Inland Empire EHR Resource Center

Helping Physicians Adopt And Utilize Electronic Health Records

RIVERSIDE COUNTY MEDICAL ASSOCIATION FOUNDED 1893

IE HP™ INLAND EMPIRE HEALTH PLAN A PUBLIC ENTITY

SAN BERNARDINO COUNTY MEDICAL SOCIETY ★1878★

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Audit Preparations and Meaningful Use Stage 2

Natalie Martin & Val Tuerk, Object Health

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Agenda

- CMS EHR Incentive Program Audits
  - Audit Procedure
  - Preparing for an Audit
  - Required Documentation
- Meaningful Use Stage 2
  - Core Measures
  - Menu Measures
  - Quality Measures
  - 2014 Edition Standards and Certification Criteria

CMS EHR Incentive Program Audits

Why Are Audits Being Conducted?

- Any eligible professional attesting to receive an incentive payment from either the Medicare or Medicaid EHR Incentive Program may be subject to an audit. CMS has to make sure that the HITECH dollars are being spent appropriately, and that providers are actually "meaningful users" of certified EHRs.
- CMS and its contractor, *Figliozzi and Company*, will perform audits on Medicare and dually eligible providers.
- States and their contractors will perform audits on Medicaid providers

Who Will Be Audited?

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- CMS will begin ***prepayment audits*** in 2013, affecting 5-10% of all attestations submitted during or after January 2013.
  - Prepayment audits will include random audits as well as audits that target suspicious or anomalous data.
  - Providers must submit supporting documentation to validate attestation data before CMS will release payment.
- CMS will also conduct ***post-payment audits*** during the course of the EHR Incentive Programs.
  - Providers will also be required to submit supporting documentation to validate their submitted attestation data.
  - Post-payment audits will affect approximately 5-10% of participating providers.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Audit Procedure

Providers who are selected for an audit will receive a letter from the audit contractor. The letter will be sent electronically from a CMS email address to the email address provided during registration for the EHR Incentive Program.
NOTE: Individual providers are audited, not groups.

- The letter will include a list of requested documentation.
- Providers must submit the requested documentation **within two weeks**.
- Additional information may be requested during or after the initial review process.
- An on-site review at the provider's location may follow.
  - A demonstration of the EHR system may be required.

Audit Determination

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- Once the audit is concluded, the provider will receive an Audit Determination Letter from the audit contractor, informing the provider whether they were successful in meeting meaningful use of electronic health records.
- If a provider is found not to be eligible for an EHR incentive payment, the payment will be recouped.

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Audit Tips:

- DON'T PANIC
  - You prepared much of the information requested when you attested to meaningful use, so you should have it on hand.
- Always tell the truth.
- Documenting your progress regularly throughout the meaningful use process is key: don't "teach to the test."
- Communicate with the audit team as you work through the process. Analysts strive to individualize the audit process and work with providers for a successful outcome.

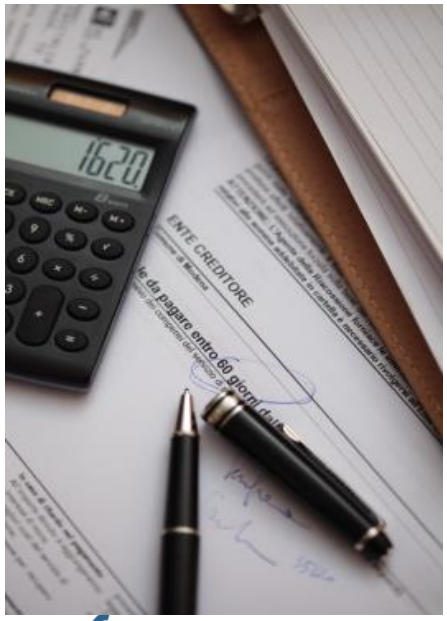
OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Preparing for an Audit:

It is the provider's responsibility to maintain documentation that fully supports the meaningful use and clinical quality measure data submitted during attestation.



- Documentation to support attestation data for meaningful use objectives and clinical quality measures should be retained for **six years post-attestation**.
- Documentation to support payment calculations (such as cost report data or documentation of eligibility encounter data) should follow the current documentation retention processes.
- Prepare a binder, file or box of all MU related documents including contract, attestation screenshots and MU reports from the certified EHR.

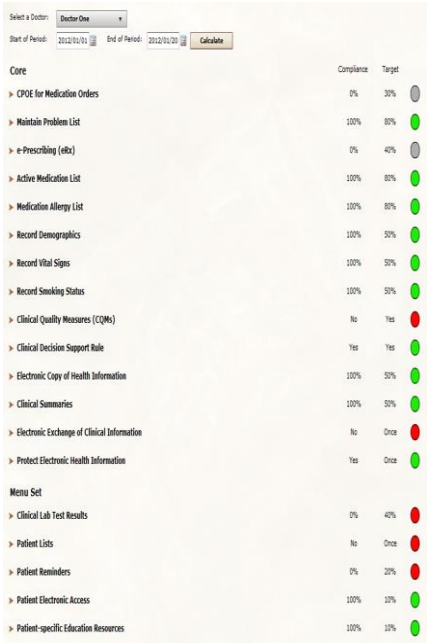
OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Documentation:

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

The primary documentation that will be requested in all reviews is the ***Source Document(s)*** that the provider used when attesting. Ideally, this would be a report from the certified EHR system, but other documentation may be used if a report is not available report. This report should include, at minimum:



- The numerators and denominators for all measures
- The reporting time period
- Evidence to support that the report was generated for the EP (identified by NPI, CCN, provider name, practice name, etc.)

