Office Practicum
Meaningful Use Stage 2 Roadmap

Version 1, last updated October 15, 2015

2015 marks the fourth year in which funding is available for Eligible Professionals (EPs) to acquire or upgrade Certified EHR Technology (CEHRT), and the second year for which Stage 2 funding is available for EPs who have already completed two years in Stage 1. This document describes the process of qualifying and applying for funding in both active stages, as well as the specific ways in which both Office Practicum and *you* need to change in order to establish and continue Meaningful Use (MU). Our goal is to ensure that you understand all of the requirements in sufficient detail to qualify for the full cycle of three stages over the life of the Program, whether you are participating through Medicare or Medicaid.

What is "Meaningful Use"?

In an effort to improve healthcare delivery, integration and costs, the Office of the National Coordinator (ONC) has made clear that it is not enough just to implement EHR technology; healthcare providers must demonstrate on an annual basis that the technology is being used "meaningfully." There has been a multistage process involving multiple stakeholders to determine the evolution of Meaningful Use standards. Stage 1 began in 2011 and established the baseline. Stage 2 began in 2014 for providers who had already completed two years in Stage 1. Modified Stage 2 was released in October 2015 and unifies every participant around a common set of reduced requirements through 2017. Stage 3 will begin as an option in 2017 and become mandatory in 2018. Public funding for the entire MU process is projected to end in 2021.

The stated goal of Stage 1 was to enable data capture and sharing; in other words, to get health care providers comfortable with collecting medical data electronically. Stage 2 has more ambitious goals centered around improving patient care through advanced clinical processes and true data exchange. This involves better clinical decision support, care coordination, and patient engagement in the form of more robust communications and a truly shared chart. The goals of Stage 3 are to provide a flexible, clear framework to simplify the MU program; ensure future sustainability of Medicare and Medicaid EHR Incentive Programs; and advance the use of health IT to promote health information exchange and improve outcomes for patients.

Do I Qualify?

Good question, and one that is not always easily answered. If you have already received Stage 1 funding, it is likely - but not automatic - that you will continue to qualify for Stage 2 funding. We recommend that you refer to the CMS Eligibly page for official details regarding the eligibility criteria. You may also review the CMS Eligibility Flowchart to determine which EHR Incentive Program you may qualify for by answering a few quick "yes or no" questions.

How Much Funding is Available for Qualified Providers?

Medicaid: Medicaid Eligible Professionals (EPs) whose Medicaid patient *visit* volume is at least 30% of total visits qualify for the following amounts:

Year 1	$21,250
Years 2-6	$8,500 per year

If you qualify during the entire six-year cycle, that is a total of $63,750, but note that 2016 is the last year to begin in order to receive this maximum if you are not already participating in the EHR Incentive Program.

Medicaid EPs whose Medicaid patient *visit* volume is between 20% and 30% of total visits qualify for 2/3 of those amounts:

Year 1	$14,167
Years 2-6	$5,667 per year

If you qualify at this second tier for the entire period, that is a total of $42,500 over six years. Again, 2016 is the last year to begin in order to receive this maximum if you are not already participating in the EHR Incentive Program.

Medicare: Medicare Eligible Professionals (EPs) who began participating in the EHR Incentive Program in 2011-2014 had the ability to receive a maximum of $43,750 over five payment years based on the following schedule, which was reduced by 2% beginning in 2013 due to sequestration:

	First Payment Received in 2011	First Payment Received in 2012	First Payment Received in 2013	First Payment Received in 2014
Payment Amount in 2011	$18,000			
Payment Amount in 2012	$12,000	$18,000		
Payment Amount in 2013	$7,840 Reduction ($160)	$11,760 Reduction ($240)	$14,700 Reduction ($300)	
Payment Amount in 2014	$3,920 Reduction ($80)	$7,840 Reduction ($160)	$11,760 Reduction ($240)	$11,760 Reduction ($240)
Payment Amount in 2015	$1,960 Reduction ($40)	$3,920 Reduction ($80)	$7,840 Reduction ($160)	$7,840 Reduction ($160)
Payment Amount in 2016		$1,960 Reduction ($40)	$3,920 Reduction ($80)	$3,920 Reduction ($80)
TOTAL Incentive Payments	$43,720	$43,480	$38,220	$23,520

Medicare EPS who have not already begun participating in the EHR Incentive Program have likely noticed payment adjustments for not doing so. You can avoid these in the future by demonstrating MU as described in this Roadmap. For further information regarding the payment adjustments, you may reference pages 6 through 8 of the [CMS 2015-2017 EHR Incentive Program Overview].

