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*Helping Physicians Adopt And Utilize Electronic Health Records*





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# *Security Risk Analysis and 365 Days of Meaningful Use*

**Rodney Gauna & Val Tuerk, Object Health**

# Agenda

- ① Guidelines for Conducting a Security Risk Analysis
  - ② Scope of Analysis
  - ② Risk of a Breach
  - ② Security Risks Specific to Electronic Records
  - ② Resources
- ① 365 Days of Meaningful Use
  - ② Core Measures
  - ② Menu Measures
  - ② Quality Measures
- ① Contact Information



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# GUIDELINES FOR CONDUCTING A SECURITY RISK ANALYSIS

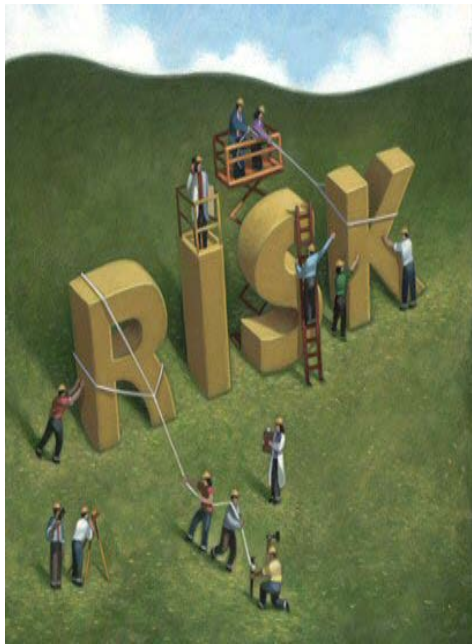
# Security Risk Analysis and Meaningful Use



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Stage 1 Meaningful Use requires providers to protect electronic health information. In order to meet this objective, the provider must:

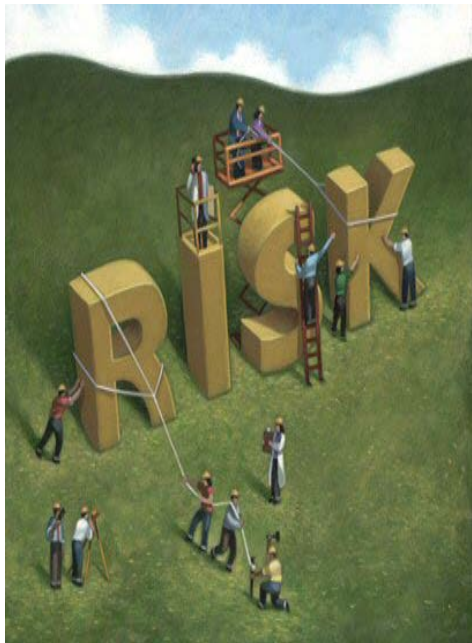
- ③ Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
- ③ Security risk analysis must be completed at least once **prior to the end of the reporting period**
- ③ Retain documentation of risk assessment(s) in the meaningful use audit file, including assessment date(s), actions taken and participants.



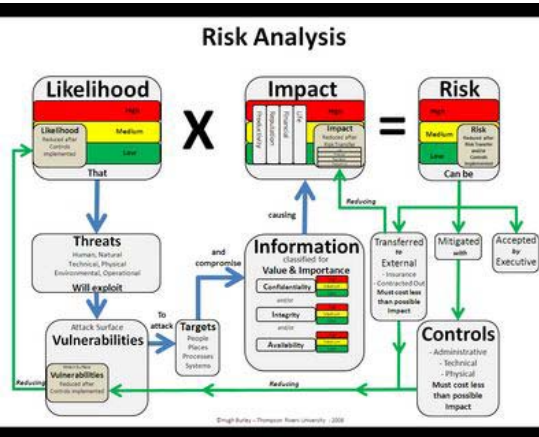
# Organizational Policies and Procedures

HIPAA requires that organizations develop operational policies and procedures relating to security. The security rule does not define "policy" or "procedure," thus enabling the organization to use standard business practices for policy development and implementation.

