Michigan State Medical Society

HIT Alert

# What is 'Meaningful Use'? The Federal EHR Incentive at Stage 1

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**Background**

"Meaningful Use" (MU) is the term that is being used to describe how health care providers are expected to use EHR technology in order to qualify for federal incentives from the 2009 federal stimulus act (officially known as the American Recovery and Reconstruction Act of 2009 – ARRA).

To better understand the meaning of MU, it is important to understand the circumstances surrounding the EHR incentives within ARRA. First, substantial funds, $34 billion ($19 billion net) were authorized to be paid out from Medicare and Medicaid primarily to individual practitioners and hospitals for installing or using EHR technologies. Commitments of this scale must get scrutinized and must get results.

Accordingly, the greatest single risk to the ultimate effectiveness of this incentive program (hereafter, the IP), was to have medical organizations simply go out and purchase qualifying software and never use it. This is commonly referred to as purchasing "shelfware."

When discussing information technologies and governmental programs, there is no getting around acronyms. The following acronyms or abbreviations are used in this article:

ARRA – The American Recovery & Reinvestment Act of 2009 (Stimulus Bill)
CMS – Centers for Medicare and Medicaid Services
CPOE – Computerized Physician Order Entry
CQM – Clinical Quality Measure
EHR – Electronic Health Record
EP – Eligible Professional
HIT – Healthcare Information Technology
HIPC – Health Information Technology Policy Committee
HITECH – Health Information Technology for Economic and Clinical Health [Act]
IP – Incentive Program
MA – Medicare Advantage Program
MU – "Meaningful Use"
ONC – Office of the National Coordinator of Health Information Technology
PQRI – Professional Quality Reporting Incentive

The second big risk to the IP was that the bulk of the purchasers of EHR technology would use it for limited purposes that would not impact the quality of health care delivered by practitioners. As a result of a variety of demonstration projects, and some spontaneous innovation in various parts of the country, it has been demonstrated that the newest levels of EHR technologies, when implemented carefully, can indeed have a major positive impact on the quality of health care delivered by practitioners in all settings.

Some of the features of the newer information technologies make possible the following kinds of improvements in creating, managing, and sharing health information:



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- Entry of text without the use of keyboards, eliminating hand-written information
- Use of medical information that is specific, consistent, and structured
- Automatically acquiring patient clinical information from other practitioners
- Adherence to base level security and consistent control over access to patient information
- Generating alerts to the practitioner regarding clinical inconsistencies
- Interconnecting networks that allow immediate information exchanges amongst all practitioners, hospitals, payers, and related entities
- Delivering relevant evidence-based clinical guideline information during encounters
- Immediately available patient records to the practitioner and the patient, any time, via any device
- Providing direct electronic ordering and immediate result reporting with discrete values
- Allowing patient records to be immediately analyzed as a group to discern patterns between care and outcomes
- Providing automatic trending of patient clinical data
- Generating immediate written summaries of patient data or encounter information

Simply put, Congress and federal agencies want to harness these various technologies so that health information technologies (HIT) will, in fact, deliver on this potential to improve care, and in so doing, also achieve some promising related cost savings.

So, MU is essentially short hand for using HIT/EHR in ways that will result in improvement in health care quality and efficiency. An eligible professional who wishes to receive his/her EHR incentive payment from either Medicare or Medicaid must satisfy the applicable MU criteria.

**The Process Leading to the Designation of Federal MU Criteria**

The ARRA legislation was written in a manner that allowed the Secretary of Health & Human Services (HHS) considerable latitude in defining the MU criteria. MU for eligible professionals (EPs) was defined within the Medicare program section of ARRA as follows:

- Uses certified EHR technology "…in a meaningful manner, which shall include the use of electronic prescribing."
- "…the electronic exchange of health information to improve the quality of health care, such as promoting care coordination."
- "…using such certified EHR technology…submits information…on such clinical quality measures…"

Sections 3001 thru 3012 of the HITECH section of ARRA laid out the standards-setting principles, policy-setting mandates, and processes that the Office of the National Coordinator would have to follow to determine the capabilities of a federally-certifiable EHR product.

So both the Medicare incentive provisions, and the ONC mandates, would ultimately define what MU truly meant. Essential to the construction and promulgation of MU criteria, would be a rapid, but extensive input process, largely managed by the HIT Policy Committee, which is accountable to the ONC. This group was organized by early April 2009, and by late August 2009 had held multiple hearings, reviewed hundreds of formal comment documents, and rendered its recommendations to the ONC.

