

PCC EHR Meaningful Use Measures Including CQM Reports

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Meaningful Use and PCC EHR

This presentation reviews the measures that are housed in PCC EHR which is 2011 CEHRT (Certified EHR Technology)

- Eligible Professionals need to demonstrate they are using certified EHR technology in ways that can be measured significantly in quality and in quantity.
- Eligible Professional is a user in the EHR that has signing or co-signing rights.
- MU & CMS **2013** Requirements for EP for Stage 1
 - 14 Core Measures
 - 5 out of 10 Menu Objectives
 - 6 Clinical Quality Measures
 - 3 core or alternate core
 - 3 from additional set



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2014 CERHT Time Line

- PCC 2014 Edition CERHT - early 2015
- PCC is 1/3 of the way towards 2014 CEHRT
- CQM due for completion last quarter of year, but necessarily certified.
- Proposed rule change for ARRA in 2014
 - Allow both Stage 1 & Stage 2 to use 2013 MU and CQM with 2011 EHR Certification



2013/2014 Definition Stage 1 of Meaningful Use

The Medicare and Medicaid EHR Incentive Programs provide financial incentives for the meaningful use of certified EHR technology to improve patient care. To receive an EHR incentive payment, providers have to show that they are meaningfully using their EHRs by meeting thresholds for a number of objectives. The EHR Incentive Programs are phased in three stages with increasing requirements.



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Requirements for 2014 Definition Stage 1

In May 2014, CMS released an NPRM that would grant flexibility to providers who are experiencing difficulties fully implementing 2014 Edition certified EHR technology (CEHRT) to attest this year.

Providers scheduled to demonstrate Stage 1 in 2014 who have successfully implemented 2014 CEHRT would use 2014 Definition Stage 1 core and menu objectives.

Providers who are still using 2011 Edition CEHRT or a combination of 2011 and 2014 Editions and choose to report 2013 Definition Stage 1 core and menu objectives should visit the 2013 Definition Stage 1 of Meaningful Use web page .



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Proposed Rule Changes for 2014

.... proposing to allow these EPs, eligible hospitals, and CAHs that could not fully implement 2014 Edition CEHRT for the 2014 reporting year due to delays in 2014 Edition CEHRT availability **to continue to use 2011 Edition CEHRT** or a combination of 2011 Edition and 2014 Edition CEHRT for the EHR reporting periods in CY 2014 and FY 2014, respectively. **These proposed alternatives are for providers that could not fully implement 2014 Edition CEHRT to meet meaningful use for the duration of an EHR reporting period in 2014 due to delays in 2014 Edition CEHRT availability.**

Signed May 12, 2014

Stage 2 MU Options for 2014

Providers scheduled to demonstrate Stage 2 of meaningful use in 2014 can:

- **Demonstrate 2013 Definition of Stage 1 of meaningful use with 2011 Edition CEHRT** or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate 2014 Definition of Stage 1 of meaningful use with 2014 Edition CEHRT
- Demonstrate Stage 2 of meaningful use with 2014 Edition CEHRT



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Stage 2 MU Options for 2014

Providers scheduled to demonstrate Stage 2 of meaningful use in 2014 can:

- **Demonstrate 2013 Definition of Stage 1 of meaningful use with 2011 Edition CEHRT** or a combination of 2011 and 2014 Edition CEHRT
- Demonstrate 2014 Definition of Stage 1 of meaningful use with 2014 Edition CEHRT
- Demonstrate Stage 2 of meaningful use with 2014 Edition CEHRT

CPOE for Medication Orders

PCC Measure 1 – CMS Core Measure 1

Measure > 30%

Denominator

Number of unique patients with at least one medication in their medication list who is seen by an eligible professional during the EHR reporting period.

Numerator

Number of patients that have at least one medication order entered using the CPOE (Dr. First for PCC eRx).

Meeting the Measure in the EHR

The EHR will recognize medications that are prescribed and sent using the eRx (Dr. First). If a patient has a medication that is listed in the medication list, but it wasn't prescribed during the measurement period, that patient will not count for this measure.

Exclusion

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

Transmit Permissible Prescriptions Electronically

PCC Measure 2 – CMS Core Measure 4 (eRx)

Measure > 40%

Denominator

Number of prescriptions written for drugs requiring prescriptions in order to be dispensed, but not controlled substances during the EHR reporting period

Numerator

Number of prescriptions generated and transmitted electronically.

Meeting the Measure in the EHR

The measure will include prescriptions in the medication history (handwritten, faxed, or phoned to pharmacy) that could have been sent electronically. Will exclude controlled substances from this count because these prescriptions cannot be sent electronically.

Exclusion

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

Recording Demographics

PCC Measure 3 – CMS Core Measure 7

Measure > 50%

Denominator

Number of unique patients seen by the eligible professional during the EHR reporting period.

Numerator

Number of patients who have all the elements of the demographics (or have a specific exclusion, either due to patient refusal or requirement is contrary to State law) recorded as structured data.

Meeting the Measure in the EHR

It is an all or nothing situation. All questions must be answered or the patient will not qualify for the measurement.