- ◎ *Policies* define an organization's approach.
- ◎ *Procedures* describe how the organization carries out that approach, setting forth explicit, step-by-step instructions that implement the organization's policies.
- ◎ Maintain documentation of organizational policies and procedures in the meaningful use audit file.



# A Security Risk Analysis Must:



- ⊙ Document threats, vulnerabilities, risks, impacts, and corrective actions.
- ⊙ Address a potential breach where health records are lost or compromised.
- ⊙ Analyze potential risks specific to electronic records, such as widespread access, external connections and portable devices.
- ⊙ Be conducted at least once during the MU Reporting Period.

# Definitions:

- ③ **Confidentiality:** Keeping information private and accessible only to those who need it.
- ③ **Vulnerability:** A weakness, such as non-existent or incomplete policies, or weak implementation of technical security such as firewalls, passwords or anti-virus software.
- ③ **Threats:** People who intentionally or inadvertently disclose, delete or modify information, hackers, power outages, or natural disasters that disrupt information.
- ③ **Risk:** The likelihood that a given threat will exploit a vulnerability, resulting in an impact to the organization's ability to provide timely and proper patient care



# Scope of the Analysis:

- ◎ **Scope** must cover potential risks and vulnerabilities to the confidentiality, availability and integrity of all PHI that the organization creates, receives, maintains or transmits.
  - ◎ This includes CD/DVD, hard drives, storage media, portable devices, workstations and networks.
  - ◎ Describe data collection, including where the PHI is created, received, stored and transmitted.
- ◎ **Identify** and document potential threats and vulnerabilities.
- ◎ **Assess** the likelihood of threat occurrence.
- ◎ **Document** the potential impact of the threats, or how the occurrence would affect confidentiality, integrity and availability of PHI within the organization.



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# Primary Risk Assessment Steps:

- 1) Scope the Assessment
- 2) Gather Information
- 3) Identify Realistic Threats
- 4) Identify Potential Vulnerabilities
- 5) Assess Current Security Controls
- 6) Determine the Likelihood and the Impact of a Threat Exercising a Vulnerability
- 7) Determine the Level of Risk
- 8) Recommend Security Controls
- 9) Document the Risk Assessment Results



# Corrective Action:



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- ③ Consider the likelihood of threats to determine the level of risk.
- ③ Devise corrective action to mitigate potential threats.
- ③ Document risks and corrective action.

# Suggested Rating Techniques:



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**High**

**Medium**

**Low**

Likelihood	Impact to the organization		
	Confidentiality	Integrity	Availability
Occurs weekly or regularly	Sensitive information; person intends to use it to harm patient care, or for financial gain	Permanent data change or unlikely to be detected; critical to patient care	Critical data; loss is permanent (or very hard to replace)
Occasionally occurs	Sensitive information; no malicious usage intended	Change may be detected via normal procedures; important to patient care	Important data; may be replaced with some effort
Rarely or never occurs	Not sensitive; accidental disclosure with no intention to use it	Change likely to be detected; data is old and not vital to patient care	Not critical data; may be easily replaced

# The Risk of a Breach:

- ① Under federal rules, a breach is the disclosure of health records affecting more than 500 patients.
- ① California defines a breach as the “unlawful access, use, or disclosure of patients’ medical information,” and California has a stricter definition which does not recognize the ‘harm threshold’ that defines a reportable breach as one that causes significant risk of financial, reputational, or other harm to the patient.
- ① Most breaches are unintentional disclosures, such as a healthcare worker faxing a prescription to a business rather than a pharmacy, or sending a record to the wrong internal department.
- ① Of the “malicious” health information disclosures, many were by workers or visitors looking at a patient’s record without any medical reason to do so, or involved the loss of a laptop or portable electronic device containing PHI.