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[1] Page 355-256 of the American Recovery & Reinvestment Act of 2009, USGPO.
[2] Federal Register, Vol 75, No.8, Wednesday January 13, 2010, pp. 1844-2011.

A total of 23 individuals were appointed to the Health IT Policy Committee (HIPC). The health care delivery community constituted a majority of the committee, as confirmed by the following facts:

- 12 members were either MDs, RNs, or RPhs
- 11 members represented care delivery organizations

Their interim recommendations were delivered on July 16, 2009. Their final recommendations were delivered on August 14, 2009.

In large measure, the August 2009 Policy Committee recommendations were reflected in the Centers for Medicare & Medicaid Services' (CMS) January 13, 2010 Notice of Proposed Rule Making in the Federal Register . The final July 28, 2010 EHR regulations included numerous changes, especially within the "meaningful use" content, that reflect the thousands of comments that were received on the draft version.

**The Framework of the MU Criteria:**

As stated earlier, there are a number of newer information technologies (IT) that have been proving valuable to the delivery of health care. However, it was clear that these technologies had to be harnessed in a manner that contributed to improving care. This required a frame of reference that EHR vendors and practitioners alike would use to decide how the technologies would be designed and used. That frame of reference was formally presented in the July 2009 federal HIPC recommendations. It served as the foundation to the following five outcomes-focused policy priorities and goals:

- **Priority #1:** Improving quality, safety, efficiency, and reducing health disparities
  - Access to comprehensive patient health care data for the care team
  - Use of evidence-based order sets and CPOE
  - Apply clinical decision support at point of care
  - Generate lists of patients who need care and reach out to them
- **Priority #2:** Engaging patients and families in their health care
  - Enable patients and families to make informed decisions on their care
  - Facilitate patients and families efforts to manage their health
- **Priority #3:** Improving care coordination
  - Exchange meaningful clinical information among professional health care team
- **Priority #4:** Improving population and public health
  - Communication with public health agencies
- **Priority #5:** Assuring adequate privacy and security protections for personal health information, commonly referred to as PHI
  - Ensure privacy and security provisions for confidential information through operating policies, procedures, technologies, and compliance with applicable law
  - Provide transparency of data sharing to the patient

There are two classes of "meaningful use" criteria or measures that must be reported by EPs to secure their EHR incentive, whether it is the Medicare or Medicaid incentive:

- "Meaningful use" Measures
- Clinical Quality Measures (CQMs)

**The Evolving Nature of MU**

One of the earliest points of agreement during the Spring and Summer 2009 input cycle was that, for the EHR Incentive program to be successful, its assessment criteria needed to start reasonably and grow over time. It was also agreed that when new criteria were set, they needed sufficient time to be achieved. As a result, MU criteria will be issued in Stages.



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- The 1st stage MU criteria will be issued in 2010 (draft released on January 13, 2010) and be applicable to years 2011 and 2012
- The 2nd stage MU criteria is expected to be issued in 2011 and be applicable to years 2013 and 2014
- The 3rd stage MU criteria is expected to be issued in 2013 and be applicable to years 2015 and thereafter

The CMS January 13, 2010 material in the federal regs mentioned the possibility of additional stages, if needed. While no MU criteria for Stages 2 or 3 were presented in the Federal Register, the following anticipated criteria for those stages were mentioned:

- **Stage 2**
  - Expanded use of e-Prescribing and CPOE use
  - Exchange of information in the most structured form and the use of patient care summaries for transitions of care
  - Electronic transmission of diagnostic test results
  - Rigorous expectations for health information exchange (HIEs)

- **Stage 3**
  - Improvements on quality, safety, and efficiency
  - Use of decision support for national high priority conditions
  - Patient access to self management tools
  - Robust, patient-centered health information exchange
  - Improving population health

**Single Set of MU Criteria for Medicare and Medicaid**

An often cited, related goal for the MU criteria is that both the Medicare and Medicaid programs initially use the same criteria to the maximum extent possible. This principle goes back to the ARRA. In the final regulation, CMS clarified that it will significantly limit any additional criteria from the states for Medicaid-only criteria during Stage 1. CMS has, however, also acknowledged that there are special programmatic quality measure needs within Medicaid (i.e. pediatrics, obstetrics) that will be addressed within Stage 2 criteria.