CMS recommends that providers download and/or print a copy of the report used at the time of attestation for their records. Keep this in the binder!

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Documentation for Attestation Measures:

Not all EHR systems track compliance for attestation measures. These objectives require a "yes" attestation in order for a provider to meet meaningful use. To validate these attestations, CMS and the audit contractor may requires additional supporting documentation.

Examples of suggested documentation are listed in the following tables.

Note: These are suggestions and do not preclude CMS or the contractor from requesting additional information.

Suggested Documentation for Non-Percentage-Based Objectives

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Meaningful Use Objective	Audit Validation	Suggested Documentation
Drug-Drug/Drug-Allergy Interaction Checks and Clinical Decision Support	Functionality is available, enabled, and active in the system for the entire EHR reporting period.	One or more screenshots from the EHR system that are dated during the EHR reporting period selected for attestation.
Report ambulatory clinical quality measures	Clinical quality measure data is reported directly from certified EHR systems.	Report from the EHR system to validate all clinical quality measure data entered during attestation, such as CQM report used for attestation.
Electronic Exchange of Clinical Information Measure eliminated 2013	One test of certified EHR technology's capacity to electronically exchange key clinical information to another provider of care with a distinct certified EHR or other system capable of receiving the information was performed during the EHR reporting period.	• Dated screenshots from the EHR system that document a test exchange (successful or unsuccessful) with another provider or care during the reporting period. • A dated record of successful or unsuccessful electronic transmission (email , screenshot from another system, etc.). • A letter or email from the receiving provider confirming a successful exchange, including specific information such as the date of the exchange, name of providers, and whether the test was successful.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Documentation for Non-Percentage-Based Objectives

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Meaningful Use Objective	Audit Validation	Suggested Documentation
Protect Electronic Health Information	Security risk analysis of the certified EHR technology was performed prior to the end of the EHR reporting period.	Report that documents the procedures performed during the analysis and the results. Report should be dated prior to the end of the reporting period and should include evidence to support that it was generated for that provider's system (identified by NPI, CCN, provider name, practice name, etc.).
Drug Formulary Checks	Functionality is available, enabled, and active in the system for the duration of the EHR reporting period.	One or more screenshots from the EHR system that are dated during the EHR reporting period selected for attestation.
Generate Lists of Patients by Specific Conditions	One report listing patients of the provider with a specific condition.	Report from the EHR system that is dated during the EHR reporting period selected for attestation. Patient-identifiable information may be masked/blurred before submission.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Documentation for Non-Percentage-Based Objectives

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Meaningful Use Objective	Audit Validation	Suggested Documentation
Immunization Registries Data Submission, Reportable Lab Results to Public Health Agencies, and Syndromic Surveillance Data Submission	One test of certified EHR technology's capacity to submit electronic data and follow-up submission if the test is successful.	• Dated screenshots from the EHR system that document test submission to the registry or public health agency (successful or unsuccessful). Should include evidence to support that it was generated for that provider's system (NPI, CCN, provider name, practice name, etc.). • A dated record of successful or unsuccessful electronic transmission (screenshot from another system, etc.). Should include evidence to support that it was generated for that provider's system (NPI, CCN, provider name, practice name, etc.). • A letter or email from registry or public health agency confirming the receipt (or failure of receipt) of the submitted data, including the date of the submission, name of parties involved, and whether the test was successful.
Exclusions	Documentation to support each exclusion to a measure claimed by the provider.	Report from the EHR system that shows a zero denominator for the measure or otherwise documents that the provider qualifies for the exclusion.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

