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 are using certified EHR technology in ways that can be measured significantly in quality and 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 EPs 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.
CPOE (Computerized Provider Order Entry) for Medication Orders

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 (Or) list.

Meeting the Measure
The provider must use Or list to prescribe medication. The measure will not use medications entered in the medication history nor will it use any patient whose only prescribed medication is outside the selected reporting period.
Transmit Permissible Prescriptions Electronically

PCC Measure II - CMS Core Measure 4 (eRx)

**Percent:** 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 this measure, the eligible provider must use Point to prescribe all prescriptions that could 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

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

**Numerator**
Number of patients who have all of the elements of the demographics and do have specific exclusions, either due to patient refusal for the requirement or contrary to state law.

**Meeting the Measure**
It is at a screening visitation – all questions must be answered. Preferred language, gender, race, ethnicity and date of birth. The answer may be “prefer not to answer” for some. The responses in the pull-down menu are the required responses that are used in the US Census. The language drop-down list remembers the top ten answers.

Maintain Up-to-Date Problem List
PCC Measure IV - CMS Core Measure 1

**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 known 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 Problem'.
Maintain Active Medication Allergy List

PCC Measure V1 - CMS Measure 6

**Percent**: >80%

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

**Numerator**
Number of these 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 as “Y/F” or the status “No Known Drug Allergy” (NDA). The status will not come across automatically from EHR. If a status is added, it is important to be linked with another change that will update the Medication list. Checking off any one of the “show” options, Allergies, Review, Medications, Review, Problems, Review will generate the update.

RECORD AND Chart Changes in Vital Signs

PCC Measure VII – CMS Core Measure 8

**Percent**: >90%

**Denominator**
Number of unique patients aged 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 this 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 at two previous visits to gather vital information even if the orders are written in the order of reporting period. But please note that if the order is to order a calculation of BMI, then it should 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 these vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.
Record Smoking Status

PCC Measure VIII – CMS Core Measure 9

**Definitions**

- **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 (ARMA)" component is used. The component cannot be edited. It can be added as an anchor. The responses in the drop-down menu are randomized by CMS and use the PCC standardized responses. If a patient is 13 and the smoking status is not noted, it will effectively reduce the percent 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 translated the patient within four business days of being updated in the certified EHR technology electronic access to the health information online.

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

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

**Percentile:** >10%

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

**Numerator:** Number of patients who provided a clinical summary for their visits within two business days of the date of service.

**Meeting the Measure:** Measurement begins the following year (11) was the patient visit summary generated and either printed or saved as PDF and OI 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 can be signed by the provider requires a visit summary be generated.

**Exclusion:** Any EP who has no office visits during the EHR reporting period.

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Image of patient visit summary.
Incorporate Lab Results as Structured Data

**PCC Measure XI - CMS Optional Measure 2**

**Definition**
Number of laboratory results 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**

- Measure should be applied to all labs tracked by the lab.
- Example: An analysis done for a patient and with all PTH tests with diagnostic results will score a/b in the meaningful use report.
- If only a is completed the result will show as 0/6=66.6%
- NOTE: This measurement does not require that the chart be signed.

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

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**Sent Reminders to Patients**

**PCC Measure XII - CMS Optional Measure 4**

**Definition**
Number of patients 65 years or older or 5 years 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 reminder can be for appointment or prevention care.
- The reminder can be the next appointment for the patient or reminder and then a visit is to be scheduled.
- When the reminder is generated, the EP can review to select “open in EMR.”
- Once selected the reminder is generated and then click save.
- This will mark the reminder has been sent.
- NOTE: The reminder can be viewed in the EP portal, but to meet the measure it must be marked in the EMR.

**Exclusions**
An EP who has no patients 65 years old and older or 5 years or younger with records maintained using certified EHR technology.
Provide Electronic Copy of Health Information
PCC Measure X81 - CMS Core Measure 12

Definition:
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:
The numerator 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.

Exclusion:
An EP has no requests from patients for an electronic copy of their health information.
Provided Patient Education Resources
PCC Measure XIV - CMS Optional Measure 6

**Denominator**: Number of patients with 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 Resources". 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 menu 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.

**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 medications reconciliation of care occurred.

**Meeting the Measure**: The component called Transition of Care ASBA will need to be added to the protocol. The component includes two check box options.

- Patients transitioned to my care from another clinical setting
- Medication Reconciliation performed

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

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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 visit.
CATEGORIES OF CQM REPORTS

CORE REPORTS
- NQF 0021 Adult Weight Screening and Follow-up
- NQF 0028ab Tobacco Use and Intervention
- NQF 0013 Hypertension Blood Pressure Management

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

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

SPECIALTY REPORTS
- NQF 005 Use of Appropriate 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.

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**Patient Populations**

<table>
<thead>
<tr>
<th>Population Type</th>
<th>Description</th>
<th>CQI Exclusions</th>
<th>Performance Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Population</td>
<td>All patients 40 years or older with a diagnosis of diabetes, hypertension, or obesity, or those who receive a diagnosis of low vision, inpatient rehabilitation, or hospitalization for heart failure.</td>
<td>None</td>
<td>All patients 40 years or older with a diagnosis of diabetes, hypertension, or obesity, or those who receive a diagnosis of low vision, inpatient rehabilitation, or hospitalization for heart failure.</td>
</tr>
<tr>
<td>African American</td>
<td>Patients who are African American.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Patients who are Caucasian.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Patients who are Hispanic.</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Other Ethnicity</td>
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**Table 1: Performance Output**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parameter A</td>
<td>0.123</td>
<td>0.456</td>
<td>0.789</td>
</tr>
<tr>
<td>Parameter B</td>
<td>12.3</td>
<td>45.6</td>
<td>78.9</td>
</tr>
</tbody>
</table>

**Figure 1: Diagram**

- A diagram showing the relationship between parameter A and parameter B.
- The diagram includes a graph with data points for each parameter.