**Flexibility in When MU Criteria Applies**

In Fall 2009, the federal government recognized that many health care providers are fairly unprepared to rapidly begin a journey to implement HIT/EMR technology. As a result, it was decided that providers would be given a number of years to initiate their EHR project and start their "initial payment year." This would also mean that the stages of MU reporting would have to adjust.

While CMS responded to this need for flexibility in the regulations, the ARRA required specific ending dates for the EHR incentive program. The result is that there is a time window compression for MU criteria achievement that gets greater the longer a provider waits to start its initial payment year.

Tables 1 and 2 display the MU stage windows, and the reporting window compression that can take place. The differences between the time windows of Medicare and Medicaid are the result of specific wording in the ARRA legislation.

Only the Medicaid program will pay its first year incentive to implement an EHR technology. If the EP has already implemented an EHR, s/he will begin MU reporting during the first payment year.

[3] Only the Medicaid program will pay its 1st year incentive to implement an EHR technology. If the EP has *already* implemented an EMR, s/he will begin MU reporting during the 1st year.



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**Table 1**

| Application of Meaningful Use Stage - Medicare | | | | | |
|---|---|---|---|---|---|
| First Payment Year | Payment Year | | | | |
| | 2011 | 2012 | 2013 | 2014 | 2015+ |
| 2011 | Stage 1 | | Stage 2 | | TBD |
| 2012 | | Stage 1 | | Stage2 | TBD |
| 2013 | | | Stage 1 | Stage 2 | TBD |
| 2014 | | | | Stage 1 | TBD |
| 2015 | | | | | TBD |

**Table 2**

| Application of Meaningful Use Stage - Medicaid | | | | | | |
|---|---|---|---|---|---|---|
| First Payment Year | Payment Year | | | | | |
| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 |
| 2011 | Implement | Stage 1 | | Stage 2 | TBD | TBD |
| 2011 Alt | Stage 1 | | Stage 2 | | TBD | TBD |
| 2012 | | Implement | Stage 1 | | TBD | TBD |
| 2013 | | | Implement | Stage 1 | TBD | TBD |
| 2014 | | | | Implement | TBD | TBD |
| 2015 | | | | | Implement | TBD |
| 2016 | | | | | | Implement |

**Final Stage 1 'Meaningful Use' Criteria**

There are two sets of objectives and measures: (1) Core, and (2) Menu. There are a total of 15 items in the Core set and a total of 10 items in the Menu set. The items in the Core set are mandatory, whereas, the Menu set allows the EP to make some selections. The EP can defer up to five objectives from the Menu set.

Under certain circumstances, an EP can claim exclusion for up to 12 items. To qualify for exclusion, CMS expects that the EP either: (1) does not do enough to warrant the reporting (i.e., an EP orders fewer than 100 meds during the reporting period), or (2) has no relevant events (i.e., no patient requests an electronic copy of their record during the reporting period). Therefore, the EP will report on no more than 15 Core Set MU measures (there are five possible exclusions) and 5 Menu Set MU Measures (exclusion might apply).

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**Table 3**
**Meaningful Use Objectives and Measures for Reporting**