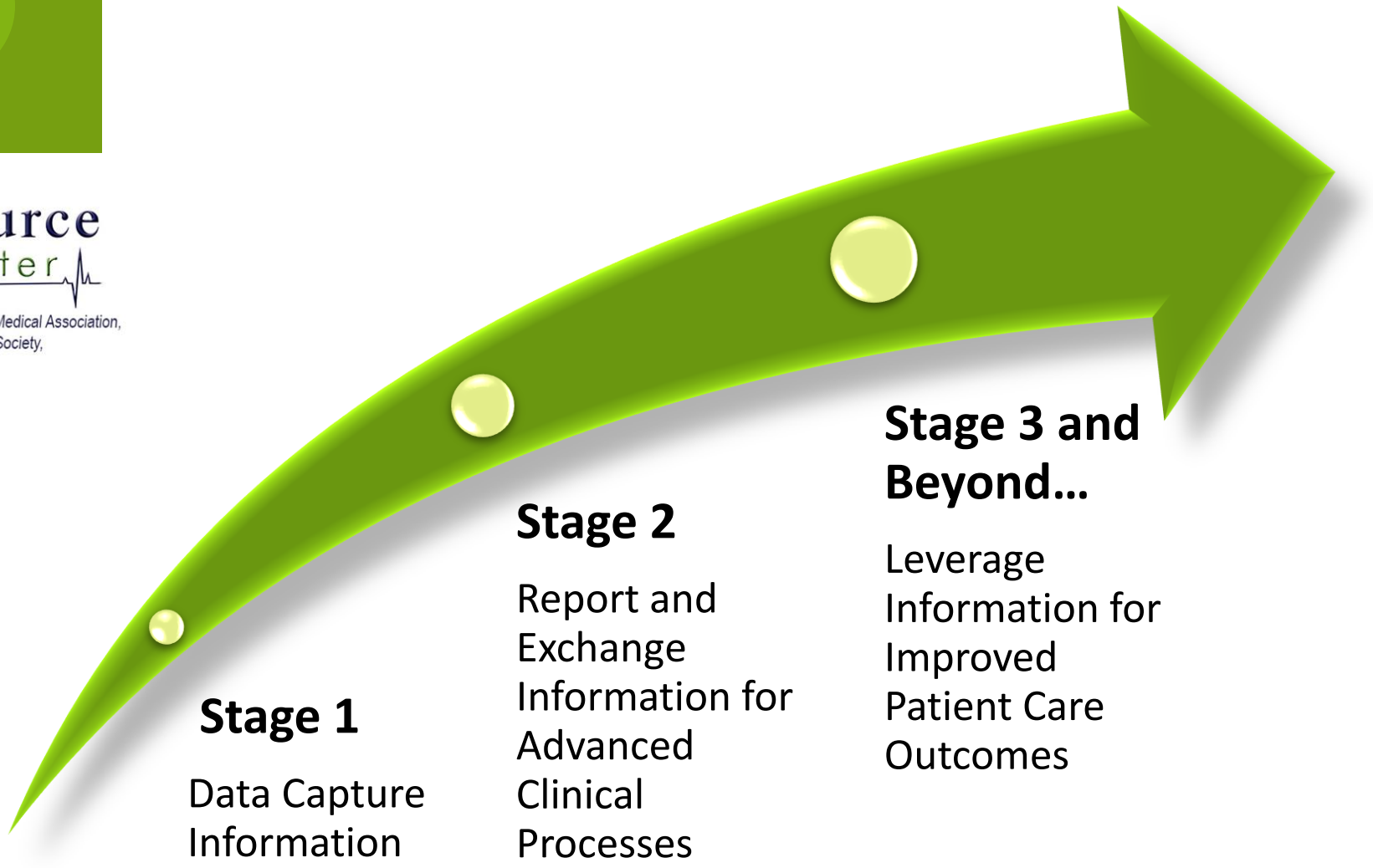
Appeals:

- CMS has an appeals process for providers who participate in the Medicare EHR Incentive Program.
  - EHR Information Center 888-734-6433
- States will implement appeals processes for the Medicaid EHR Incentive Program.

MEANINGFUL USE STAGE 2

Meaningful Use Stages

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association,
San Bernardino County Medical Society,
Inland Empire Health Plan



Stage 1

Data Capture Information

Stage 2

Report and Exchange Information for Advanced Clinical Processes

Stage 3 and Beyond…

Leverage Information for Improved Patient Care Outcomes

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

MU Stages and Payment Year

1st Year	Stage of Meaningful Use										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
2011	1	1	1	2	2	3	3	TBD	TBD	TBD	TBD
2012		1	1	2	2	3	3	TBD	TBD	TBD	TBD
2013			1	1	2	2	3	3	TBD	TBD	TBD
2014				1	1	2	2	3	3	TBD	TBD
2015					1	1	2	2	3	3	TBD
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Starting in 2014, providers participating in the EHR incentive programs who have **met Stage 1 for two or three years will need to meet Stage 2 criteria.**

A Closer Look at Stage 2

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- **FOCUS: Patient Engagement**

Requirement for Patient Action:
- **More than 5% of patients** must send secure messages to their EP
- **More than 5% of patients** must access their health information online

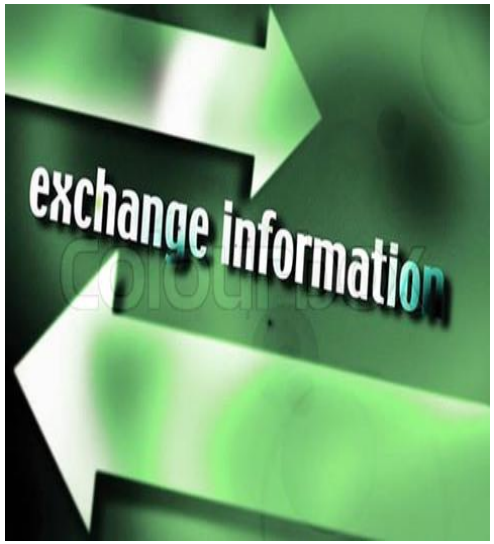
EXCLUSIONS – CMS is introducing exclusions based on broadband availability in the provider's county.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

FOCUS: Electronic Exchange



- Stage 2 requires that EPs provide a summary care record for **more than 50%** of transitions of care and referrals
- The rule also requires that a provider electronically transmit a summary of care for **more than 10%** of transitions of care and referrals
- At least one summary of care document must be sent electronically to recipient with different EHR vendor or to CMS test EHR

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Major Themes

- Enhancing standards-based exchange
- Promoting EHR technology safety and security
- Enabling greater patient engagement
- Introducing greater transparency
- Reducing regulatory burden
- Dynamic definition driven by meaningful use

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Changes from Stage 1 to Stage 2