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**RISK ASSESSMENT**

# Protect Yourself From Breaches by Asking these Questions:



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- ❑ What HIPAA security practices are already in place? Are they working as desired?
- ❑ How often do you train staff in security procedures and policies?
- ❑ Do staff identify and correct security problems as they see them?
- ❑ Is the CPOE system accurate (confirm lab and pharmacy electronic addresses)
- ❑ Do you routinely review security incidents and change policies and procedures?
- ❑ Do patients have access to any spaces other than restrooms and exam rooms?
- ❑ Are exam room computer screens blanked between patients?



- ❑ Can visitors or outsiders overhear confidential information in conversations?
- ❑ Can visitors or the patient modify the chart, either by accident or on purpose?
- ❑ Are printers and fax machines secure and available to visitors and patients?
- ❑ As staff leave, do you immediately cancel passwords, collect keys and halt remote access?
- ❑ Is the server room secure?
- ❑ Are computers/workstations locked to desks?
- ❑ Are paper records properly destroyed after being scanned into the EHR?

# Risks Specific to Electronic Health Records:



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The use of electronic health records requires procedures that pose particular risks that were not inherent in the paper-based system.

- ⊙ Access Control
- ⊙ External Connections
- ⊙ Portable Devices

# Access Control Measures

*Access control measures limit the availability of information to those who need it for a medical reason. Limiting access and monitoring it via an audit trail is a primary risk mitigation strategy.*

- Are passwords and access control procedures in place?
- Are passwords regularly updated?
- Is there an access log (who accessed the data, when, what action was taken)?
- Do you monitor/inspect electronic records for changes?
- How could clinical or lab records be lost in transit (via email, fax, hand-delivery)?



# Protecting External Connections

*External connections pose the threat of an entry point for hackers, viruses, and other unwanted visitors to the system. While remote access from home enables on-call physicians to have immediate access to patient records, the connection must be secure and point-to-point.*

- ❑ How might the system be breached by outside hackers?
- ❑ Are firewalls secure and regularly updated?
- ❑ Are secure (encrypted) links used, or do you rely on public portals and networks?
- ❑ Is anti-virus and anti-malware software in place and regularly updated?
- ❑ Are remote access controls in place, with secure connections through the firewall?



# Portable Devices

*Portable devices pose an obvious risk if they are lost, stolen or inappropriately accessed. A prime strategy for protecting these devices involves deleting any temporary storage once the device has been used for the day; all of the data belongs in the EHR. Another potential strategy would involve encrypting all data on these devices.*

- ❑ Are laptops, tablets and portable devices locked away when not in use?
- ❑ Are data removed from these devices after use/transit?
- ❑ How are backup media handled (transported, stored, accounted for)?
- ❑ How are portable devices accounted for? Are they allowed off the premises?



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# Final Thoughts

*The loss of the EHR system would be devastating to a healthcare organization. What are the environmental risks to your system?*

- Are you in an area that is susceptible to brush fires, floods, heavy rains or vandalism?
- How are you protected against vandalism, fire, or water damage?
- Do you have an UPS (battery backup) for power outages?
- Do you have a disaster recovery plan?
- Do you have a business continuity plan?



# Resources:

- ❑ California Office of Health Information Integrity (CalOHII) HIPAA Security Rule Toolkit
  - ❑ [www.ohii.ca.gov/securitytool](http://www.ohii.ca.gov/securitytool)
- ❑ Guidance on Risk Analysis Guidelines Under HIPAA
  - ❑ <http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/rafinalguidancepdf.pdf>
- ❑ Summary of the HIPAA Security Rule
  - ❑ <http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html>
- ❑ NIST Introductory Resource Guide for Implementing the HIPAA Security Rule
  - ❑ <http://csrc.nist.gov/publications/nistpubs/800-66-Rev1/SP-800-66-Revision1.pdf>

# 365 DAYS OF MEANINGFUL USE



# MEANINGFUL USE SCHEDULE



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*In order to receive the EHR incentive funds and avoid penalties, providers must meet all meaningful use objectives year-round moving forward.*



- Medicare providers are required to meet 90 days of MU in Year 1, and 365 days of MU in subsequent program years.
- Medi-Cal providers are required to meet 90 days of MU in Year 2, and 365 days of MU in subsequent program years.
- Exceptions:
  - Providers attesting to Stage 2 Meaningful Use in 2014 will attest to 90 days (2014 only).
  - Medi-Cal providers may currently take a program year off without penalty.