| Objective | Measure | Exclusion |
|---|---|---|
| **CORE SET** | | |
| Use CPOE for medication orders directly entered by any licensed health care professional who can enter orders into the medical record per state, local and professional guidelines | Greater 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 using CPOE* | EPs who order less than 100 medications during the EHR reporting period |
| Implement drug-drug and drug-allergy interaction checks | Capability is enabled for entire EHR reporting period | None |
| Maintain an up-to-date problem list of current and active diagnoses | Greater than 80% of all unique patients seen by the EP have at | None |
| | least one entry or an indication that no problems are known for the patient recorded as structured data | |
| Generate and transmit permissible prescriptions electronically (eRx) | Greater than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology* | EPs who order less than 100 medications during the EHR reporting period |
| Maintain active medication list | More than 80% of all unique patients seen by the EP have at least one entry (or indication that patient not currently prescribed any medication) recorded as structured data | None |
| Maintain active medication allergy list | More than 80% of all unique patients seen by the EP have at least one entry (or indication that patient has no known medication allergies) recorded as structured data | None |
| Record all of the following demographics:<br>• Preferred language<br>• Gender<br>• Race<br>• Ethnicity<br>• Date of birth | Greater than 50% of all unique patients seen by the EP have demographics recorded as structured data | None |
| Record and chart changes in the following vital signs:<br>• Height<br>• Weight<br>• Blood pressure<br>• Calculate and display body max index (BMI)<br>• Plot and display growth charts for children 2-20 years, including BMI | Greater than 50% of all unique patients age 2 and over seen by the EP have height, weight, and blood pressure recorded as structured data* | EPs who see no patients 2 years or older, or who believe that all three of the vital signs of their patients have no relevance to their scope of practice |
| Record smoking status for patients 13 years old or older | Greater than 50% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data* | EPs who see no patients 13 years old or older |
| Report ambulatory clinical quality measures to CMS or, in the case of Medicaid EPs, the States | Successfully report to CMS (or, in the case of Medicaid EPs, the States) ambulatory clinical quality measures selected by CMS in the manner specified by CMS (or, in the case of Medicaid EPs, the States) (See "Final Stage 1 Clinical Quality Measures" and Table 4 below) | None |
| Implement one clinical decision support rule relevant to specialty or high clinical priority with the ability to track compliance with that rule | Implement one clinical decision support rule | None |
| Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, | Greater than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days* | EPs who have no requests from patients or their agents for an electronic copy of the |

| Objective | Measure | Exclusion |
|---|---|---|
| medication allergies) upon request | | patient health information during the EHR reporting period |
| Provide clinical summaries for patients for each office visit | Clinical summaries provided to patients for more than 50% of all office visits within 3 business days* | EPs who have no office visits during the EHR reporting period |
| Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results) electronically among providers of care and patient authorized entities | Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information | None |
| Protect electronic health information created or maintained by the certified EHR technology and the implementation of appropriate technical capabilities | Conduct or review a security risk analysis in accordance with the requirements per 45 CFR 164.308(a)(1), implement security updates as necessary, and correct identified security deficiencies as part of risk management process | None |
| **MENU SET** | | |
| Implement drug-formulary checks | Functionality enabled and has access to at least one internal or external formulary for the entire EHR reporting period | None |
| Incorporate clinical lab-test results into EHR as structured data | Greater than 40% of all lab tests ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numeric format are incorporated in certified EHR as structured data* | EPs who order no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period |
| Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach | Generate at least one report listing patients of the EP with a specific condition* | None |
| Send reminders to patients per patient preference for preventive/follow up care | More than 20% of all patients 5 years old or younger or 65 years old or older were sent an appropriate reminder during the EHR reporting period* | EPs with no patients 5 years old or younger or 65 years old or older with records maintained using certified EHR technology |
| Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, and allergies) within 4 business days of the information being available to the EP | At least 10% of all unique patients seen by the EP are provided timely (available to the patient within 4 business days of the information being available to the EP) electronic access to their health information subject to EP's discretion to withhold certain information | EPs that neither order nor create any of the information listed at 45 CFR 170.304(g) (e.g., lab test results, problem list, medication list, medication allergy list, immunizations, and procedures) during the EHR reporting period |
| Use certified EHR technology to | More than 10% of all unique patients | None |

| Objective | Measure | Exclusion |
|---|---|---|
| identify patient-specific education resources and provide those resources to the patient if appropriate | seen by the EP are provided patient-specific information | |
| An EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation | Medication reconciliation is performed for more than 50% of transitions of care in which the patient is transitioned into the care of the EP* | EPs who did not receive any transitions of care during the EHR reporting period |
| An EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide a summary care record for each transition of care or referral | A summary of care record is provided for more than 50% of transitions of care and referrals* | EPs who neither transfer a patient to another setting nor refer a patient to another provider during the EHR reporting period |
| Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice** | 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 (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information) | EPs who administer no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically |
| Capability to submit electronic syndromic surveillance data to public health agencies and actual submission according to applicable law and practice** | 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 (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically) | EPs who do not collect any reportable syndromic information on their patients during the EHR reporting period or do not submit such information to any public health agency that has the capacity to receive the information electronically |

*Calculation limited to actions for patients whose records are maintained using certified EHR technology.
**The EP must select at least one of these two objectives as part of the five objectives and related measures from the Menu Set that must be met.

