Type
Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period.</li> <li>• <b>Numerator:</b> The number of patients in the denominator that have at least one medication order entered using CPOE.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 30 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report
Implement drug-drug and drug-allergy interaction checks	The EP has enabled this functionality for the entire EHR reporting period	YES/NO	ATTESTATION
Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient as structured data.	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 80 percent in order for an EP to meet this measure.</li> </ul>	ALL PATIENTS, Hand counting may be necessary if all patients are not in the EHR
Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.</li> <li>• <b>Numerator:</b> The number of prescriptions in the denominator generated and transmitted electronically.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 40 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report
Maintain active medication list	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. A definition of unique patient is discussed under the objective of CPOE.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 80 percent in order for an EP to meet this measure. Detailed discussion of the more than 80 percent threshold can be found under the objective of maintaining an up-to-date problem list.</li> </ul>	IMPLICATION IS PATIENTS IN EHR, if so, EHR Report
Maintain active medication allergy list	More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. The definition of “a unique patient” is provided under the objective of CPOE.</li> <li>• <b>Numerator:</b> The number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.</li> <li>• <b>Threshold:</b> The percentage must be more than 80 percent in order for an EP to meet this measure. Detailed discussion of the rationale more than 80 percent threshold can be found at under the objective of maintain an up-to-date problem list.</li> </ul>	IMPLICATION IS PATIENTS IN EHR, if so, EHR Report

# Meaningful Use Criteria for Pediatric Providers

Stage 1 MU Criteria	Applicable MU Measure	Calculation	Scope & Report Type
Record demographics (1) preferred language (2) gender (3) race (4) ethnicity (5) date of birth	More than 50% of all unique patients seen by the EP have demographics recorded as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. A unique patient is discussed under the objective of CPOE.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	ALL PATIENTS, Hand counting may be necessary if all patients are not in the EHR
Record and chart changes in vital signs: (1) height (2) weight (3) blood pressure – Certified EHR Technology will (4) calculate and display BMI (5) plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP, height, weight and blood pressure are recorded as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients age 2 or over seen by the EP during the EHR reporting period. A unique patient is discussed under the objective of CPOE.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structure data.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report
Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients age 13 or older seen by the EP during the EHR reporting period. A unique patient is discussed under the objective of maintaining an up- to-date problem list.</li> <li>• <b>Numerator:</b> The number of patients in the denominator with smoking status recorded as structured data.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report  Inquiry does not need to be made at every visit. Frequency of update is the provider's choice.I
Report ambulatory clinical quality measures to CMS or the States	<ul style="list-style-type: none"> <li>• <b>For 2011</b>, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule</li> <li>• <b>For 2012</b>, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule</li> </ul>	YES/NO	ATTESTATION  Similar to the Meaningful Use criteria list, there are 44 clinical quality measures broken into "core," "alternate core," and "additional menu" sets. EP's must report on a total of six measures.  <b>SEE LIST ON PAGE 5</b>
Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule	YES/NO	ATTESTATION
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> The number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report
Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP for an office during the EHR reporting period. A unique patient is discussed under the objective of using CPOE.</li> <li>• <b>Numerator:</b> Number of patients in the denominator who are provided a clinical summary of their visit within three business days.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report

# Meaningful Use Criteria for Pediatric Providers

Stage 1 MU Criteria	Applicable MU Measure	Calculation	Scope & Report Type
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information	YES/NO	ATTESTATION
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process	YES/NO	ATTESTATION

**In addition to satisfying all 15 criteria in the “Core Set, EP’s must also meet criteria on the “Menu Set”.**

## MENU SET OF CRITERIA - FIVE of TEN REQUIRED

Five of these ten criteria must be satisfied in addition to satisfying all 15 of the core criteria. Exclusions that apply to you may reduce the number of items you are required to meet. Meeting at least one Public Health item (yellow) is required.