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

15 Core Objectives and 5 of 10 Menu Objectives

17 Core Objectives and 3 of 6 Menu Objectives

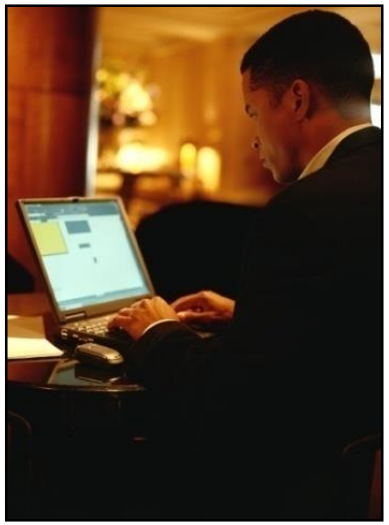
- Exclusions claimed on menu objectives will no longer count towards the number of menu objectives required.
- Providers must adopt certified EHR technology that meets the ONC's Standards and Certification Criteria 2014 Final Rule.
- All participants will have a 3 month reporting period for 2014 to allow time to adopt 2014 certified EHR technology and prepare for Stage 2.
- Stage 2 allows for batch reporting.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

MEANINGFUL USE - CORE SET

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



1. Use computerized provider order entry (CPOE) for medication, lab and radiology orders.
2. Generate and transmit permissible prescriptions electronically
3. Record demographics
4. Record vital signs
5. Record smoking status
6. Implement five clinical decision support rules and enable drug-drug/drug-allergy interaction checks
7. Provide patients with the ability to view online, download and transmit health information within four business days
8. Provide clinical summaries to patients within one business day
9. Protect electronic health information created or maintained by certified EHR
10. Incorporate clinical lab test results into the EHR as structured data
11. Generate lists of patients by specific conditions
12. Send reminders to patients for preventative/follow-up care
13. Education resources
14. Medication reconciliation
15. Summary care record
16. Capability to submit electronic data to immunization registries
17. Use secure electronic messaging

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

CORE 1: COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- More than 60% of medication, 30% of laboratory and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
- You can be excluded from meeting this objective if you write fewer than 100 medication, radiology or laboratory orders during the reporting period.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

CORE 2: E-PRESCRIBING (eRX)

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- More than 50% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically.

- You can be excluded from meeting this objective if you:
  - write fewer than 100 permissible prescriptions during the reporting period
  - do not have a pharmacy within your organization and there are no pharmacies that accept electronic prescriptions within 10 miles of your practice location at the start of the reporting period.

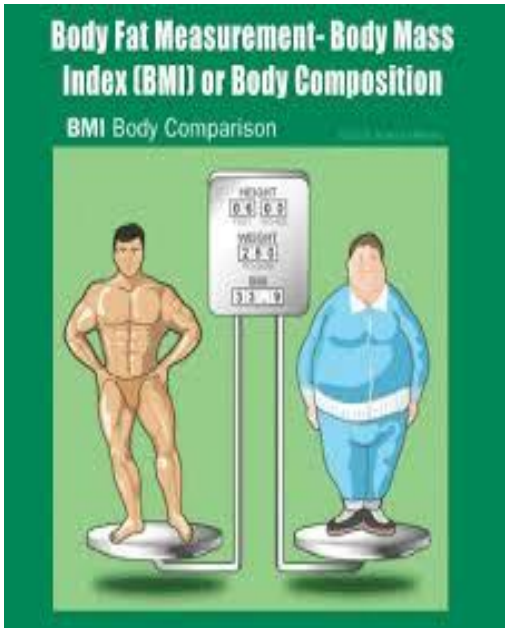
OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

CORE 3: RECORD DEMOGRAPHICS

- ❑ More than 80% of all unique patients seen by the EP have demographics recorded as structured data.
- ✓ Preferred language
- ✓ Gender
- ✓ Race
- ✓ Ethnicity
- ✓ Date of Birth

CORE 4: VITAL SIGNS

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



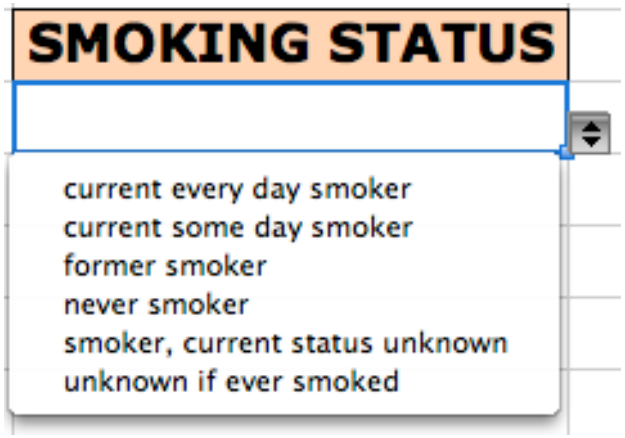
- For more than 80% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and height and weight recorded as structured data.

- You can be excluded from meeting this objective for either of these reasons:
  - ✓ You don't see any patients 3 years or older
  - ✓ You don't believe that the vital sign is relevant to your scope of practice (vital signs can be separated).

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Core 5: Record smoking status for patients 13 years or older

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



- More than 80% of all unique patients 13 years or older seen by the EP have smoking status recorded as structured data.
- You can be excluded from meeting this objective if you don't see any patients who are 13 years or older.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Core 6: Implement clinical decision support

- Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire reporting period.
- EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire reporting period.
  - You can be excluded from the second part of this measure if you write fewer than 100 prescriptions during the reporting period.