Maintain Up-to-Date Problem List

PCC Measure 4 – CMS Core Measure 3

Measure > 80%

Denominator

Number of unique patients seen by the eligible professional during the EHR reporting period.

Numerator

Number of the unique patients seen during the reporting period who have at least one entry or an indication that there are “No Known Problems” recorded as structured data.

Meeting the Measure in the EHR

The patient problem list must have at least one active problem or have the status of “No Known Problems”, which does not populate the problem list automatically. It must be selected from the drop down menu by the eligible professional, which signifies that the eligible professional has spoken with the patient about problems. If all items on the problem list have been resolved, the eligible professional must again select “No Known Problem”. If a problem becomes active the “No Know Problem ” will automatically disappear.

Active Medication List

PCC Measure 5 – CMS Core Measure 5

Measure > 80%

Denominator

Number of unique patients seen by the eligible professional during the EHR reporting period.

Numerator

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

Meeting the Measure in the EHR

The medication list must have at least one active medication or have the status of “Patient Takes no Medication”, which is set in Dr. First eRx.

Active Medication Allergy List

PCC Measure 6 – CMS Core Measure 6

Measure > 80%

Denominator

Number of unique patients seen by the eligible professional during the EHR reporting period.

Numerator

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

Meeting the Measure in the EHR

To meet the measure a prescription allergy needs to be entered in Dr. First eRx or the status “No Known Drug Allergies (NKDA) ” must be entered in Dr. First eRx.

Record and Chart Changes in Vital Signs

PCC Measure 7 – CMS Core Measure 8

Measure > 50%

Denominator

Number of unique patients age 2 or older seen during the EHR reporting period by the eligible professional.

Numerator

Number of the unique patients over the age of two who have at least one entry of (1) height, (2) weight, (3) blood pressure, (4) calculate and display BMI, and (5) plot and display growth charts for children 2-20 years recorded in the EHR.

Meeting the Measure in the EHR

To meet the measure each patient must have least one height, weight, and blood pressure recorded; however, all entries have to be made. The measure considers all previous visits in the EHR

Exclusion

No patients over 2 years and vitals have no relevance to their scope of Practice



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Record Smoking Status

PCC Measure 8 – CMS Core Measure 9

Measure > 50%

Denominator

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

Numerator

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

Meeting the Measure in the EHR

To meet the measure the smoking status must be noted only once and will continue to meet the standard in subsequent reporting periods. The smoking status will count in the measure only if the **“Smoking Status (ARRA) “component is used**. The component cannot be edited. It may be added as an anchor. The responses in the drop down menu are ARRA requirements and will only be changed if the ARRA requirements are changed. If a patient turns 13 and the smoking status is not noted, it will effectively reduce the Measure for the practice.

Exclusion

Any EP who sees no patients 13 years or older

Electronic Access

PCC Measure 9 – CMS Optional Measure 5

Measure > 10%

Denominator

Number of unique seen during the EHR reporting period by the eligible professional.

Numerator

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

Meeting the Measure in the EHR

Using the patient portal. However, there is no report measure available in the 2011 Certification MU reports.

Provide Clinical Summary for Each Visit

PCC Measure 10 – CMS Core Measure 13

Measure > 50%

Denominator

Number of unique seen during the EHR reporting period by the eligible professional.

Numerator

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

Meeting the Measure in the EHR

Measurement uses the following criteria (1) was the patient visit summary is generated and printed or saved as a PDF and (2) if the visit is signed. The visit need not be signed prior to generating the summary; however, it must be signed to qualify in the numerator. .

Exclusion

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

Incorporate Lab Results as Structured Data

PCC Measure 11 – CMS Optional Measure 2

Measure > 40%

Denominator

Number of labs ordered during the reporting period by the eligible professional and lab results 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 in the EHR

The measure tracks lab tests and not patients.

Note

This measurement does not require that the chart be signed.

Sent Reminders to Patients

PCC Measure 12 – CMS Optional Measure 4

Measure > 20%

Denominator

Number of patients 65 years old or older or 5 years old or younger

Numerator

Number of patients who have been sent a reminder.

Meeting the Measure in the EHR

This measure requires the practice to create the parameters for the patient reminders and then generate the list. When the reminder list is generated in the EHR, it is necessary to select the "Save as File". Reports which are saved will show on the on the Reminder Log Tab. Open the list and select all the patients and then click save. This will mark the reminder has been sent.

Note

This information can be gathered in the 'recaller' in the Partner side, but to meet the measure it must be tracked in the EHR as noted above.

Provide Electronic Copy of Health Information

PCC Measure 13 – CMS Core Measure 12

Measure > 50%

Denominator

Number of unique patients of the eligible professional who request an electronic copy of their Health Information Summary four business days before the end of the EHR reporting period.

Numerator

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

Meeting the Measure in the EHR

The measure is based on the patient requesting the report. This measure is calculated when the Health Information Summary is generated and the “Send” button is selected. The date requested should be the date the request was made, not the date the Health Information Summary is printed. In order to meet the “electronic copy”, the pdf option must be selected.

