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Health Care Access for All

Medicaid Meaningful Use Incentive Payments

An overview of A/I/U and Meaningful Use

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Overview

Health Care Access for All

- Big Picture
- Certification
- Eligibility
- Registering
- Meaningful Use

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Big Picture

Background

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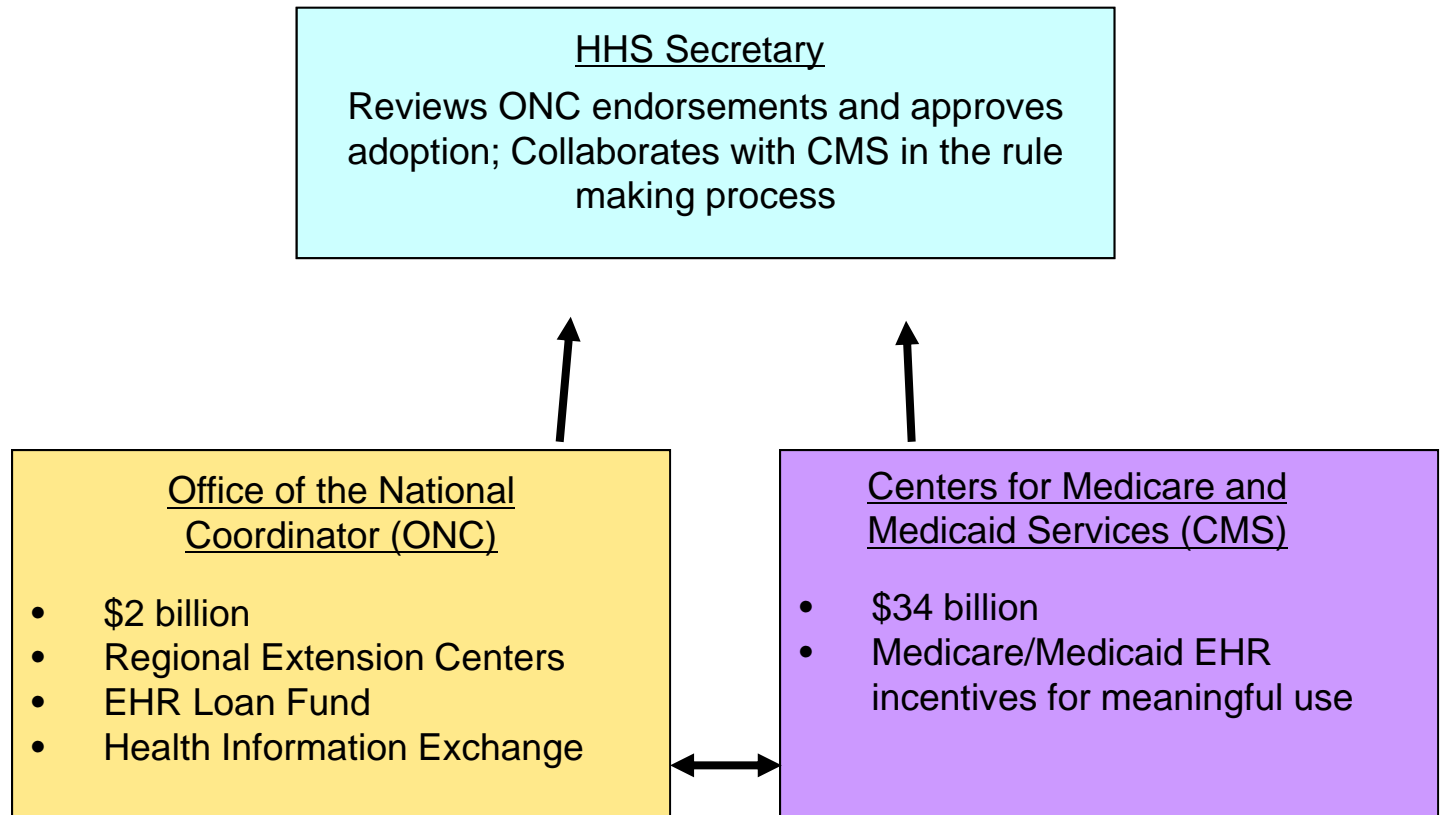
Why?