Core 7: Patient Electronic Access

- More than 50% of all unique patients seen by the EP are provided timely (within 4 business days after the information is available to the EP) **online access** to their health information.
- More than 5% of all unique patients seen by the EP during the reporting period **view, download**, or **transmit** to a third party their health information.
  - You can be excluded from meeting this objective if you neither order nor create any of the information listed for inclusion as part of both measures, or from the second part if you conduct 50% or more of your patient encounters in a country that does not have 3Mbps broadband availability.

CORE 8: PROVIDE CLINICAL SUMMARIES

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- Clinical summaries provided to patients for more than 50% of all office visits (within 1 business day).

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

CORE 9: PROTECT ELECTRONIC HEALTH INFORMATION

- Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in the EHR in accordance with requirements under 45 CFR 164.312(d)(3), and and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

See the recent Security Risk Analysis Recording

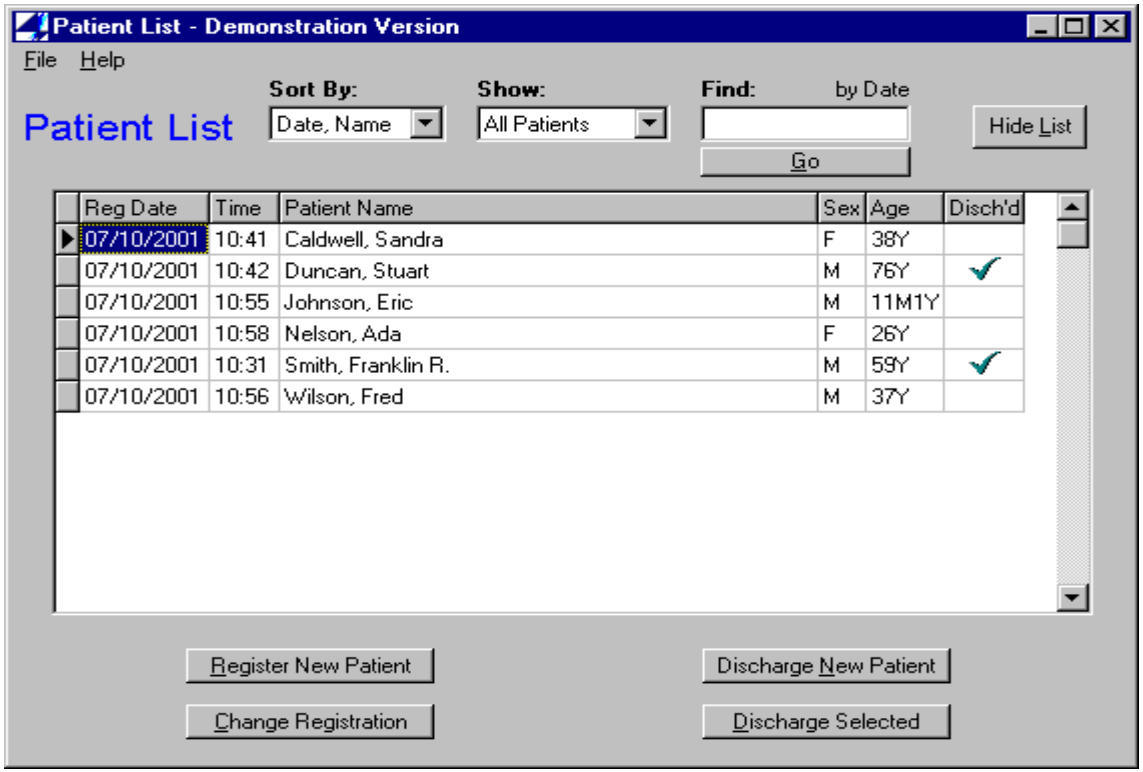
OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Core 10: Clinical Lab Test Results

- More than 55% of all clinical lab test results ordered by the EP during the reporting period whose results are either in a positive/negative or numerical format are **incorporated in the EHR as structured data**.
  - You can be excluded from meeting this objective if you order no lab tests where results are either in a positive/negative affirmation or numeric format during the reporting period.

Core 11: Generate Lists of Patients by Specific Conditions

- Generate at least one report listing patients of the EP with a specific condition.



Core 12: Send reminders to patients for preventative/follow-up care

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the reporting period were sent a reminder, per patient preference when available.
- You can be excluded from meeting this objective if you have no office visits in the 24 months before the reporting period.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Core 13: Patient specific education resources

- More than 10% of all unique patients seen by the EP are provided patient-specific education resources identified by the EHR.

Core 14: Medication reconciliation

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

CORE 15: SUMMARY CARE RECORD

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- 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.

- More than 10% of such transitions are either:
  - (a) electronically transmitted by EHR to a recipient or (b) electronically transmitted to recipient via exchange facilitated through successful test with CMS test facility.
- One or more of these exchanges must be with a recipient who uses a different EHR, or a successful test with a CMS test facility.

- You can be excluded from meeting this objective if you don't refer any patients to another setting for care during the reporting period.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Core 16: Submit Electronic Data to Immunization Registries

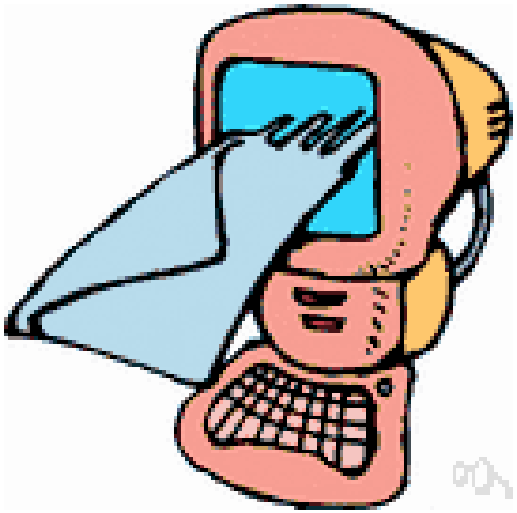
- Successful ongoing submission of electronic immunization data from EHR to immunization registry for the entire reporting period.