### Final Stage 1 Clinical Quality Measures (CQMs)[4]

As pointed out earlier, the second group of measures that must be reported are the CQMs. These measures are presented in Table 4. It is important to understand that the CQMs have largely been chosen from existing measures defined by national quality organizations such as the National Quality Forum, or have already been used by existing federal quality reporting programs such as PQRI.

There are three classes of CQMs:

- Core Measures (there are three)
- Alternate Core Measures (there are three)
- Standard Clinical Quality Measures (there are 38)

While the current list of potential CQMs contains 44 measures, the federal requirement is that practitioners must report on a total of only 6 CQMs for Stage 1:

- Three Core (or Alternate Core, if needed) measures
- Three out of the 38 Standard measures

If any Core measure generates a zero in the denominator (meaning that there are no relevant patients for that measure), the EP must also report on a substitute CQM from the Alternate Core Measures class.

[4] In a strict sense, reporting of quality measures is an objective within the 1st Meaningful Use priority area. However, it is, in many ways, a derivative of the other objectives, and will affect a practice in significantly different ways. To assist in appreciating these differences, we are considering them separately in this document.



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It should be noted that final federal regulations on EHR product certification criteria includes a stipulation that the product must be able to internally generate the CQMs. As a result, the EP will have almost no work associated with generating the required data.

**Table 4**

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| **Core Measures** | | |
| NQF 0421<br><br>PQRI 128 | **Title:** Adult Weight Screening and Follow-Up<br>**Description:** Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented. | CMS/Quality Insights of Pennsylvania (QIP) |
| NQF 0013 | **Title:** Hypertension: Blood Pressure Measurement<br>**Description:** Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded. | American Medical Association-sponsored Physician Consortium for Performance Improvement (AMA-PCPI) |
| NQF 0028 | **Title:** Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention<br>**Description:** Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention. | AMA-PCPI |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| **Alternate Core Measures** | | |
| NQF 0041<br><br>PQRI 110 | **Title:** Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old<br>**Description:** Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February). | AMA-PCPI |
| NQF 0024 | **Title:** Weight Assessment and Counseling for Children and Adolescents<br>**Description:** Percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. | National Committee for Quality Assurance (NCQA) |
| NQF 0038 | **Title:** Childhood Immunization Status<br>**Description:** Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio(IPV), one measles, ,mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates. | NCQA |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| **Standard Measures** | | |
| NQF 0059<br><br>PQRI 1 | **Title:** Diabetes Hemoglobin A1c Poor Control<br>**Description:** Percentage of patients 18-75 years of age with diabetes (type 1 or 2) who had hemoglobin A1c >9.0% | NCQA |
| NQF 0064<br><br>PQRI 2 | **Title:** Diabetes: Low Density Lipoprotein (LDL) Management & Control<br>**Description:** Percentage of patients18-75 years of age with diabetes (type 1 or type2) who had LDL-C <100 mg/dL) | NCQA |
| NQF 0061<br><br>PQRI 3 | **Title:** Diabetes: Blood Pressure Management<br>**Description:** Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg. | NCQA |
| NQF 0081<br><br>PQRI 5 | **Title:** Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br>**Description**: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy. | AMA-PCPI |
| NQF 0070<br><br>PQRI 7 | **Title:** Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy. | AMA-PCPI |
| NQF 0043<br><br>PQRI 111 | **Title:** Pneumonia Vaccination Status for Older Adults<br>**Description:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine. | NCQA |
| NQF 0031<br><br>PQRI 112 | **Title:** Breast Cancer Screening<br>**Description:** Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. | NCQA |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| NQF 0034<br><br>PQRI 113 | **Title:** Colorectal Cancer Screening<br>**Description:** Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. | NCQA |
| NQF 0067<br><br>PQRI 6 | **Title**: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD<br>**Description**: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy. | AMA-PCPI |
| NQF 0083<br><br>PQRI 8 | **Title:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy. | AMA-PCPI |
| NQF 0105<br><br>PQRI 9 | **Title:** Anti-depressant medication management: (a) Effective Acute Phase Treatment,(b)Effective Continuation Phase Treatment<br>**Description:** The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. | NCQA |
| NQF 0086<br><br>PQRI 12 | **Title:** Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months. | AMA-PCPI |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| NQF 0088<br><br>PQRI 18 | **Title:** Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months. | AMA-PCPI |
| NQF 0089<br><br>PQRI 19 | **Title:** Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months. | AMA-PCPI |
| NQF 0047<br><br>PQRI 53 | **Title:** Asthma Pharmacologic Therapy<br>**Description:** Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment. | AMA-PCPI |
| NQF 0001<br><br>PQRI 64 | **Title:** Asthma Assessment<br>**Description:** Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least | AMA-PCPI |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| | 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms. | |
| NQF 0002<br><br>PQRI 66 | **Title:** Appropriate Testing for Children with Pharyngitis<br>**Description:** Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. | NCQA |
| NQF 0387<br><br>PQRI 71 | **Title:** Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer<br>**Description:** Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period. | AMA-PCPI |
| NQF 0385<br><br>PQRI 72 | **Title:** Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients<br>**Description:** Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period. | AMA-PCPI |
| NQF 0389<br><br>PQRI 102 | **Title:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients<br>**Description:** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. | AMA-PCPI |
| NQF 0027<br><br>PQRI 115 | **Title:** Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies<br>**Description:** Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies. | NCQA |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| NQF 0055<br><br>PQRI 117 | **Title:** Diabetes: Eye Exam<br>**Description:** Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional. | AMA-PCI |
| NQF 0062<br><br>PQRI 119 | **Title:** Diabetes: Urine Screening<br>**Description:** Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy. | NCQA |
| NQF 0056<br><br>PQRI 163 | **Title:** Diabetes: Foot Exam<br>**Description:** The percentage of patients aged 18 – 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam). | NCQA |

| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| NQF 0074<br><br>PQRI 197 | **Title:** Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol<br>**Description:** Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines). | AMA-PCPI |
| NQF 0084<br><br>PQRI 200 | **Title:** Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation<br>**Description:** Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy. | AMA-PCPI |
| NQF 0073<br><br>PQRI 201 | **Title:** Ischemic Vascular Disease (IVD): Blood Pressure Management<br>**Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<40/90 mmHg). | NCQA |
| NQF 0068<br><br>PQRI 204 | **Title:** Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic<br>**Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year. | NCQA |
| NQF 0004 | **Title:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement<br>**Description:** The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the d diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit. | NCQA |
| NQF 0012 | **Title:** Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)<br>**Description:** Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit. | AMA-PCPI |
| NQF 0014 | **Title:** Prenatal Care: Anti-D Immune Globulin<br>**Description:** Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation. | AMA-PCPI |
| NQF 0018 | **Title:** Controlling High Blood Pressure<br>**Description:** The percentage of patients 18-85 years of age | NCQA |

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| NQF Meas. No. and PQRI Imple. No. | Clinical Quality Measure Title and Description | Measure Steward |
|---|---|---|
| | who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year | |
| NQF 0032 | **Title:** Cervical Cancer Screening<br>**Description:** Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer | NCQA |
| NQF 0033 | **Title:** Chlamydia Screening for Women<br>**Description:** Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. | NCQA |
| NQF 0036 | **Title:** Use of Appropriate Medications for Asthma<br>**Description:** Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total). | NCQA |
| NQF 0052 | **Title:** Low Back Pain: Use of Imaging Studies<br>**Description:** Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis. | NCQA |
| NQF 0075 | **Title:** Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control<br>**Description:** Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL. | NCQA |
| NQF 0575 | **Title:** Diabetes: Hemoglobin A1c Control (<8.0%)<br>**Description:** The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%. | NCQA |

### Reporting Considerations

The measures reporting method expectation for Medicare is:

- In 2011, manually report MU Measures and CQMs via attestation
- In 2012, manually report MU Measures via attestation
- In 2012, electronically report CQMs directly via the practitioner's EHR, or via an electronic connection to a registry that reports electronically to CMS.

The states are required to devise Medicaid processes using the same level of technologies that are presented above for Medicare.

The strategies for reporting MU Measures and CQMs are summarized on Table 5 below.