- The Medicare and Medicaid EHR incentive programs will provide incentive payments to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology.
- These incentive programs are designed to support providers in this period of Health IT transition and instill the use of EHRs in meaningful ways to help our nation to improve the quality, safety and efficiency of patient health care.

Federal Chain of Command

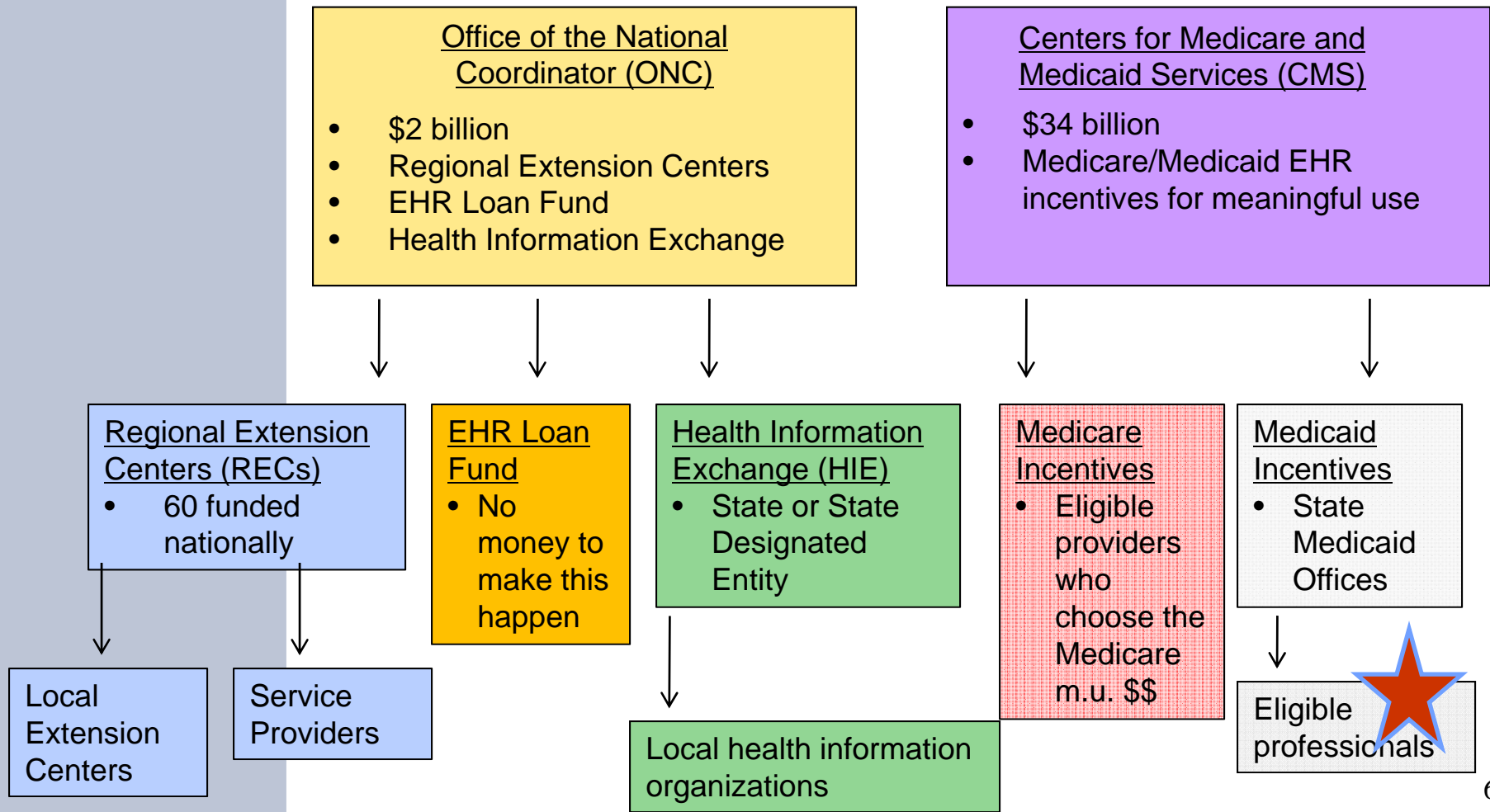
Health Care Access for All

What the
HITECH Act
funded.....