- You can be excluded from meeting this objective for any of these reasons:
  - ✓ You don't administer immunizations.

California will be able to accept immunization information through the CAIR Gateway shortly.

Core 17: Secure Electronic Messaging

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association,
San Bernardino County Medical Society,
Inland Empire Health Plan



- A secure message was sent using **electronic messaging function** for more than 5% of unique patients (or their authorized representatives) seen during the reporting period.
- You can be excluded from meeting this objective if you conduct 50% or more of your patient encounters in a country that does not have 3Mbps broadband availability.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

MEANINGFUL USE - MENU SET

Select 3 of 6

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association,
San Bernardino County Medical Society,
Inland Empire Health Plan

1. Syndromic surveillance
2. Electronic progress note
3. Imaging results
4. Family History
5. Cancer registry
6. Specialized registry reporting

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Menu 1: Submit electronic syndromic surveillance data to public health agencies

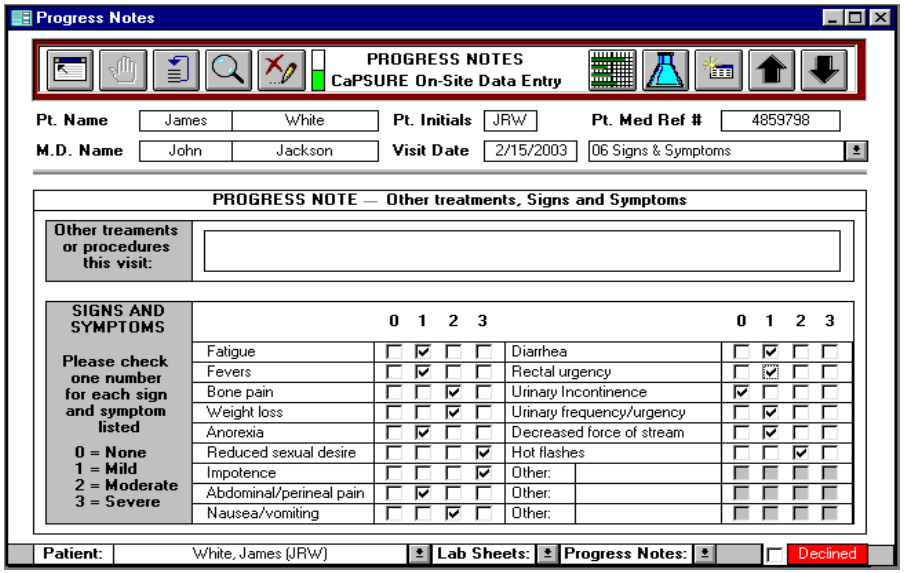
- Successful ongoing transmission of electronic syndromic surveillance data to public health agencies for entire reporting period.

- You can be excluded from meeting this objective for any of these reasons:
  - ✓ You do not collect any reportable syndromic data.
  - ✓ There is no public health agency which can receive your electronic transmission.
  - ✓ You practice in a location where no public health agency provides timely information on capability to receive transmissions.
  - ✓ You practice in a location where no public health agency can accept the specific standards required by the EHR.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Menu 2: Electronic Progress Note

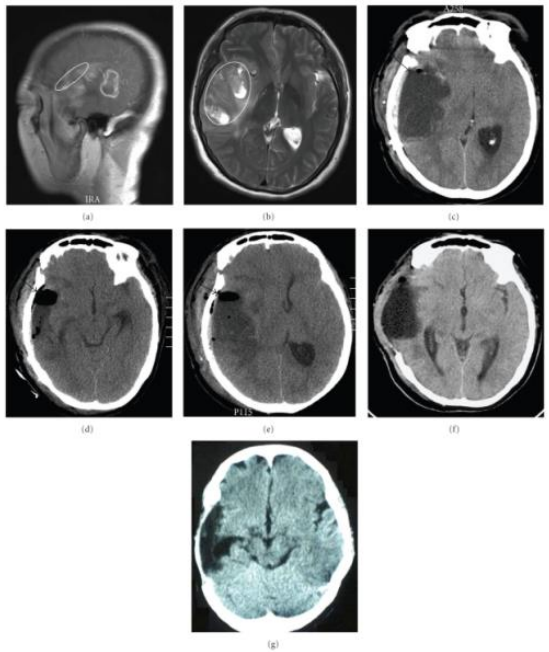
- Enter at least one electronic progress note created, edited and signed by EP for more than 30% of unique patients with at least one office visit during the reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.