All Providers: ARRA funding is classified as *income*. Unless you are organized as a non-profit corporation, you will need to report it on your tax returns and find sufficient expenses to offset it, lest it be taxed away. If you are acquiring an EHR for the first time, that is relatively easy. If you are upgrading a system you bought prior to the MU process, you might want to talk to your accountant about the implications of receiving a large lump sum. Depending on the age of your system, it might be time to invest in some new hardware.

Is Office Practicum "Certified EHR Technology (CEHRT)"?

A previous version of OP 15 was certified in October 2010 as a Complete Ambulatory EHR under the 2011 MU standards. OP 15 was certified in April 2014 as a Complete Ambulatory EHR under 2014 guidelines. All 2015 measures must be met and attested to using OP 15, which all our customers who have indicated an interest in demonstrating Meaningful Use and/or billing ICD-10 are already using.

What Can I Do to Ensure Success in 2015?

The final rule published on October 6, 2015, reduced the 2015 reporting period to 90 days for all EPs. New participants in 2016 and 2017 will also be able to report on 90-periods in their first year of eligibility, but all other EPs will be required to complete full years in 2016 and 2017.

Take inventory of what features you already own. Aside from the main program, a certified OP 15 Complete installation must contain the following elements:

- Patient Portal
- Interface to your state's Immunization Registry (if available and applicable)
- Interface to your state's Syndromic Registry (if available and applicable)
- DIRECT secure email account for inbound/outbound transitions of care

As always, the core OP application is covered by your Support Level Agreement, and there is no charge for the upgraded features that make it "Meaningful Use capable," however the advanced features listed above have an additional cost. You may contact your Client Advocate for further details if you are not yet set up with these features.

The final preparatory step is to read the rest of this document carefully and start a conversation in your practice about how to implement the changes that some of these measures require. Many of the changes to support MU are driven by office procedures, *not* OP 15. Regardless of the software, you need to rethink processes that may be ingrained but are incompatible with MU requirements. We hope the remainder of this roadmap will give you plenty to think about and decide *before* you begin (or continue) this journey.

Summary of Modified Stage 2 EP Objectives for Providers Classified as Stage 1 in 2015 Only

The following objectives constitute the 2015 Modified Stage 2 Meaningful Use measure set for providers who would have been classified as Stage 1 in 2015 only. This grace period only applies to 2015; in 2016, all providers must meet the standards on the next page. Some measures are attest-only and are covered only briefly in this document. Any measure computed by Office Practicum or requiring work within the EHR is covered in detail in the following section.

Core - all 9 are required

1. **Protect Patient Health Information** - Conduct or review security analysis and risk management process
2. **Clinical Decision Support Interventions** - Implement one clinical decision support rule, plus Drug/Drug and Drug/Allergy Interaction Checking enabled for entire reporting period
3. **Computerized Provider Order Entry (CPOE)** - Use CPOE for more than 30% of medication orders
4. **Electronic Prescribing** - Use ePrescribing for more than 40% of medication orders
5. **Health Information Exchange (was Summary of Care)** - Create summary of care using CEHRT and transmit electronically via Direct for more than 10% of transitions of care and referrals (may choose to exclude transmitting in 2015)
6. **Patient Specific Education** - Use CEHRT to identify and provide education resources to more than 10% of unique patients seen (may choose to exclude in 2015)
7. **Medication Reconciliation** - Medication reconciliation at more than 50% of transitions of care (may choose to exclude in 2015)
8. **Patient Electronic Access (VDT)** - Provide online access to health information within 4 business days for more than 50% of patients, with at least 1 patient actually accessing the information (may choose to exclude the second measure in 2015)
9. **Secure Messaging** - Attest that functionality is fully enabled such that patients can send secure messages to their EP (may choose to exclude in 2015)

Public Health - “active engagement”, choose 1 of 3

1. **Immunizations** - including bidirectional if available
2. **Syndromic Surveillance**
3. **Specialized Registry Reporting** (up to 2 of this type) - other than IIS

Summary of Modified Stage 2 EP Objectives for Providers Classified as Stage 2 in 2015

The following objectives constitute the Stage 2 Meaningful Use measure set for providers who would have been classified as Stage 2 in 2015, as well as *all* providers in 2016 and 2017. Some measures are attest-only and are covered only briefly in this document. Any measure computed by Office Practicum or requiring work within the EHR is covered in detail in the following section.