# 365 DAYS IS A LONG TIME!

- ❑ **Build on your successful 90 day attestation** – You have already developed the tools and practices to meet the meaningful use measures.
- ❑ **Routinely monitor your progress** – Run your meaningful use reports regularly to confirm that you continue to meet all measures.
  - ✓ Assign a person to be in charge of the MU Reporting for the practice
  - ✓ Reports should be run every two weeks to monitor progress.
  - ✓ Review the reports at the weekly manager meeting
    - Providers who run their reports regularly will have plenty of time to alter workflow if they see they are slipping on a measure.
    - Providers who don't run their reports on a regular basis may find out that they are missing on a measure too late to implement corrective action, particularly on the 80% measures.



# DOCUMENTATION

## ***Document your compliance with attestation measures***

Take screen shots demonstrating compliance with attestation measures each month and save in your meaningful use audit file.

- ✓ Drug-Drug and Drug-Allergy Interaction Check
- ✓ Clinical Decision Support
- ✓ Security Review
- ✓ Drug Formulary (if selected)
- ✓ Condition List (if selected) – print at least one list of patients with a particular diagnosis

# MEANINGFUL USE - CORE SET



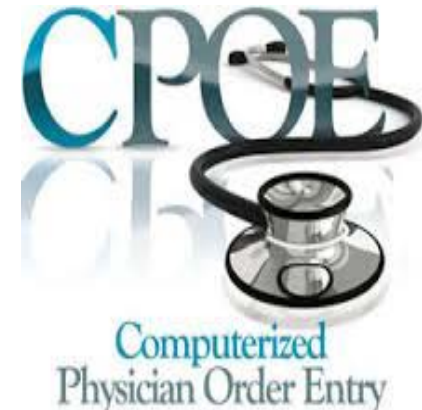
1. Use computerized provider order entry (CPOE)
2. Implement drug to drug and drug allergy interaction checks
3. Maintain an up-to-date problem list
4. Generate and transmit permissible prescriptions electronically
5. Maintain active medication list
6. Maintain active medication allergy list
7. Record demographics
8. Record vital signs
9. Record smoking status
10. Implement one clinical decision support rule
11. Provide patients with an electronic copy of their health information upon request
12. Provide clinical summaries to patients within three business days
13. Protect electronic health information created or maintained by certified EHR

# CORE 1: COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)



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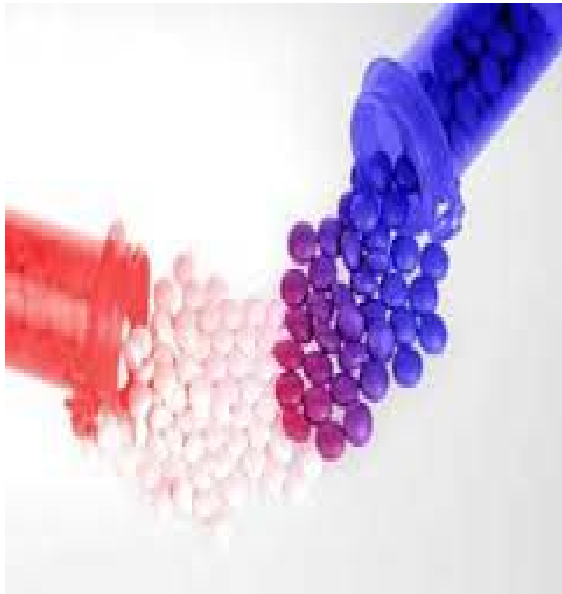
- More than 30% of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
- You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.
- 365 day tip: Make sure you are using eRX for all your medication orders.**



# CORE 2 : DRUG-DRUG AND DRUG-ALLERGY CHECKS



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- EP has enabled this functionality for the **entire EHR reporting period.**
- Certified EHR come with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to enable this functionality and keep it on.
- 365 day tip: take a screenshot of the drug-drug or drug-allergy alert each month and retain in your MU audit file.**

# CORE 3: MAINTAIN AN UP-TO-DATE PROBLEM LIST



- More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data in the EHR.
  