Stage 1 MU Criteria	Applicable MU Measure	Calculation	Scope & Report Type
Implement drug- formulary checks	The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period	YES/NO	ATTESTATION  <b>Exclusions:</b> If an EP writes fewer than one hundred prescriptions during the EHR reporting period they would be excluded from this requirement.
Incorporate clinical lab- test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of lab tests ordered during the EHR reporting period by the EP whose results are expressed in a positive or negative affirmation or as a number.</li> <li>• <b>Numerator:</b> The number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 40 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report  <b>Exclusions:</b> If an EP orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period they would be excluded from this requirement.
Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP with a specific condition	YES/NO	ATTESTATION  <b>Exclusions:</b> None
Send reminders to patients per patient preference for preventive/ follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients 65 years old or older or 5 years old or younger.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who were sent the appropriate reminder.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 20 percent in order for an EP to meet this measure.</li> </ul>	ONLY PATIENTS IN EHR, EHR Report  <b>Exclusions:</b> If an EP has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology that EP is excluded from this requirement.
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP’s discretion to withhold certain information	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. A unique patient is discussed under the objective of CPOE.</li> <li>• <b>Numerator:</b> The number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.</li> <li>• <b>Threshold:</b> The resulting percentage must be at least 10 percent in order for an EP to meet this measure.</li> </ul>	ALL PATIENTS, Hand counting may be necessary if all patients are not in the EHR  <b>Exclusions:</b> If an EP neither orders nor creates any of the information listed in the ONC final rule 45 CFR 170.304(g) and therefore included in the minimum data for this objective during the EHR reporting period they would be excluded from this requirement.

# Meaningful Use Criteria for Pediatric Providers

Stage 1 MU Criteria	Applicable MU Measure	Calculation	Scope & Report Type
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP are provided patient-specific education resources	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period. A unique patient is discussed under the CPOE objective.</li> <li>• <b>Numerator:</b> Number of patients in the denominator who are provided patient education specific resources.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 10 percent in order for an EP to meet this measure.</li> </ul>	<p>ALL PATIENTS, Hand counting may be necessary if all patients are not in the EHR</p> <p><b>Exclusions:</b> None</p>
The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	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	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.</li> <li>• <b>Numerator:</b> The number of transitions of care in the denominator where medication reconciliation was performed.</li> <li>• <b>Threshold:</b> The resulting percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	<p>ONLY PATIENTS IN EHR, EHR Report</p> <p><b>Exclusions:</b> If an EP was not on the receiving end of any transition of care during the EHR reporting period they would be excluded.</p>
The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals	<ul style="list-style-type: none"> <li>• <b>Denominator:</b> Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.</li> <li>• <b>Numerator:</b> The number of transitions of care and referrals in the denominator where a summary of care record was provided.</li> <li>• <b>Threshold:</b> The percentage must be more than 50 percent in order for an EP to meet this measure.</li> </ul>	<p>ONLY PATIENTS IN EHR, EHR Report</p> <p><b>Exclusions:</b> If an EP does not transfer a patient to another setting or refer a patient to another provider during the EHR reporting period then they would be excluded from this requirement.</p>
Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice ( <b>PUBLIC HEALTH ITEM</b> )	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information have the capacity to receive the information electronically)	YES/NO	<p>ATTESTATION</p> <p><b>Exclusions:</b> EP's that have not given any immunizations during the EHR reporting period are excluded.</p>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice ( <b>PUBLIC HEALTH ITEM</b> )	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information have the capacity to receive the information electronically)	YES/NO	<p>ATTESTATION</p> <p><b>Exclusions:</b> If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then they are excluded.</p>

# Meaningful Use Criteria for Pediatric Providers

## CLINICAL QUALITY MEASURES - SIX ARE REQUIRED

There are 44 total clinical quality measures. EP's are required to meet a total of six measures. The three core measures are required unless you have no applicable patients, in which case, the three alternate core measures are required instead (Pediatricians will likely use the alternate core measures). The final three measures are your choice. Further details about the origin and maintainer for each of the 44 measures appears on pages 272-282 of the meaningful use final rule document. Detailed Measure specifications can be downloaded from the CMS web page at:

[http://www.cms.gov/QualityMeasures/03\\_Electronic Specifications.asp#TopOf Page](http://www.cms.gov/QualityMeasures/03_Electronic%20Specifications.asp#TopOfPage)

NQF and/or PQRI #	Measure Title & Description	Special Notes
NQF 0059 PQRI 1	<b>Title:</b> Diabetes: Hemoglobin A1c Poor Control <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%	
NQF 0064 PQRI 2	<b>Title:</b> Diabetes: Low Density Lipoprotein (LDL) Management and Control <b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.	
NQF 0061 PQRI 3	<b>Title:</b> Diabetes: Blood Pressure Management <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.	
NQF 0081 PQRI 5	<b>Title:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.	
NQF 0070 PQRI 7	<b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.	
NQF 0041 PQRI 110	<b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old <b>Description:</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).	ALTERNATE CORE
NQF 0043 PQRI 111	<b>Title:</b> Pneumonia Vaccination Status for Older Adults <b>Description:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	
NQF 0031 PQRI 112	<b>Title:</b> Breast Cancer Screening <b>Description:</b> Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	
NQF 0034 PQRI 113	<b>Title:</b> Colorectal Cancer Screening <b>Description:</b> Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	
NQF 0067 PQRI 6	<b>Title:</b> Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.	
NQF 0083 PQRI 8	<b>Title:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.	
NQF 0105 PQRI 9	<b>Title:</b> Anti-depressant medication management: (a) Effective Acute Phase Treatment,(b)Effective Continuation Phase Treatment <b>Description:</b> The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.	
NQF 0086 PQRI 12	<b>Title:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.	
NQF 0088 PQRI 18	<b>Title:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	
NQF 0089 PQRI 19	<b>Title:</b> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	

