

# Psychiatrists and Reporting on Meaningful Use Stage 1

August 6, 2012

**CPCA**  
California Primary  
Care Association

*Health Care Access for All*

# Quick Overview

## Functional Measures

- Providers (tracked by NPI) must report on 15 core objectives and associated measures and
- 5 objectives and associated measures from the menu set; 1 measure from the menu set must be related to public health.

## Clinical Measures

- Providers 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 provider, he/she may choose to report on one of the 3 alternative core measures. And if the alternative measures are not applicable the provider must attest to this and the provider does not have to report on that measure.

# Quick Overview

## **General Notes**

- All measures limited to locations equipped with certified EHR technology
- If the provider is in group practice, two or more providers can report data on the same patient
- The provider does not necessarily have to input the data. If, for example, it is the PA that would input demographic data, the MD can still count that information towards his/her encounter. The meaningful use objectives and measures are not meant to hinder workflow, efficiency, or best practice in patient care.

# Quick Overview

## **Where to look for answers:**

CMS FAQs-

<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/FAQ.html>

CMS FAQs PDF-

[http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMSEHR\\_FAQs\\_2012\\_JuneFINAL.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMSEHR_FAQs_2012_JuneFINAL.pdf)

CMS Clinical Quality Measures Webinar FAQs-

[https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM\\_QA\\_Transcript\\_2011\\_10\\_17.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM_QA_Transcript_2011_10_17.pdf)

# FAQs from CMS

**143) Do specialty providers have to meet all of the meaningful use objectives for the Medicare and Medicaid EHR Incentive Programs, or can they ignore the objectives that are not relevant to their scope of practice?** For eligible professionals (EPs) who participate in the Medicare and Medicaid EHR Incentive Programs, there are a total of 25 meaningful use objectives. To qualify for an incentive payment, 20 of these 25 objectives must be met. There are 15 required core objectives. The remaining 5 objectives may be chosen from the list of 10 menu set objectives. Certain objectives do provide exclusions. **If an EP meets the criteria for that exclusion, then the EP can claim that exclusion during attestation. However, if an exclusion is not provided, or if the EP does not meet the criteria for an existing exclusion, then the EP must meet the measure of the objective in order to successfully demonstrate meaningful use and receive an EHR incentive payment.** Failure to meet the measure of an objective or to qualify for an exclusion for the objective will prevent an EP from successfully demonstrating meaningful use and receiving an incentive payment.

**Date Updated: 2/18/2011**

**New ID #3069 Old ID #10469**

# Core Objectives and Measures

- 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.
    - *Exclusion: If an EP writes fewer than one hundred prescriptions during the EHR reporting period they would be excluded from this requirement.*
  - **Objective:** Implement drug-drug and drug-allergy interaction checks
  - **Measure:** The EP has enabled this functionality for the entire EHR reporting period.

# Core Objectives and Measures

## 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.
  - *Exclusion: If an EP writes fewer than one hundred prescriptions during the EHR reporting period they would be excluded from this requirement.*
- **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.

# Core Objectives and Measures

## 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



# Core Objectives and Measures

## 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.
  - *Exclusion: EPs who do not see patients 2 years and older. EPs who believe that measuring and recording height, weight and blood pressure of their patients has no relevance to their scope of practice.*
- **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.
  - *Exclusion: EPs who see no patients 13 years or older would be excluded from this requirement.*

# Core Objectives and Measures

- 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

# Core Objectives and Measures

## 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.

# FAQs from CMS

From: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMSEHR\\_FAQs\\_2012\\_JuneFINAL.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CMSEHR_FAQs_2012_JuneFINAL.pdf)

**157) What information must an eligible professional provide in order to meet the measure of the meaningful use objective for “provide a **clinical summary** for patients for each office visit” under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs?**

In our final rule, we defined "clinical summary" as: an after-visit summary that provides a patient with relevant and actionable information and instructions containing, but not limited to, the patient name, provider's office contact information, date and location of visit, an updated medication list, updated vitals, reason(s) for visit, procedures and other instructions based on clinical discussions that took place during the office visit, any updates to a problem list, immunizations or medications administered during visit, summary of topics covered/considered during visit, time and location of next appointment/testing if scheduled, or a recommended appointment time if not scheduled, list of other appointments and tests that the patient needs to schedule with contact information, recommended patient decision aids, laboratory and other diagnostic test orders, test/laboratory results (if received before 24 hours after visit), and symptoms.