- 365 day tip: Stay on top of your performance on this measure, as it is very difficult to reach 80% if you fall behind early in the year.**



# CORE 4: E-PRESCRIBING (ERX)



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Get Ready,  
Get Set,  
Get E-Prescribing

With the new year comes a Medicare incentive for prescribe drugs electronically.  
Will you be among the early adopters? By Leah M. Addis, Associate Editor

- More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period.
- 365 day tip: Make sure you are using eRX for all your medication orders.**

# CORE 5: MAINTAIN ACTIVE MEDICATION LIST



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- More than 80% of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
- 365 day tip: Stay on top of your performance on this measure, as it is very difficult to reach 80% if you fall behind early in the year.**



# CORE 6: MAINTAIN ACTIVE MEDICATION ALLERGY LIST

- More than 80% of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.
- 365 day tip: Stay on top of your performance on this measure, as it is very difficult to reach 80% if you fall behind early in the year.**



# CORE 7: RECORD DEMOGRAPHICS

More than 50% of all unique patients seen by the EP have demographics recorded as structured data.

- ✓ Preferred language
- ✓ Gender
- ✓ Race
- ✓ Ethnicity
- ✓ Date of Birth

**365 day tip: Stay on top of your performance on this measure, as it is more difficult to reach 50% if you fall behind early in the year.**



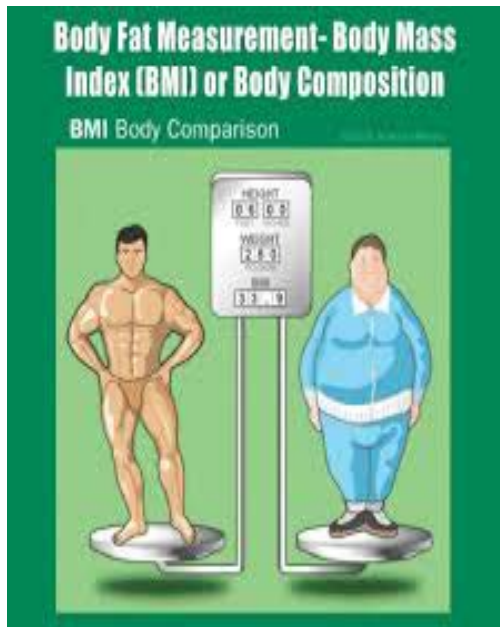
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# CORE 8: VITAL SIGNS



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- For more than 50% of all unique patients age 3 and over seen by the EP, height, weight and blood pressure are 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.
- 365 day tip: Stay on top of your performance on this measure, as it is very difficult to reach 50% if you fall behind early in the year.**

# CORE 9: RECORD SMOKING STATUS FOR PATIENTS 13 YEARS OR OLDER



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**SMOKING STATUS**

current every day smoker  
current some day smoker  
former smoker  
never smoker  
smoker, current status unknown  
unknown if ever smoked

- More than 50% 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.
- 365 day tip: Stay on top of your performance on this measure, as it is very difficult to reach 50% if you fall behind early in the year.**

# CORE 10: IMPLEMENT CLINICAL DECISION SUPPORT



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- Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.
  
- 365 day tip: Take a screenshot of one or more alerts each month and retain in your MU audit file.**



# CORE 11: PROVIDE PATIENTS WITH AN ELECTRONIC COPY OF THEIR HEALTH INFORMATION



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- More than 50% of all unique patients who request an electronic copy of their health information are provided it within 3 business days.
  