**Exhibit 2: Summary Data**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parameter A</td>
<td>A detailed description of Parameter A.</td>
</tr>
<tr>
<td>Parameter B</td>
<td>A detailed description of Parameter B.</td>
</tr>
</tbody>
</table>

**Exhibit 3: Data Analysis**

- Analysis of the data gathered from the experiment.
- Key findings include:
  - Parameter A correlates positively with Parameter B.
  - Further research is needed to confirm these findings.

**Exhibit 4: Case Study**

- A case study on the implementation of new technology.
- Lessons learned include:
  - The importance of user feedback.
  - Continuous improvement is key to success.

**Exhibit 5: Comparative Analysis**

- A comparison between two different approaches.
- Key differences include:
  - Approach A is more efficient but requires more initial investment.
  - Approach B is less efficient but has a lower overall cost.

**Exhibit 6: Market Trend**

- Analysis of the current market trends.
- Forecasting models suggest:
  - Growth in the sector is expected to continue.
  - Key areas for investment include:
    - Research and Development.
    - Digital Transformation.

**Exhibit 7: Risk Assessment**

- An assessment of potential risks.
- Key risks include:
  - Market volatility.
  - Regulatory changes.

**Exhibit 8: Financial Report**

- A financial report for the fiscal year.
- Key performance indicators include:
  - Revenue growth.
  - Cost efficiency.

**Exhibit 9: Customer Feedback**

- A summary of customer feedback.
- Top feedback areas include:
  - Product usability.
  - Customer service.

**Exhibit 10: Internal Process**

- A review of internal processes.
- Key improvements include:
  - Streamlining of operations.
  - Enhanced employee training.

**Exhibit 11: Competitive Analysis**

- A comparison with competitors.
- Key findings include:
  - Our company holds a strong position in the market.
  - Competitive strategies include:
    - Innovation.
    - Cost leadership.

**Exhibit 12: Project Timeline**

- A timeline for the project.
- Key milestones include:
  - Project initiation.
  - Mid-project review.
  - Project closure.

**Exhibit 13: Risk Mitigation Strategies**

- A list of strategies to mitigate risks.
- Key strategies include:
  - Diversification.
  - Contingency planning.

**Exhibit 14: Legal Compliance**

- An analysis of legal compliance.
- Key areas of compliance include:
  - Data protection.
  - Environmental regulations.

**Exhibit 15: Technology Roadmap**

- A roadmap for technology development.
- Key technologies include:
  - Artificial Intelligence.
  - Blockchain.

**Exhibit 16: Leadership Team**

- A list of the leadership team.
- Key team members include:
  - CEO.
  - CTO.

**Exhibit 17: Operational Metrics**

- A report on operational metrics.
- Key metrics include:
  - Inventory turnover.
  - Order fulfillment time.

**Exhibit 18: Market Share**

- Analysis of market share.
- Key statistics include:
  - Market share by region.
  - Market share by product category.

**Exhibit 19: Competitive Advantages**

- A summary of competitive advantages.
- Key advantages include:
  - Patented technologies.
  - Strong brand recognition.

**Exhibit 20: Financial Projections**

- Projections for future financial performance.
- Key projections include:
  - Revenue growth.
  - Profit margin.

**Exhibit 21: Strategic Plan**

- A strategic plan for the next five years.
- Key strategies include:
  - Market expansion.
  - Product development.

**Exhibit 22: Stakeholder Engagement**

- A report on stakeholder engagement.
- Key stakeholders include:
  - Suppliers.
  - Customers.

**Exhibit 23: Customer Satisfaction**

- An analysis of customer satisfaction.
- Key findings include:
  - Increased customer loyalty.
  - Improved customer retention.

**Exhibit 24: Industry Analysis**

- An analysis of the industry.
- Key trends include:
  - Industry consolidation.
  - Technological advancements.

**Exhibit 25: Environmental Impact**

- An assessment of environmental impact.
- Key findings include:
  - Reduction in greenhouse gas emissions.
  - Improved resource efficiency.

**Exhibit 26: Product Launch**

- A report on the product launch.
- Key milestones include:
  - Product development.
  - Marketing strategy.

**Exhibit 27: Regulatory Compliance**

- An analysis of regulatory compliance.
- Key compliance areas include:
  - Health and safety.
  - Environmental regulations.

**Exhibit 28: Market Entry Strategy**

- A strategy for market entry.
- Key strategies include:
  - Direct sales.
  - Distribution partnerships.

**Exhibit 29: Supply Chain Management**

- A report on supply chain management.
- Key aspects include:
  - Inventory management.
  - Transportation.

**Exhibit 30: Human Resources**

- A report on human resources.
- Key metrics include:
  - Employee turnover.
  - Training and development.

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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


http://learn.pcc.com

Thank you!!!