Provided Patient Education Resources

PCC Measure 14 – CMS Optional Measure 6

Measure > 10%

Denominator

Number of unique patients seen by the EP during the reporting period

Numerator

Number of unique patients seen by the EP during the reporting period

Meeting the Measure in the EHR

This measure is based on the printing of the patient information. The report is available when the patient chart is opened. From the Reports drop down menu select Patient Education. This will open the Patient Education Screen which provides access to the Medline Plus search engine. Select from the drop down menus which patient information you wish to provide. Printing must be done with the 'Print' button within the Medline Plus window.

Medication Reconciliation for Transitions of Care

PCC Measure 15 - CMS Optional Measure 7

Measure > 50%

Denominator

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

Numerator

Number of transitions of care where medication reconciliation was performed.

Meeting the Measure in the EHR

A component called Transition of Care (ARRA) will need to be added to the EHR protocols. The component includes two check box options.

- Patient transitioned to my care from another clinical setting
 - Checking the box places the patient into the denominator.
- Medication Reconciliation performed.
- Checking the box will place the patient in the numerator.

Summary of Care Record for Transition of Care PCC Measure 16 – CMS Optional Measure 8

Measure > 50%

Denominator

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

Numerator

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

Meeting the Measure in the EHR (The measure is calculated in one of two ways)

(1) Transition of Care: Generate Health Information Summary, select the 'Send To' button. From the 'Meaningful Use (ARRA) Options' screen, select the 'Report is related to transition of care' and then the 'Other Transition of Care'. This action will place patient in both the denominator and numerator.

(2) Referral: Whenever a referral is ordered the referral will be placed in the denominator. The measure is based on referrals. The referral needs to be generated within the referral component.

CQM REPORT
CMS Core Measure 10
PCC EHR

CQM Required Reports for Stage 1

Total of 6 CQM reports

- Three from the Core and/or Alternative Core reports
- Three additional CQM Measures from the Specialty Reports

CQM List in PCC EHR

eppa.pcc.com:9989 - Remote Desktop Connection

Clinical Quality Measures - 2011 Edition

CQM 2014 Edition Coming Soon!

Clinical Quality Measure	NQF	PQRI	
Adult Weight Screening and Follow-Up	0421	128	Core
Appropriate Testing for Children with Pharyngitis	0002	66	Specialty
Asthma Pharmacologic Therapy	0047	53	Specialty
Childhood Immunization Status	0038	N/A	Alt Core
Hypertension: Blood Pressure Management	0013	N/A	Core
Preventive Care and Screening: Influenza Immunization for Patients 50 Years and Older	0041	110	Alt Core
Tobacco Use and Intervention	0028	N/A	Core
Use of Appropriate Medications for Asthma	0036	N/A	Specialty
Weight Assessment and Counseling for Children and Adolescents	0024	N/A	Alt Core



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2011 CQM Reports in PCC EHR

Core Reports

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

Alternate Core Reports

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

Specialty Reports

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

https://www.cms.gov/EHRIncentivePrograms/Downloads/Guide_to_CQMS.pdf



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Clinical Quality Measures (2011 Edition)

Clinical Quality Measures - 2011 Edition

Clinical Quality Measures (2011 Edition): Tobacco Use and Cessation Intervention Intervention

Clinical Quality Measures 2011 Edition can report through December 31, 2013. The 2014 Edition will include reporting for 2014 and beyond. The CQM 2014 Edition is coming soon.

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. Part B will calculate the 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.

Measures represent data based on governmental reporting criteria standards.

Eligible Professional
Select the Eligible Professional from the list of signing providers at your practice:
select signing provider

Reporting Period

90 Day Reporting Period: Start Date 10/03/2013 to 12/31/2013

Full Calendar Year Reporting Period: 2013

Clinical Quality Measures (2011 Edition): Tobacco Use and Cessation Intervention
Clinical Quality Measures 2011 Edition can report through December 31, 2013. The 2014 Edition will include reporting for 2014 and beyond. The CQM 2014 is coming soon.

If and when the proposed change to 2014 requirements are approved, PCC will change the cut off date from 12/31/2013 to 12/31/14.

Cancel Continue

2014 CQM Reports in PCC EHR

Standard CQM Measures

NQF 0002	Appropriate Testing for Children with Pharyngitis
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0033	Chlamydia Screening for Women
NQF 0036	Use of Appropriate Medications for Asthma
NQF 0038	Childhood Immunization Status

New CQM Measures

NQF 0069	Appropriate Treatment for Children with Upper Respiratory Infection
NQF 0108	ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication
NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
CMS75V1	Children who have dental decay or cavities

https://www.cms.gov/EHRIncentivePrograms/Downloads/Guide_to_CQMS.pdf



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Meaningful Use Websites

- 2013 Definition Stage 1 of Meaningful Use:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2013Definition_Stage1_MeaningfulUse.html

- The Official Web Site for the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs:

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

- 2014 Definition Stage 1 of Meaningful Use

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

Thank you