Federal to State to Provider Flow of Funds

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Certification

Certified EHR

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- In order to receive incentive payments the eligible professional must use certified EHR technology.
- Certification is defined by the Office of the National Coordinator (ONC) and is required in the HITECH Act.
- The ONC approved a number of entities to certify EHR technology:
 - CCHIT
 - Drummond Group Inc.
 - InfoGuard
 - Sure Scripts, and more.....

Certified EHR

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Is your EHR certified? Find out by visiting

<http://onc-chpl.force.com/ehrcert>

Certified EHR

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- NO Electronic Dental Records are certified, because there are no standards to certify them against.
- Non-certified technology can interface with a certified EHR. The only requirement is that the meaningful use reporting is done out of the certified EHR.

What about dentists?

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Concerns

- While the dentists qualify, there are no standards crafted for EDRs so certification bodies can't certify EDR products.
- There are no oral health measures.
- Dentists can participate in year one A/I/U with a clinic/group practice that has a certified EHR.
- Year two is tricky because a dentist must use a certified EHR.

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Eligibility

Eligible Professionals in the Medicaid Program

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Hospital Based: 90% or more of the provider's services are provided in an inpatient hospital or emergency room hospital setting.

Who are Eligible Professionals?

Non-hospital based

In some states, maybe

- Physicians (MD, DO, or Optometrist)
- Dentists (DDS or DMD)
- Certified nurse-midwives
- Nurse practitioners
- Physician assistants (PAs) who are practicing in a Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) led by a physician assistant:

Eligible Professionals in the Medicaid Program

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Physician Assistant Led

Physician assistants (PAs) who are practicing in a Federally Qualified Health Centers (FQHCs) or Rural Health Clinics (RHCs) led by a physician assistant:

- When a PA is the primary provider in the clinic
 - ❖ It counts if the PA providing more encounters or spending more time at the site than the physician with the next most encounters or hours.
- When a PA is a clinical or medical director at the clinical site of practice
- When a PA is an owner of a RHC

Eligible Professionals in the Medicaid Program

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Who are Eligible Professionals?

1. Who have at least 30% of their encounters attributable to Medicaid, or
 - Pediatricians have a benchmark of 20% of their encounters attributable to Medicaid
 2. Who practices predominantly at an FQHC or RHC and has at least 30% of their encounters attributable to “needy” individuals.
- Patient encounters counted over any continuous 90-day period within the most recent calendar year prior to reporting.

Eligible Professionals in the Medicaid Program

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Who are Eligible Professionals?

- Needy: Medicaid, CHIP, uncompensated care, sliding fee scale.
- Practices Predominantly- Clinical location for over 50 percent of his/her patient encounters over a period of 6 months in the most recent calendar year occurs at the FQHC or RHC.
- Full or part-time status is not relevant, its about percentage of encounters.

Group Practice Eligibility

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Criteria to meet group practice eligibility

CMS will allow providers to use their clinic's Medicaid patient volume (or needy individual patient volume, insofar as it applies) as proxy for their own under the following conditions:

1. The clinic or group practice's patient volume is appropriate as a patient volume methodology calculation for the EP (i.e. if an EP only sees Medicare, commercial or self-pay patients this is not an appropriate calculation).
2. There is an auditable data source to support the clinic's or group practice's patient volume determination.

Group Practice Eligibility

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Criteria to meet group practice eligibility

3. All EPs in the group practice or clinic must use the **same methodology** for the payment year (in other words, clinics could not have some of the EPs using their individual patient volume for patients seen at the clinic, while others use the clinic-level data). The clinic or group practice uses the **entire practice or clinic's patient volume** and does not limit patient volume in any way. If an EP works inside and outside of the clinic or practice, then the **patient volume calculation includes only those encounters associated with the clinic** or group practice, and not the EP's outside encounters.

Group Practice Eligibility

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Things to consider:

3. *All EPs in the group practice or clinic must use the same methodology for the payment year.*
 - If you are an FQHC, and you want to use the 30% needy criteria, only the EPs that practice predominantly can be part of the group.
 - Any group (including an FQHC) can use 30% Medicaid
 - If some of your providers use the clinic patient volume as a proxy then all of them have to . But a provider can choose which group to be associated with without hurting the other group (s)he is associated with.

Group Practice Eligibility

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Things to consider: **IN CALIFORNIA**

3. *All EPs in the group practice or clinic must use the same methodology for the payment year.*
 - If you choose group practice, you will have to add all the EPs you are including in your group. You cannot delete an EP once added (at least not easily).
 - If an EP you add to your group goes and applies on his/her own, it will eliminate your clinic's ability from applying with group practice.