Menu 3: Imaging Results

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



- More than 10% of all tests whose result is one or more images ordered by EP during the reporting period are accessible through the EHR.
- You can be excluded from meeting this objective if you order less than 100 tests whose result is an image or if you have no access to electronic imaging results at the start of the reporting period.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Menu 4: Family History

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

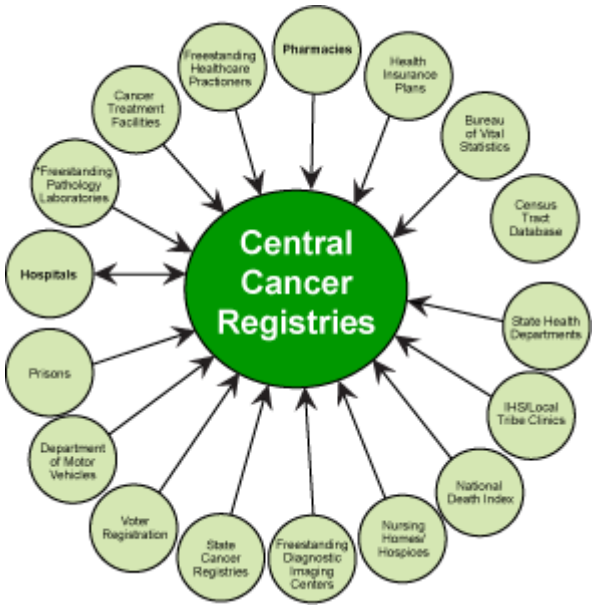
- More than 20% of all unique patients have a structured data entry for one or more first-degree relatives.
- You can be excluded from meeting this objective if you have no office visits during the reporting period.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Menu 5: Cancer Registry

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



- Successful ongoing transmission of cancer case information from EHR to a public health central cancer registry for entire reporting period.

- You can be excluded from meeting this objective for any of these reasons:
  - ✓ You do not diagnose or directly treat cancer.
  - ✓ There is no public health agency which can receive your electronic cancer case transmission.
  - ✓ You practice in a location where no public health agency provides timely information on capability to receive transmissions.
  - ✓ You practice in a location where no public health agency can accept the specific standards required by the EHR.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Menu 6: Specialized Registry

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

- Successful ongoing transmission of specific case information from EHR to a specialized registry for entire reporting period.

- You can be excluded from meeting this objective for any of these reasons:
  - ✓ You do not diagnose or directly treat any disease associated with a specialized registry.
  - ✓ There is no specialized registry which can receive your electronic transmission.
  - ✓ You practice in a location where no public health agency or specialty society provides timely information on capability to receive transmissions.
  - ✓ You practice in a location where no specialized registry can accept the specific standards required by the EHR.

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Clinical Quality Measures

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

CQMs are no longer a core objective of the EHR Incentive Programs beginning in 2013, but all providers are **required to report on CQMs** in order to demonstrate meaningful use

In Stage 2, all providers must select CQMs from **at least 3 of the 6** HHS National Quality Strategy domains:

- ❑ Patient and Family Engagement
- ❑ Patient Safety
- ❑ Care Coordination
- ❑ Population and Public Health
- ❑ Efficient Use of Healthcare Resources
- ❑ Clinical Processes/Effectiveness

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

Changes in CQM Reporting from Stage 1 to Stage 2

EPs report 6-9 out of 44 CQM

- 3 Core or Alternate Core CQM
- 3 Additional CQM

EPs report 9 out of 64 CQM

- Selected CQM must cover at least 3 of the 6 NQS domains
  - Recommended Core CQM
    - 9 for adult populations
    - 9 for pediatric populations

A complete list of CQMs required for reporting beginning in 2014 and their associated National Quality Strategy domains are posted on the CMS website: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/E

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

2014 Clinical Quality Measures
Adult Recommended Measures

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

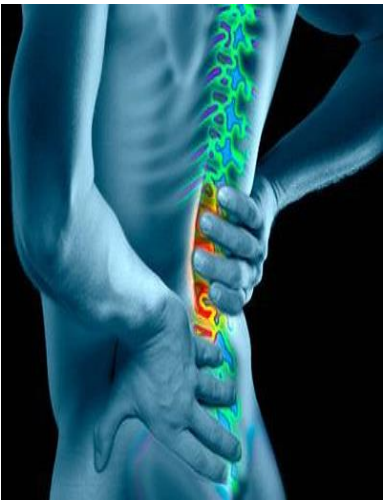
CMS eMeasure ID and CQM #	CQM Title & Description	Domain
CMS165v1 **NQF 0018**	**Controlling High Blood Pressure** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Clinical Process/Effectiveness
NEW: CMS156v1 **NQF 0022**	**Use of High-Risk Medications in the Elderly** Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported: a)Percentage of patients who were ordered at least one high-risk medication. b)Percentage of patients who were ordered at least two different high-risk medications.	Patient Safety
CMS138v1 **NQF 0028**	**Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	Population/Public Health

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

2014 Clinical Quality Measures
Adult Recommended Measures

Inland Empire EHR Resource Center

Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan



CMS eMeasure ID and CQM #	CQM Title & Description	Domain
CMS166v1 **NQF 0052**	**Use of Imaging Studies for Low Back Pain** Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of the diagnosis.	Efficient Use of Healthcare Resources
NEW: CMS2v1 **NQF 0418**	**Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan** 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 documented on the date of the positive screen.	Population/Public Health
NEW: CMS68v1 **NQF 0419**	**Documentation of Current Medications in the Medical Record** Percentage of specified visits for patients aged 18 years and older for which the EP attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Patient Safety