- You can be excluded from meeting this objective if you none of your patients requests an electronic copy of their health information.
  
- 365 day tip: You must be prepared to comply with this measure if your patient population begins to make the request.**

# CORE 12: PROVIDE CLINICAL SUMMARIES

- Clinical summaries provided to patients for more than 50% of all office visits (within 3 business days).
- You can be excluded from meeting this objective if you don't conduct any office visits.
- 365 day tip: This measure is very difficult to correct if you fall behind. Closely monitor your progress to ensure that you continue to meet this measure.**



# CORE 13: PROTECT ELECTRONIC HEALTH INFORMATION

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- Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
- 365 day tip: Review your security risk assessment on a routine basis, and retain documentation in your MU audit file.**



# MEANINGFUL USE - MENU SET

## Select 5 of 10



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1. Capability to submit electronic data to immunization registries
2. Capability to submit electronic syndromic surveillance data to public health agencies
3. Implement drug formulary checks
4. Incorporate clinical lab test results into the EHR as structured data
5. Generate lists of patients by specific conditions
6. Send reminders to patients
7. Provide patients with timely electronic access to health information
8. Education resources
9. Medication reconciliation
10. Summary care record

*At least one of the 5 selected menu options must be a population health related objective (one of the first two on the menu list).*

# MENU 1: SUBMIT ELECTRONIC DATA TO IMMUNIZATION REGISTRIES



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- Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful.
- You can be excluded from meeting this objective for either of these reasons:
  - ✓ You don't administer immunizations.
  - ✓ There is no immunization registry which can receive your electronic transmission.
- 365 day tip: If you took an exclusion for this measure in your 90 day report, be sure to check if there has been a change in the status of your local CAIR registry's ability to receive electronic transmissions.**

# MENU 2: SUBMIT ELECTRONIC SYNDROMIC SURVEILLANCE DATA TO PUBLIC HEALTH AGENCIES



- Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful.
  
- You can be excluded from meeting this objective for either of these reasons:
  - ✓ You do not collect any reportable syndromic data.
  - ✓ There is no public health agency which can receive your electronic transmission.
  
- 365 day tip: If you took an exclusion for this measure in your 90 day report, be sure to check if there has been a change in the status of your local public health department's ability to receive electronic transmissions.**



# MENU 3: DRUG FORMULARY CHECKS



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- EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.
- 365 day tip: take a screenshot of illustrating the drug formulary check each month and retain in your MU audit file.**



# MENU 4: INCORPORATE CLINICAL LAB-TEST RESULTS



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- More than 40% 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 certified EHR technology as structured data.
- You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the tests you ordered came back as a number or as a positive/negative response.
- 365 day tip: Routinely monitor that your lab interface is functioning properly so that you can maintain 40% on this measure.**

# MENU 5: GENERATE LISTS OF PATIENTS BY SPECIFIC CONDITIONS

- Generate at least one report listing patients of the EP with a specific condition.
- 365 day tip: Print at least one list of patients by diagnosis and retain in your MU audit file.**

**Patient List - Demonstration Version**

File Help

**Patient List** Sort By:  Show:  Find:  by Date

Reg Date	Time	Patient Name	Sex	Age	Disch'd
07/10/2001	10:41	Caldwell, Sandra	F	38Y	
07/10/2001	10:42	Duncan, Stuart	M	76Y	✓
07/10/2001	10:55	Johnson, Eric	M	11M1Y	
07/10/2001	10:58	Nelson, Ada	F	26Y	
07/10/2001	10:31	Smith, Franklin R.	M	59Y	✓
07/10/2001	10:56	Wilson, Fred	M	37Y	

# MENU 6: SEND REMINDERS TO PATIENTS FOR PREVENTATIVE/FOLLOW-UP CARE

- More than 20% of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.
- You can be excluded from meeting this objective if you have no patients 65 years or older or 5 years old or younger whose information is in your certified EHR.
- 365 day tip: Routinely monitor your progress on this measure to confirm that you continue to maintain 20%.**