Group Practice Eligibility

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More details on using group as a proxy can be found at the CMS Q and A site:

http://questions.cms.hhs.gov/app/answers/detail/a_id/10362/p/21

Encounter Definition

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Definition of Encounter (30% Medicaid)

CMS has allowed the following to be considered Medicaid encounters:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act **paid** for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act **paid** all or part of their premiums, co-payments, and/or cost-sharing.

Encounter Definition

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Definition of Encounter (30% Needy)

CMS has allowed the following to be considered needy patient encounters:

- 1) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act **paid** for part or all of the service;
- 2) Services rendered on any one day to an individual where Medicaid or CHIP or a Medicaid or CHIP demonstration project under section 1115 of the Act **paid** all or part of their premiums, co-payments, and/or cost-sharing; or
- 3) Services rendered to an individual on any one day on a sliding scale or that were uncompensated.

Formulas

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Individual EP (over 90 day time period in previous CY)

- If the EP practices predominantly then (s)he can use 30% needy at the organization.
 - [needy encounters at FQHC/ total encounters at FQHC]
- OR
 - [needy encounters at FQHC + Medi-Cal managed care panel members seen / total encounters at FQHC + Medi-Cal managed care panel members assigned]

Formulas

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Individual EP (over 90 day time period in previous CY)

- If the EP does not practice predominantly the EP must look across his/her entire patient panel at all places of practice and meet the 30% Medicaid encounter rate.
 - [Medicaid encounters across all organizations / total encounters across all organizations]
- OR
 - [Medicaid encounters across all organizations + Medicaid managed care panel members seen / total encounters across all organizations + Medicaid managed care panel members assigned]

Formulas

Health Care Access for All

Group (over 90 day time period in previous CY)

- The FQHC can choose to use group practice eligibility with 30% needy for the EPs that practice predominantly.
 - [needy encounters at FQHC/ total encounters at FQHC]
- OR
 - [needy encounters at FQHC + Medicaid managed care panel members seen/ total encounters at FQHC + Medicaid managed care panel members assigned]

Formulas

Health Care Access for All

Group (over 90 day time period in previous CY)

- The FQHC can choose to use group practice eligibility with 30% Medicaid eligibility, and could include more than just the EPs that practice predominantly.
 - [Medicaid encounters / total encounters]
- OR
 - [Medicaid encounters + Medicaid managed care panel members seen / total encounters + Medicaid managed care panel members assigned]

Medicaid Incentive Payments

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Incentive Payments

- Eligible professionals can receive a maximum of \$63,750 from the EHR incentive program over 6 payment years.
- Must start the program between 2011 and 2016.
- Based on a 100% scale: CMS pays 85% and EP or EP's employer contributes 15%.
 - EPs cannot receive more than 85% of \$25,000 (\$21,250) in payment year 1, and 85% of \$10,000 (\$8,500) in the five subsequent payment years.

Medicaid Incentive Payments

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Incentive Payments

- Or if the EP is a pediatrician 85% of \$16,667 (\$14,167) in payment year 1, and 85% of \$6,667 or (\$5,667) in the five subsequent payment years.

Medicaid Incentive Payments

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Incentive Payments

- Changes to “net average allowable costs” in Medicare and Medicaid Extenders Act of 2010
- The new changes allow CMS to estimate the average payment that Medicaid providers will receive from other (non-governmental) sources. Each provider will use the average amount established by CMS.
- Under the change, as long as the State can verify that no more than 85% of the net average allowable cost was paid to the provider as an incentive payment, **a provider is determined to have met the remaining 15% of the cost.**

Medicaid Incentive Payments for Adoption/Implementation/Upgrade of Certified EHR

\$21,250 = 85% of \$25,000
\$8,500 = 85% of \$10,000

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	Total
2011	\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$0	\$0	\$0	\$0	\$0	\$63,750
2012		\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$0	\$0	\$0	\$0	\$63,750
2013			\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$0	\$0	\$0	\$63,750
2014				\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$0	\$0	\$63,750
2015					\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$0	\$63,750
2016						\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750

