

# Clinical Quality Measure (CQM) Reporting In PCC EHR

Tim Proctor (tim@pcc.com)  
Users Conference 2017



# Agenda

- Uses for CQM Reporting
- A review of each CQM report
  - How they are calculated
  - Required configuration



# Takeaways

- Understanding of PCC's CQM reports:
  - How they are calculated
  - Workflow and configuration changes you'll need to make before using CQM reports



# CQM Reporting and MU

- Reporting on 9 Pediatric CQMs is required with Meaningful Use attestation
- Report on 90 day period. No threshold to meet.
- As with MU measures, CQMs are reported via your state application



# Other Uses For CQM Reporting

- PCMH Reporting
  - Many CQMs qualify as chronic, acute, or preventive measures for PCMH QI efforts
- HEDIS Reporting
- Pay-for-Performance and other payor QI initiatives
- Some CQM reports can be used for recall purposes



# CQM Reporting

- Like most MU reports, based on provider of encounter
- [Documentation on learn.pcc.com](http://learn.pcc.com) on how to chart to meet each CQM
  - Stay tuned for updates to this documentation



# CQM Reporting

The screenshot shows the PCC EHR interface with the 'Reports' menu open. The menu items are:

- Patient Lists
- Patient Reminders
- Health Information Summary
- Patient Education
- Patient Visit Summary
- Summary of Care Record
- Clinical Quality Measures** (highlighted with a blue arrow)
- Lab Test Report
- Meaningful Use Measures
- PCC EHR Audit Log
- Phone Encounter Performance
- Vaccine Lot Report
- Practice Vitals Dashboard
- Report Library

The background interface includes a search bar with 'PCC EHR' and a 'FIND' button, and a table with columns for 'Visit Status', 'Room', 'Tasks', 'Visit Reason', 'Provider', and 'Billed'. The date 'Mon 06/26/17' is displayed in the top right.



# CQM Reporting

Clinical Quality Measures - 2011 Edition

## Clinical Quality Measures

2014 Edition 2011 Edition

### 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





# 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



# Screening for Clinical Depression and Follow-Up Plan

Which codes trigger eligible encounters for this measure?

- Billed CPT Codes: 99201-99205, 99212-99215
- SNOMEDCT Procedures linked to orders:
  - Depression Screening - 171207006
  - History and physical examination, annual for health maintenance - 78318003
  - And many others....



# Screening for Clinical Depression and Follow-Up Plan

Make sure your depression screening order is linked to an appropriate LOINC test and SNOMED procedure