# Meaningful Use Criteria for Pediatric Providers

NQF and/or PQRI #	Measure Title & Description	Special Notes
NQF 0047 PQRI 53	<b>Title:</b> Asthma Pharmacologic Therapy <b>Description:</b> Percentage of patients aged 5 through 40 years 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.	PCC SELECTED  Pediatric Age Range
NQF 0001 PQRI 64	<b>Title:</b> Asthma Assessment <b>Description:</b> Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.	PCC SELECTED  Pediatric Age Range
NQF 0002 PQRI 66	<b>Title:</b> Appropriate Testing for Children with Pharyngitis <b>Description:</b> 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.	PCC SELECTED  Pediatric Age Range
NQF 0387 PQRI 71	<b>Title:</b> Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer <b>Description:</b> Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.	
NQF 0385 PQRI 72	<b>Title:</b> Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients <b>Description:</b> Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	
NQF 0389 PQRI 102	<b>Title:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.	Unspecified Age Range
NQF 0027 PQRI 115	<b>Title:</b> Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies <b>Description:</b> Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.	
NQF 0055 PQRI 117	<b>Title:</b> Diabetes: Eye Exam <b>Description:</b> Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.	
NQF 0062 PQRI 119	<b>Title:</b> Diabetes: Urine Screening <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.	
NQF 0421 PQRI 128	<b>Title:</b> Adult Weight Screening and Follow-Up <b>Description:</b> Percentage of patients aged 18 years and older with a 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.	CORE
NQF 0056 PQRI 163	<b>Title:</b> Diabetes: Foot Exam <b>Description:</b> The percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).	
NQF 0074 PQRI 197	<b>Title:</b> Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).	
NQF 0084 PQRI 200	<b>Title:</b> Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation <b>Description:</b> Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.	
NQF 0073 PQRI 201	<b>Title:</b> Ischemic Vascular Disease (IVD): Blood Pressure Management <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).	
NQF 0068 PQRI 204	<b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Anti-thrombotic <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another anti-thrombotic during the measurement year.	



# Meaningful Use Criteria for Pediatric Providers

NQF and/or PQRI #	Measure Title & Description	Special Notes
NQF 0004	<b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement <b>Description:</b> The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Unspecified Age Range
NQF 0012	<b>Title:</b> Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) <b>Description:</b> Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.	Unspecified Age Range
NQF 0013	<b>Title:</b> Hypertension: Blood Pressure Measurement <b>Description:</b> Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.	CORE
NQF 0014	<b>Title:</b> Prenatal Care: Anti-D Immune Globulin <b>Description:</b> Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.	Unspecified Age Range
NQF 0018	<b>Title:</b> Controlling High Blood Pressure <b>Description:</b> The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year	
NQF 0024	<b>Title:</b> Weight Assessment and Counseling for Children and Adolescents <b>Description:</b> Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.	ALTERNATE CORE Pediatric Age Range
NQF 0028	<b>Title:</b> Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention <b>Description:</b> Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.	CORE
NQF 0032	<b>Title:</b> Cervical Cancer Screening <b>Description:</b> Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	
NQF 0033	<b>Title:</b> Chlamydia Screening for Women <b>Description:</b> Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Pediatric Age Range
NQF 0036	<b>Title:</b> Use of Appropriate Medications for Asthma <b>Description:</b> Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).	PCC SELECTED Pediatric Age Range
NQF 0038	<b>Title:</b> Childhood Immunization Status <b>Description:</b> 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); two H influenza type B (HIB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	ALTERNATE CORE Pediatric Age Range
NQF 0052	<b>Title:</b> Low Back Pain: Use of Imaging Studies <b>Description:</b> Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.	Unspecified Age Range
NQF 0075	<b>Title:</b> Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.	
NQF 0575	<b>Title:</b> Diabetes: Hemoglobin A1c Control (<8.0%) <b>Description:</b> The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.	

Prepared on July 13, 2011 by Erica Greenwood

PCC 20 Winooski Falls Way, Suite 7, Winooski, VT 05404