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Registering

Registering for the Incentives

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- There are two steps: National and State registration
 - National: Centers for Medicare and Medicaid Services
 - State
 - California expects to be live April 1
 - State's must have CMS approve their State Medicaid HIT Plans (SMHPs) and their Implementation and Advanced Planning Document (IAPD) before they go live
- The national side must be done first

Registering for the Incentives

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- A clinic/practice can register as a group on the state side, not on CMS side (yet)
- All EPs must have their own accounts, even if the clinic/practice applies as a group
- EPs must sign an attestation form at the end, even if the clinic/practice registers on his/her behalf

Registering for the Incentives

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CMS Portal

The following information will be required:

- Username/password of provider for NPPES
- Name of EP
- Medicare or Medicaid Program
- State of participation
- Participation Year
- National Provider Identifier (NPI)
- Certified EHR information

Registering for the Incentives

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CMS Portal

- Taxpayer Identification Number (TIN), which can be the clinic or FQHCs
 - EPs are permitted to **reassign** their incentive payments to their employer or to an entity with which they have a contractual arrangement allowing the employer or entity to bill and receive payment for the EP's covered professional services.
 - An EP may reassign the entire amount of the incentive payment to only one employer or entity.

Registering for the Incentives

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State Portal

The following information will be required:

- License number
- Information on provider practice if in multiple states
- Medicaid or needy encounter data
- Total encounter data
- FQHC or RHC Practice information (if choosing to use needy encounter data)
- Specialty
- Contact name, phone number and email address³⁷

Attestation

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In the first year of payment an EP must choose to

1. Attest to Adopting/implementing/upgrading an EHR

- Only this option available now

Attestation to A / I / U

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All will require
supporting
documentation

- Adopting: acquire, purchase or secure access to certified EHR technology (signed contract counts)
- Implementing: install or commence utilization of certified EHR technology capable of meeting meaningful use requirements
- Upgrading: expand the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site, including staffing, maintenance, and training, or upgrade from existing EHR technology to certified EHR technology per the ONC EHR certification criteria.

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Things to consider for next payment year- Meaningful Use

Meaningful Use Stages

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Payment Year	Payment Year				
	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	TBD
2012		Stage 1	Stage 1	Stage 2	TBD
2013			Stage 1	Stage 1	TBD
2014				Stage 1	TBD

A meaningful user

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EP eligibility

- EPs register once, but must apply and meet the eligibility criteria every year
- For an EP to be a meaningful user, the EP must have 50% or more of his/her patient encounters during the EHR reporting period at a practice(s)/location(s) equipped with certified EHR.
- Reporting is by EP NPI

Meaningful Use Objectives and Clinical Quality Measures

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Functional Measures

- EPs must report on 15 core objectives and
- 5 objectives and from the menu set; 1 measure from the menu set must be related to public health.
- Some functional measures have exclusions, but not all

Clinical Measures

- EPs must report on 3 core clinical measures, and
- 3 additional clinical measures from menu set
- If any of core clinical measures are not applicable to the EP, he/she may choose to report on one of the 3 alternative core measures. And if the alternative measures are not applicable the EP must attest to this and the EP does not have to report on that measure.

Meaningful Use Criteria

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Health outcomes policy priorities

1. Improving quality, safety, efficiency and reducing health disparities
2. Engage patients and families in their health care
3. Improve population and public health
4. Improve care coordination
5. Ensure adequate privacy and security protections for personal information

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

- 1. Improving quality, safety, efficiency and reducing health disparities**
 - **Objective:** Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
 - **Measure:** More than 30% of unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
 - **Objective:** Implement drug-drug and drug-allergy interaction checks
 - **Measure:** The EP has enabled this functionality for the entire EHR reporting period.

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

1. Improving quality, safety, efficiency and reducing health disparities

- **Objective:** Generate and transmit permissible prescriptions electronically.
- **Measure:** More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- **Objective:** Record demographics: preferred language, gender, race, ethnicity, and date of birth
- **Measure:** More than 50% of all unique patients seen by the EP have demographics recorded as structured data.
- **Objective:** Maintain up-to-date problem list of current and active diagnoses
- **Measure:** More than 80% of all unique patients seen by EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

1. Improving quality, safety, efficiency and reducing health disparities

- **Objective:** Maintain active medication list
- **Measure:** More than 80% of all unique patients seen by EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
- **Objective:** Maintain active medication allergy list
- **Measure:** More than 80% of all unique patients seen by EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

1. Improving quality, safety, efficiency and reducing health disparities

- **Objective:** Record and chart changes in the following vital signs: height, weight, and blood pressure and calculate and display body mass index; plot and display growth charts for children 2-20 years, including BMI.
- **Measure:** For more than 50% of all unique patients age 2 and over seen by EP record height, weight, and blood pressure are recorded as structured data.
- **Objective:** Record smoking status for patients 13 years old or older
- **Measure:** More than 50% of all unique patients 13 years old and older seen by EP have smoking status recorded as structured data.