Tools -> Protocol  
Configuration ->  
Component  
Builder

**Component Builder**

Visit Components | Chart-wide Components

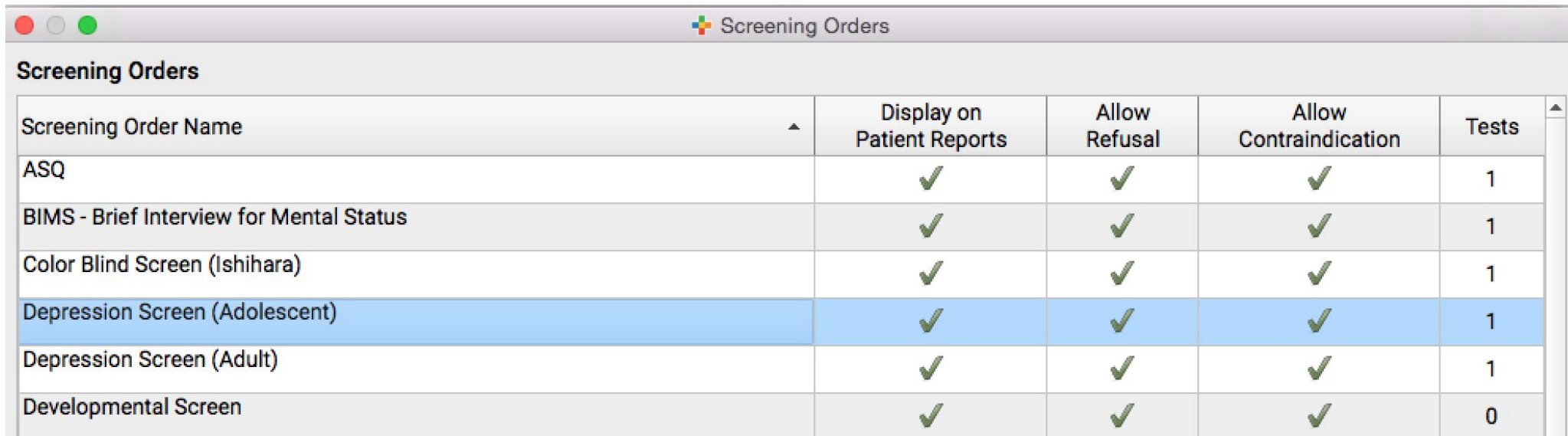
Component Name	Component Type	Attributes
Review of Systems	Generic Check	
Review of Systems by system	Generic Radio	Abn, NL, N/A
Risk Assessment	Generic Radio	Yes, No, N/A
Risk Assessment	Generic Check	
Risk Assessment (Adol Confidential)	Generic Radio	Yes, No, N/A
Risk Assessment for Severe RSV Disease	Generic Check	
ROS	Generic Radio	Abn, NL, NA
Safety	Generic Radio	Yes, No, May
<b>Screening Orders</b>	<b>Screening</b>	
Sensory Screening	Generic Header	
Smoking Status (ARRA)	Smoking Status	
Social/Family History	Generic Check	
Social Hx	Generic Radio	Yes, No, NA
Subjective Notes	Generic Text Edit	
Supply Orders	Supply	
Surgeries:	Generic Text Edit	
Surgical Procedure Orders	Surgical Procedure	
Teen Questionnaires	Generic QA	

Main Menu | Delete | Create | Edit



# Screening for Clinical Depression and Follow-Up Plan

Make sure your depression screening order is linked to an appropriate LOINC test



The screenshot shows a window titled "Screening Orders" with a table listing various screening orders. The table has five columns: "Screening Order Name", "Display on Patient Reports", "Allow Refusal", "Allow Contraindication", and "Tests". The "Depression Screen (Adolescent)" row is highlighted in blue.

Screening Order Name	Display on Patient Reports	Allow Refusal	Allow Contraindication	Tests
ASQ	✓	✓	✓	1
BIMS - Brief Interview for Mental Status	✓	✓	✓	1
Color Blind Screen (Ishihara)	✓	✓	✓	1
Depression Screen (Adolescent)	✓	✓	✓	1
Depression Screen (Adult)	✓	✓	✓	1
Developmental Screen	✓	✓	✓	0



# Screening for Clinical Depression and Follow-Up Plan

Screening Orders

### Screening Orders - Edit Order

Order Name:

"Include on Patient Reports" will be selected when this order is issued

Allow this order to be Refused

Allow this order to be Contraindicated

#### SNOMED CT Procedure for reporting

Depression screening  
Identifier: 171207006

#### Tests to Include

Adolescent depression screening assessment  
LOINC: 73831-0 Test Type: History Units of Measure: Specimen Source: ^Patient Data Type: Pos/Neg  
Normal:  Negative  Positive  
Default Interpretation when result is abnormal:

Interpretation (Normal/Abnormal) is required for this test.

**Important!**

Use “Adolescent depression screening assessment” test with LOINC 73831-0

Also use “Depression Screening” SNOMED procedure with code 171207006



# Screening for Clinical Depression and Follow-Up Plan

- Must use “Adolescent depression screening assessment” test with LOINC 73831-0
- You can add more specific screening tests as well (PHQ-2, PHQ-9, etc)
- Also add generic “Depression Screening” SNOMED procedure to this order to have these encounters counted in denominator