**Table 5**

| Program | 2011 | | 2012 | |
|---|---|---|---|---|
| | MU Measures | CQMs | MU Measures | CQMs |
| Medicare FFS | Attestation via CMS website | Attestation via CMS website | Attestation via CMS website | Electronic submission via CMS website |
| Medicare Advantage | Attestation via CMS website | Use existing HEDIS reporting | Attestation via CMS website | Use existing HEDIS reporting |
| Medicaid | Attestation vehicle under consideration by MDCH | Attestation vehicle under consideration by MDCH | Attestation vehicle under consideration by MDCH | Electronic reporting vehicle under consideration by MDCH |

Any EP intending to seek either the Medicare or Medicaid EHR incentive will be required to register on a CMS website any time after January 1, 2011.

CMS is planning to have a web tool available for the secure filing of Medicare attestations. There will be a Medicare CQM data submission web portal in place by January 1, 2013.

For the Medicaid program, the reporting period does not apply if the EP's first payment year is focused on implementation of its EHR. For such an EP, its first reporting year is its second payment year. For EP's seeking the Medicare incentive, they must be operational and meaningfully using their EHR during their first payment year. So they must also file their measures report that first year.

For both programs, the EP must be using the EHR meaningfully, that is, submitting qualifying MU Measures and CQMs within any reporting year. During the first reporting year, the EP need only be a meaningful user during ANY 90 continuous day period. During the Second, or subsequent, payment years, the reporting period is the entire year. The EP is required to file its MU Measures and CQM reports within 60 days after the reporting period closes.

**Table 6**

| Reporting Year | Submission Deadline |
|---|---|
| 1st Year | 60 days after any 90 consecutive |
| **Reporting Year** | **Submission Deadline** |
| Implementation under Medicaid is not a Reporting Year | day period that the EP selects within the year |
| 2nd Year | Before 2/28/YY after the end of the calendar year |

There are three acceptable methods for electronically reporting CQMs under Medicare:

- The eventual CMS web portal to be available by January 1, 2013 (for reporting year 2012)
- A registry which must receive the EP's EHR-generated data electronically, and that will, in turn, electronically transmit that CQM data electronically to CMS



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- An HIE that is equipped to receive the EP's data via a standardized structured transaction and capable of passing that standard data load onto CMS

In all of these instances, the CQM data must be generated by the certified EHR product and transmitted electronically from it.

**Relationships Among the EHR CQM Reporting Requirements and Other HHS Quality Reporting Programs**

There are a number of other federal health care quality reporting programs in existence. For physicians, the most widely known program is the PQRI. The ARRA required the Secretary of HHS to make efforts to better align or integrate such programs. The broad use of the PQRI measures in the EHR Incentive was a significant step. The final EHR Incentive rule clarified that the Medicare Advantage (MA) program will NOT be required to comply with the CQM requirements. The current HEDIS reporting requirement for the MA programs will satisfy the EHR requirement.

The June 23, 2010 release of proposed rules to extend the PQRI program included specific commitments to step up joint planning and implementation across all HHS quality reporting programs by 2012. And the scope of this planning will go well beyond the CMS programs and includes such programs as the FQHC and other HRSA programs.

**Closing Observations**

The EHR Incentive MU criteria provide considerable insight into the ways in which the federal government believes HIT/EHRs should be used to improve the quality and efficiency of health care. Its inclusion of CQMs also makes it clear that they desire to measure and confirm the extent of its impact. From a public policy and taxpayer point of view, this is a very good thing.

With many of the MU measures, the threshold level was significantly reduced by CMS in the final regulations. This is good news which off-sets the reality that generating this data will require manual effort for the EPs.

It is clear that the major lesson of the early PQRI reporting effort has been absorbed by HHS. Quality reporting systems require their own methods and pathways, and must be an integral part of the process of care. Certified EHRs are to automatically generate the required CQM data, and the submission process will be nearly entirely electronic. The new process also is to include an explicit report acknowledgement and outcome notification. After the extensive initial disappointments with PQRI, it is essential that CMS deliver on these promises.

The diversity of MU Policy Priorities and Objectives confirms the desire of the federal government to leverage the multiple potential improvements in health care delivery that exist with EHR technology. Taken together, these improvements constitute a sizable challenge to any practice. The associated reporting for MU measures will require greater effort for the practices, as there is no fully automated approach for calculating them. Fortunately, CMS has announced that there will be an electronic MU report filing process.

In closing, with the finalization of (1) the EHR product standards regulations, (2) the EHR Incentive regulations, and (3) the final regulations for the interim certification program, the starting gun has been sounded for the federal EHR program!

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*You can also find the latest HIT information at www.msms.org/HIT.*



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