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

2014 Clinical Quality Measures
Adult Recommended Measures

CMS eMeasure ID and CQM #	CQM Title & Description	Domain
CMS69v1 **NQF 0421**	**Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current reporting period documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current reporting period. Normal Parameters: •Age 65 and older BMI ≥ 23 and < 30 •Age 18-64 years BMI ≥ 18.5 and < 25	Population/Public Health
NEW: CMS50v1	**Closing the Referral Loop: Receipt of Specialist Report** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patients was referred.	Care Coordination
NEW: CMS90v1	**Functional Status Assessment for Complex Chronic Conditions** Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments.	Patient and Family Engagement

2014 Clinical Quality Measures
Pediatric Recommended Measures

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

CMS eMeasure ID and CQM #	CQM Title & Description	Domain
CMS146v1 NQF 0002	**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.	Efficient Use of Healthcare Resources
CMS155v1 NQF 0024	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents** Percentage of patients 3-17 ytears of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measuresment period. Three rates are reported: •Percentage of patients with height, weight and BMI percentile documentation. •Percentage of patients with counseling for nutrition. •Percentage of patients with counseling for physical activity.	Population/Public Health
CMS153v1 NQF 0033	**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.	Population/Public Health

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

2014 Clinical Quality Measures
Pediatric Recommended Measures

CMS eMeasure ID and CQM #	CQM Title & Description	Domain
CMS126v1 NQF 0002	**Use of Appropriate Medications for Asthma** Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Clinical Process/ Effectiveness
CMS117v1 NQF 0038	**Childhood Immunization Status** Percentage of children 2 years of age who had four diptheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV) and two influenza (flu) vaccines by their second birthday.	Population/Public Health
NEW: CMS154v1 NQF 0069	**Appropriate Treatment for Children with Upper Respiratory Infection (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.	Efficient Use of Healthcare Resources

2014 Clinical Quality Measures
Pediatric Recommended Measures

Inland Empire EHR Resource Center
Sponsored by Riverside County Medical Association, San Bernardino County Medical Society, Inland Empire Health Plan

CMS eMeasure ID and CQM #	CQM Title & Description	Domain
NEW: CMS136v1 NQF 0108	**ADHD: Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication** Percentage of children 6-12 years of age and 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.	Clinical Process/ Effectiveness
NEW: CMS2v1 NQF 0418	**Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan** 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 documented on the date of the positive screen.	Population/ Public Health
NEW: CMS153v1	**Children Who Have Dental Decay or Cavities** Percentage of ages 0-20, who have had tooth decay or cavities during the measurement period.	Clinical Process/ Effectiveness

OBJECTHEALTH, LLC
Connecting communities to improve health care
www.objecthealth.com

EP CQM Reporting Beginning in 2014

Category	Data Level	Payer Level	Submission	Reporting Schema
EPs in 1st year of MU	Aggregate	All payer	Attestation	Submit 9 CQMs from EP measures table, covering at least 3 domains
EPs Beyond the 1st Year of Demonstrating Meaningful Use				
Option 1	Aggregate	All payer	Electronic	Submit 9 CQMs from EP measures table, covering at least 3 domains
Option 2	Patient	Medicare	Electronic	Satisfy requirements of PQRS EHR Reporting Option using CEHRT
Group Reporting (only EPs Beyond the 1st Year of Demonstrating Meaningful Use)				
EPs in an ACO (Medicare Shared Savings or Pioneer ACOs)	Patient	Medicare	Electronic	Satisfy requirements of Medicare Shared Savings Program of Pioneer ACOs using CEHRT
EPs reporting via PQRS group reporting option	Patient	Medicare	Electronic	Satisfy requirements of PQRS group reporting options using CEHRT

Aligning CQMs Across Programs

CMS is committed to alignment, including finalizing the **same CQM used in multiple quality reporting programs** for reporting beginning in 2014

- Other programs include: Hospital IQR Program, UDS, PQRS, CHIPRA, and Medicare SSP and Pioneer ACOs.

CMS is also identifying ways to **minimize multiple submission** requirements and mechanisms through PQRS EHR reporting option for EPs and the PQRS GPRO option or Medicare SSP or Pioneer ACOs for group practices.

"New" Certification Criteria

Ambulatory & Inpatient	Inpatient Only	Ambulatory Only
Electronic Notes	Electronic medication administration record	Secure messaging
Image Results	eRX (for discharge)	Cancer case information
Family Health History	Transmission of electronic lab tests and values/results to ambulatory providers	Transmission to cancer registries
Amendments		
View, Download & Transmit to 3rd Party		
Auto Numerator Recording		
Safety-Enhanced Design		
Quality Management System		
Data Portability		

"Revised" Certification Criteria

Ambulatory & Inpatient		Ambulatory Only
Drug-drug, drug-allergy interaction	Vital signs, BMI and growth charts	eRX
Demographics	CQM (3 criteria)	Clinical Summaries
Clinical information reconciliation	Incorporate lab tests and values/results	
Problem list	End-user device encryption	
Clinical decision support	Auditable events and tamper-resistance	
Drug-formulary checks	Audit reports	**Inpatient Only**
TOC-receive, display and incorporate toc/referral summaries	TOC – create and transmit toc/referral summaries	Transmission of reportable lab tests/values/results
Patient list creation	Patient-specific education resources	
Smoking status	Automated measure calculation	
Transmission to Immunization Registries	Transmission to public health agencies – syndromic surveillance	

Contact Us:

Natalie Martin, Natalie.martin@objecthealth.com
Val Tuerk, Val.tuerk@objecthealth.com 949-702-0517
www.objecthealth.com

Kathy Thunholm, kthunholm@ieehrc.org,951-686-1825
www.ieehrc.org