# Screening for Clinical Depression and Follow-Up Plan

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

Screening Orders - Edit Order

Order Name: Suicide Risk Assessment

"Include on Patient Reports" will be selected when this order is issued

Allow this order to be Refused

Allow this order to be Contraindicated

**SNOMED CT Procedure for reporting**

Remove Suicide risk assessment

Identifier: 225337009

Tests to Include

Add a Test

Cancel Save

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

Referral Orders

**Referral Orders - Edit Order**

Order Name: Psychiatry Referral

"Include on Patient Reports" will be selected when this order is issued

Allow this order to be Refused

Allow this order to be Contraindicated

**SNOMED CT Procedure for reporting**

**Remove** Referral to psychiatry service

Identifier: 183524004

**Tests to Include**

**Add a Test**

**Cancel** **Save**




# Screening for Clinical Depression and Follow-Up Plan

Make sure that depression screenings, followup, and/or referral orders are stored within protocols for adolescents

**Screening**

**Order** Hearing Screen

**Order** Vision Screen

**Edit** ✓ **Depression Screen (Adolescent)**  Completed TO:

Test	Result	Units	Reference Range	Interpretation
Adolescent depression screening assessment	Positive		Negative	Abnormal

**Order** Suicide Risk Assessment

**Order** select a screening

**Referral**

**Order** Psychiatry Referral

**Order** select a referral

**Followup**

**Order** select a followup



# 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 follow-up dental care

**Physical Exam**

Make All: **ABN** **NL** **N/E**

ABN NL N/E

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.

**Diagnoses**

Well child visit  
Refine the diagnosis of Well child visit  
ICD-10: Z00.129 Encounter for routine child health examination without abnormal findings  
notes  
 Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

**Dental caries**  
Refine the diagnosis of Dental caries  
ICD-10: K02.9 Dental caries, unspecified  
notes  
 Add to Problem List    Onset: mm/dd/yy    Problem Note: problem note

add diagnosis  
notes



# 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.**
- This CQM is likely inaccurate for your practice





# Childhood Immunization Status

## Measure: Immunization Rates - Patients 2 Years Old

Choose a measure

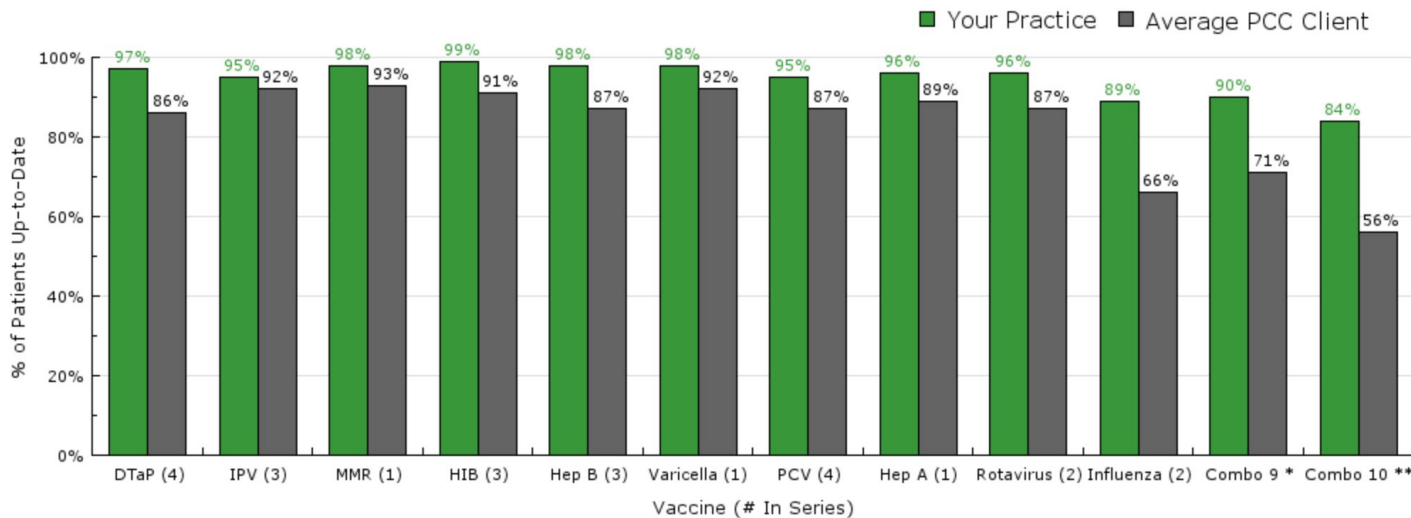
Dashboard reports updated as of 6/4/2017

The data below represents your immunization rate for each vaccination in the series of vaccines recommended for patients by their second birthdays. Choose a benchmark comparison from the menu below to compare your practice result with a pediatric benchmark.