# FAQs from CMS

Continued:

The EP must include all of the above that can be populated into the clinical summary by certified EHR technology. If the EP's certified EHR technology cannot populate all of the above fields, then at a minimum the EP must provide in a clinical summary the data elements for which all EHR technology is certified for the purposes of this program (according to §170.304(h)):

- Problem List
- Diagnostic Test Results
- Medication List
- Medication Allergy List

This answer applies to clinical summaries generated by certified EHR technology for electronic or paper dissemination. Also, if one form of dissemination (paper or electronic) has a more limited set of fields than the other, this does not serve as a limit on the other form. For example, certified EHR technology may be capable of populating a clinical summary with a greater number of data elements when the clinical summary is provided to the patient electronically than when the clinical summary is printed on paper. When the clinical summary in this example is provided electronically, it should include all of the above elements that can be populated by the certified EHR technology. The clinical summary would not be limited by the data elements that are capable of being displayed on a paper printout.

**Date Updated: 4/5/2011**

**New ID #3157 Old ID #10558**

# Core Objectives and Measures

## 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.

# Core Objectives and Measures

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

# Menu Objectives and Measures

**\*\* 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.



# Menu Objectives and Measures

## 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.
  - *Exclusion: If the EP does not have patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology that EP is excluded from this requirement.*

# Menu Objectives and Measures

## 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.

# Menu Objectives and Measures

## 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.

# Menu Objectives and Measures

**\*\* 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).
  - *Exclusion: CMS requires that an EP determine if he/she has given any immunizations during the EHR reporting period. Those that have not given any immunizations during the EHR reporting period are excluded from this measure.*

# Menu Objectives and Measures

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

## 4. Improve population and public health

- **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).
  - *Exclusion: If an EP does not collect any reportable syndromic information on their patients during the EHR reporting period, then they are excluded from this measure.*

# FAQs from CMS

From: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM\\_QA\\_Transcript\\_2011\\_10\\_17.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM_QA_Transcript_2011_10_17.pdf)

**Q: I am still confused as to how dentists are able to report the required number of CQMs, even with the ability for exceptions. Please advise.**  
*This document has been edited for spelling and grammatical errors* 2 **A:** If CQMs do not apply to your practice, 0s should be reported from your EHR for attestation.

**11. Q: I understand that if the CQMs do not apply to our current practice, but do we need to push our EPs to modify their treatment plan and include some of the CQMs (i.e. surgeons for GI issue, should we be looking at BP management)?**

**A:** No. We recognize the current set of CQMs may not address all scopes of practice. Consequently, this is why we are allowing 0s to be reported in Stage 1.

# FAQs from CMS

From: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM\\_QA\\_Transcript\\_2011\\_10\\_17.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM_QA_Transcript_2011_10_17.pdf)

**16. Q: Please clarify - you can report zero's on all 6 measures but then need to report an additional 3 alternate measure. Can you report 9 zeros then?**

**A:** You may report 9 zeros if those are the results calculated by your certified EHR technology and you have no other measures in your certified EHR that would report values other than 0.

**19. Q: Does a procedure need to be done "In-house" to "count" for a CQM? For instance, must a mammogram be conducted at the physician's office to be counted for a CQM? Or is simply the Order sufficient? I have seen considerable confusion here. Thank you.**

**A:** The record of the mammogram must be documented in your certified EHR (that relates to the codes identified in the specifications). However, an EP must have had an encounter with the patient during the reporting period in order to report on the patient at all.

# FAQs from CMS

From: [https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM\\_QA\\_Transcript\\_2011\\_10\\_17.pdf](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/CQM_QA_Transcript_2011_10_17.pdf)

**65. Q: Please elaborate on how exemption based on scope of practice is determined. For example, would the dermatologist simply attest that measuring blood pressure is not within their scope of practice?**

**A:** Insofar as a measure does not apply to patients treated by the EP, this will be reflected in the calculation of the clinical quality measure either by the patient not being included in the denominator for the measure or the patient being excluded...The value for any or all of those fields (related to CQMs), as reported to CMS or the States may be zero if these are the results as displayed by the certified EHR technology. If the value of all CQMs is 0, you will be reporting that for 9 measures (3 core/alt core) and 3 additional measures.



# Core Clinical Measures

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

<b>Measure No.</b>	<b>Clinical quality measure title</b>
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

# Core *Alternative* Clinical Measures

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

<b>Measure No.</b>	<b>Clinical quality measure title</b>
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 Measures

**\*\* 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 Measures

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 Measures

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%)