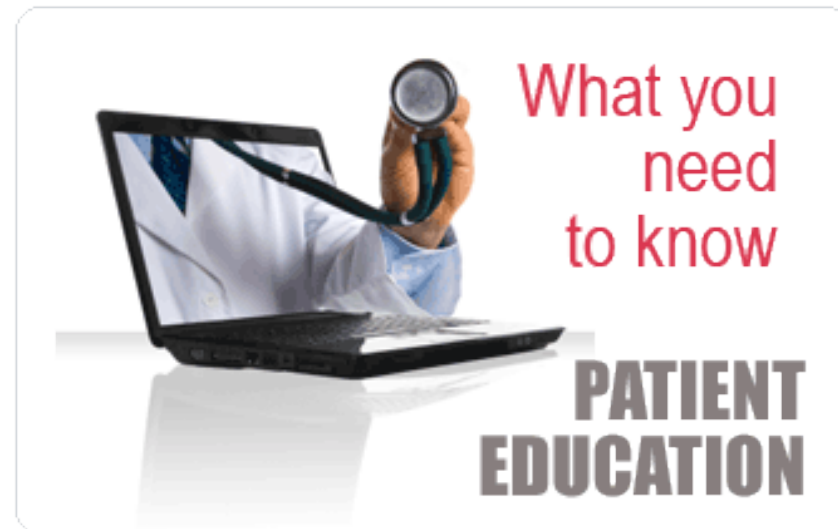


# MENU 7: PATIENT SPECIFIC EDUCATION RESOURCES



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- More than 10% of all unique patients seen by the EP are provided patient-specific education resources.
- 365 day tip: Routinely monitor your performance on this measure, however this 10% measure is easier to correct if you fall behind.**



# MENU 8: ELECTRONIC ACCESS TO HEALTH INFORMATION FOR PATIENTS

- At least 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.
- 365 day tip: Routinely monitor your performance on this measure, however this 10% measure is easier to correct if you fall behind.**



# MENU 9: MEDICATION RECONCILIATION



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- 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.
  
- 365 day tip: Stay on top of your performance on this measure to ensure that you are maintaining 50% on this measure. Confirm that new patients are being identified as “referrals in” and that medication reconciliation is conducted and recorded.**

# MENU 10: SUMMARY CARE RECORD FOR TRANSITIONS OF CARE

- 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.
- You can be excluded from meeting this objective if you don't refer any patients to another setting for care during the reporting period.
- 365 day tip: Stay on top of your performance on this measure to ensure that you are maintaining 50% on this measure. Confirm that patients referred to another provider are being identified as "referrals out" and that the summary care record is generated and recorded.**



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"I specialize in referrals to specialists!"

# CLINICAL QUALITY MEASURES



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- Clinical quality measures do not have thresholds that providers are required to meet.
- No calculations are required for the clinical quality measures. The certified EHR will produce a report with clinical quality measure data, which must be entered exactly as the certified EHR produced it.
- EPs are required to report on:
  - 3 core clinical quality measures **AND**
  - 3 clinical quality measures selected from an additional list
- If you do not collect information on one or more of the 3 core clinical quality measures, you can choose one or more replacements from an alternate list.

# CORE CLINICAL QUALITY MEASURES



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All providers must report on 3 Core CQM:

- NQF 0013: Hypertension: Blood Pressure Measurement
- NQF 0028: Preventative Care and Screening Measure Pair: a) Tobacco Use Assessment b) Tobacco Cessation Intervention
- NQF 0421: Adult Weight Screening and Follow-Up



# ALTERNATE CLINICAL QUALITY MEASURES



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If the data produced by your EHR indicates a zero for the denominator of one or more of the core clinical quality measures, then you must choose one or more alternate core clinical quality measures from this list:

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



# ADDITIONAL CLINICAL QUALITY MEASURES



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All providers must report on 3 Additional CQM:

- Select from a list of 38 additional CQM.
- Select additional CQM that are relevant to your practice.



## Contact Us:

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