### Breakdown By Vaccine

Choose Benchmark Comparison:

Average PCC Client



Refer to new  
“Immunization  
Rates - Patients 2  
Years Old”  
measure in  
Dashboard

“Breakdown by  
Vaccine”



# 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

**Medication History** Medication History not yet reviewed Last updated by MARK WILLIAMS, MD on 01/13/2017 16:17:37

Group By:  Indication  Class  Generic med name  None Display:  Active Only  Active & Inactive

Medication	Instructions	Source
    <b>IBUPROFEN</b> 200 mg tablet (5mg/kg; wt: 55lb (24.95kg))	124.75 MG PO EVERY 8 HOURS PRN fever <i>Indications: Fever</i>	PCC eRx
    <b>LEVONORGESTREL-ETHINYL ESTRAD (LEVORA-28)</b> 1 x 0.15-0.03 mg tablet	1 TABLET PO EVERY DAY	Retail Pharmacy

**Medication History Comments:**  
No comments entered

Patient takes no Meds  Med Hx is unknown or incomplete



# Use of Appropriate Meds For Asthma

Update medication history when patient is prescribed asthma med elsewhere

**Retail Rx History**  
Retail medications not yet queried  
Patient Consent:   
[Query Retail Rx History](#)

---

**Medication History**

**Retail Rx History** (Last Queried: 01/13/2017 16:12:45)

	Medication	Instructions	Last Quantity	Last Fill Date	Notes
<a href="#">Copy</a>	<b>misoprostol</b> 200 mcg tablet MISOPROSTOL 200 MCG TABLET	PO TAKE 1 TABLET TWICE 60 A DAY WITH DICLOFENAC	60 (3 refills)	09/18/2016	30 days supply Total Supply: 90 days
<a href="#">Copy</a>	<b>Levora-28</b> 0.15-0.03 mg tablet LEVORA-28 TABLET	PO TAKE 1 TABLET EVERY DAY	28 (5 refills)	09/17/2016	28 days supply Total Supply: 140 days
<a href="#">Copy</a>	<b>allopurinol</b> 300 mg tablet ALLOPURINOL 300 MG TABLET MYL	PO TAKE 1 TABLET BY MOUTH EVERY DAY	30 (6 refills)	09/16/2016	30 days supply Total Supply: 180 days
<a href="#">Copy</a>	<b>hydroxyzine pamoate</b> 50 mg capsule HYDROXYZINE PAM 50 MG CAP BRR	PO TAKE 1 CAPSULE 3 TIMES A DAY FOR NAUSEA/ANXIETY	4	09/15/2016	1 days supply
<a href="#">Copy</a>	<b>nabumetone</b> 750 mg tablet NABUMETONE 750 MG TABLET TEV	PO TAKE 1 TABLET BY MOUTH EVERY 8 HOURS	4	09/14/2016	1 days supply

\* Certain information may not be available or accurate in this report, including items that the patient asked not be disclosed due to patient privacy concerns, over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Patient Consent:   
[Query Retail Rx History](#)

Page: << 1 2 3 4 5 6 7 8 9 10 >>

Red dates indicate the prescription may be overdue for a refill



# ADHD Follow-up Care

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 Follow-up 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 Follow-up 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 Follow-up 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



# ADHD Follow-up Care – Continuation Phase

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 Follow-up Care – Continuation Phase

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

Measure#	NQF	Measure	Numerator	Denominator	Performance Rate	Exclusions	Exceptions	Details
CMS136v4	0108	ADHD: Follow-up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication	N/A	N/A	N/A	N/A	N/A	N/A
		Initiation Phase	6	50	67%	41	N/A	<a href="#">Details</a>
		Continuation and Maintenance Phase	0	7	N/A	7	N/A	<a href="#">Details</a>