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

1. Improving quality, safety, efficiency and reducing health disparities

- **Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance to that rule
- **Measure:** Implement one clinical decision support rule
- **Objective:** Report ambulatory quality measures to CMS or the States.
- **Measure:** For 2011, provide aggregate numerator, denominator, and exclusions through attestation. For 2012, electronically submit the clinical quality measures

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

2. Engage patients and families in their health care

- **Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request
- **Measure:** More than 50% of all patients of the EP who request an electronic copy of their health information are provided it within 3 business days.
- **Objective:** Provide clinical summaries for patients for each office visit.
- **Measure:** clinical summaries are provided for at least 50% of all office visits within three business days.

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

3. Improve care coordination

- **Objective:** Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.
- **Measure:** Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Meaningful Use **Core** Objectives and Measures Stage 1

Health Care Access for All

4. Ensure adequate privacy and security protections for personal health information

- **Objective:** Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
- **Measure:** Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

Meaningful Use Menu Objectives and Measures Stage 1

Health Care Access for All

**** Must
choose 5
menu
objectives,
and 1 must
be public
health related**

1. Improving quality, safety, efficiency, and reducing health disparities

- **Objective:** Implement drug-formulary checks
- **Measure:** The EP has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.
- **Objective:** Incorporate clinical lab-test results into certified EHR technology as structured data
- **Measure:** More than 40% of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

Meaningful Use Menu Objectives and Measures Stage 1

Health Care Access for All

1. Improving quality, safety, efficiency, and reducing health disparities

- **Objective:** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and research and outreach.
- **Measure:** Generate at least one report listing patients of the EP with a specific condition.
- **Objective:** Send reminders to patients per patient preference for preventive/follow up care.
- **Measure:** More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.

Meaningful Use Menu Objectives and Measures Stage 1

Health Care Access for All

2. Engage patients and families in their health care

- **Objective:** Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP.
- **Measure:** More than 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.
- **Objective:** Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.
- **Measure:** More than 10% of all unique patients seen by the EP are provided patient-specific education resources.

Meaningful Use Menu Objectives and Measures Stage 1

Health Care Access for All

3. Improve Care Coordination

- **Objective:** The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
- **Measure:** The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
- **Objective:** The 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 summary of care record for each transition of care or referral.
- **Measure:** The 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.

Meaningful Use Menu Objectives and Measures Stage 1

Health Care Access for All

**** Must
choose 5
menu
objectives,
and 1 must
be public
health related**

4. Improve population and public health

- **Objective:** Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice.
- **Measure:** 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 have the capacity to receive the information electronically).
- **Objective:** Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.
- **Measure:** 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 have the capacity to receive the information electronically).

Meaningful Use **Core** Clinical Measures Stage 1

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Table 7- Measure Group: Core for all EPs, Medicare or Medicaid

Measure No.	Clinical quality measure title
NQF 0013	Hypertension: Blood Pressure Management
NQF 0028	Preventive Care and Screening Measure Pair: a. tobacco use assessment; b. tobacco cessation intervention
NQF 0421 PQRI 128	Adult Weight Screening and Follow up

Meaningful Use *Alternative Core* Clinical Measures Stage 1

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Table 7- Measure Group: *Alternative Core* for all EPs,
Medicare or Medicaid

Measure No.	Clinical quality measure title
NQF 0024	Weight Assessment and Counseling for Children and Adolescents
NQF 0041 PQRI 1110	Preventive Care and Screening: Influenza Immunization for Patients \geq 50 Years Old
NQF 0038	Childhood Immunization Status

Additional Clinical Quality Measures Stage 1

Health Care Access for All

**** Must
choose 3**

1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control
3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Additional Clinical Quality Measures Stage 1

Health Care Access for All

14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
21. 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
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

Additional Clinical Quality Measures Stage 1

Health Care Access for All

29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment:
a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

Questions?

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