- Follow-up 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



# 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 an 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.



# Chlamydia Screening for Women

Lab Configuration

Lab Configuration

Lab Orders Common Tests Lab Facilities

Lab Orders

Name	Type	Default Lab Facility	Display on Patient Reports	Allow Refusal
▶ Chem 14 QUEST	Lab Order	Quest Diagnostics	✓	✓
▶ Childhood Allergy (Food-Environ)	Lab Order		✓	✓
▶ Chlamydia - GC, DNA, SDA	Lab Order			✓
▶ Chlamydia trachomatis DNA, SDA	Lab Order			✓
▶ Chlamydia/GC Amplification Labcorp	Lab Order	labcorp		✓

Lab Configuration

Lab Configuration

Lab Orders Common Tests Lab Facilities

Edit Lab Order

Lab Order Name: Chlamydia trachomatis DNA, SDA

Default Lab Facility: select a lab facility

Enable recording of Specimen Collection user, date and time

"Include on Patient Reports" will be selected when this order is issued

Allow this order to be Refused

Allow this order to be Contraindicated

SNOMED CT Procedure for reporting

Add a Procedure

E-lab Vendor Order Mapping (for automated results)

LABCORP: select a LABCORP order

QUEST: CHLAMYDIA TRACHOMATIS DNA, SDA (17303)

Tests to Include (for manual result entry)

select a lab test



# 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



# Appropriate Testing For Children With URI

## Exclusions:

- Patients with an antibiotic Rx in the 30 days prior to the date of the encounter when the URI diagnosis was established



# 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

**Protocol Configuration**

**Component Builder**

Visit Components | **Chart-wide Components**

Component Name	Component Type	Attributes
Injection Orders	Injection	
Intake	Generic QA	
Intake	Generic Header	
M-Chat	Generic Radio	A, N, +/-
<b>Medical Procedure Orders</b>	<b>Medical Procedure</b>	
Medical Test Orders	Medical Test	
Medication	Generic Note	Multiple
Medication Effects	Generic Radio	G, F, P
Medication Review	Generic Check	

**Medical Procedure Orders**

**Medical Procedure Orders**

Medical Procedure Order Name	Display on Patient Reports	Allow Refusal	Allow Contraindication	Tests
Nebulizer, Repeat Tx	✓	✓	✓	0
Nursemaid Elbow-Reduction	✓	✓	✓	0
<b>Nutrition Counseling</b>	✓	✓	✓	0
<b>Recommendation to Exercise</b>	✓	✓	✓	0



# Weight Assessment and Counseling for Nutrition and Physical Activity

## Medical Procedure Orders - Edit Order

Order Name: Nutrition Counseling

- "Include on Patient Reports" will be selected when this order is issued
- Allow this order to be Refused
- Allow this order to be Contraindicated

### SNOMED CT Procedure for reporting

**Remove** Nutrition education  
Identifier: 61310001

### Tests to Include

Add a Test

## Medical Procedure Orders - Edit Order

Order Name: Recommendation to Exercise

- "Include on Patient Reports" will be selected when this order is issued
- Allow this order to be Refused
- Allow this order to be Contraindicated

### SNOMED CT Procedure for reporting

**Remove** Recommendation to exercise  
Identifier: 281090004

### Tests to Include

Add a Test



# Weight Assessment and Counseling for Nutrition and Physical Activity

Use these SNOMED Procedures:

## Nutrition Counseling

- Nutrition education: 61310001

## Exercise Counseling

- Recommendation to Exercise: 281090004



# 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

9-10 Yr Well - (client v. I) Bright Futures Tyler "Thomas" Danielle Ott J.R. 10 yrs, 9 mos 9/25/05 M

**Medical Test**

**Medical Procedure**

Nutrition Counseling

Recommendation to Exercise



# CQM Documentation

[How to Chart for Each Clinical Quality Measure in PCC EHR](http://learn.pcc.com/help/meet-clinical-quality-measures-with-pcc-ehr)

<http://learn.pcc.com/help/meet-clinical-quality-measures-with-pcc-ehr>

Thank you!

Tim Proctor

tim@pcc.com