Core - all 9 are required

1. **Protect Patient Health Information** - Conduct or review security analysis and risk management process
2. **Clinical Decision Support Interventions** - Implement five clinical decision support rules, plus Drug/Drug and Drug/Allergy Interaction Checking enabled for entire reporting period
3. **Computerized Provider Order Entry (CPOE)** - Use CPOE for more than 60% of medication, 30% of laboratory, and 30% of radiology orders
4. **Electronic Prescribing** - Use ePrescribing and Drug Formulary Checking for more than 50% of medication orders
5. **Health Information Exchange (was Summary of Care)** - Create summary of care using CEHRT and transmit electronically via Direct for more than 10% of transitions of care and referrals
6. **Patient Specific Education** - Use CEHRT to identify and provide education resources to more than 10% of unique patients seen
7. **Medication Reconciliation** - Medication reconciliation at more than 50% of transitions of care
8. **Patient Electronic Access (VDT)** - Provide online access to health information within 4 business days for more than 50% of patients, with at least 1 patient actually accessing the information in 2015 and 2016 (will increase to 5% in 2017)
9. **Secure Messaging** - Attest that functionality is fully enabled such that patients can send secure messages to their EP (will increase to "at least one patient" in 2016 and 5% in 2017)

Public Health - "active engagement", choose 2 of 3

1. **Immunizations** - including bidirectional if available
2. **Syndromic Surveillance**
3. **Specialized Registry Reporting** (up to 2 of this type) - other than IIS

Sample Measure

The remainder of this document provides a detailed listing of all MU measures that EPs are required to document on an annual basis for Stages 1 and 2. For each measure, the following details are provided:

Measure(s)	Description of the Measure(s) as well as the minimum performance threshold that must be achieved in order to prove that the measure was met. When the 2015 requirement differs based on which stage a provider was classified as at the start of the 2015 program year, a special note will be included.
Exclusions	The conditions under which the EP may be excluded from reporting the measure. When the 2015 requirement differs based on which stage a provider was classified as at the start of the 2015 program year, a special note will be included.
OP Calculation	The exact method the OP 15 Automated Measures Report will use to calculate your performance. For several measures that are required in both stages, the calculation method may be different for each in 2015.
OP Changes	A list of changes to OP 15 that were required in order to satisfy the requirements of the measure based on the Modified Stage Two Final Rule. Includes factors you may need to consider changing in your daily use of OP 15 or your office workflow/protocols in order to reach the performance threshold for this measure.

Let’s get to it, shall we?

Objective 1: Protect Patient Health Information

Measure Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.

Exclusion None

OP Calculation None. This is an "attest" measure, but you have to perform the work. You must "conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process." The result of this security risk analysis should be written documentation of current policies and procedures, as well as any gaps found and the action taken to close those gaps. Each eligible provider must personally review the security risk analysis document(s) as they will be attesting to that fact. Please refer to the CMS EHR Incentive Program Website and the OP Help & Training website for further guidance.

OP Changes None

Objective 2: Clinical Decision Support Rules

Measures	Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. *2015 Stage 1 Alternate Measure: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.*
Exclusion	Any EP who writes fewer than 100 medication orders during the reporting period may be excluded from Measure 2.
OP Calculation	None. These are "attest" measures, but you have to perform the work.
OP Changes	OP 15 users will use Health Maintenance Guidelines to meet this measure. The Guidelines must be related to at least four clinical quality measures or high-priority health conditions. Office Practicum has already built several Standard Health Maintenance Guidelines in your solution that meet this measure – all you need to do is ensure that five (or more) Guidelines are enabled during your reporting period.

Objective 3: Computerized Provider Order Entry (CPOE)

Measures

Measure 1: More than 60% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 2: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Measure 3: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

2015 Stage 1 Alternate Measure: More than 30% of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Exclusions

For each of the order types, any EP who writes fewer than 100 orders of that type during the reporting period.

2015 Stage 1 Alternate Exclusion: For EPs who would have been Stage 1 during 2015, CPOE for laboratory and radiology orders may be excluded entirely.

OP Calculation

Denominator: For each order type, the "number of orders created by the EP or authorized providers during the EHR reporting period." OP 15 calculates the total number of each order type created during the reporting period.

Numerator: "The number of orders in the denominator recorded using CPOE." OP 15 calculates the total number of each order type that were created by a licensed healthcare professional per state, local and professional guidelines. The software tracks the users that are licensed healthcare professionals using the Role Group "ROLE CPOE".

OP Changes

ROLE CPOE is new to OP 15, so your practice will need to let your OP Support Representative know which users are licensed healthcare professionals prior to the beginning of the reporting period.

Objective 4: Electronic Prescribing

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

2015 Stage 1 Alternate Measure: For EPs who would have been Stage 1 during 2015, more than 40% of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Exclusion Any EP who writes fewer than 100 qualified prescriptions during the reporting period, or if there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location as of the start of the reporting period.

OP Calculation Denominator: "The number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed." OP 15 calculates the number of permissible prescriptions written during the reporting period.

Numerator: "The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT." OP 15 verifies whether Drug Formulary Checking functionality was active at the time each prescription was created and calculates the number of permissible prescriptions that were electronically transmitted during the reporting period.

OP Changes Electronic Prescribing of Controlled Substances has been enabled for providers who wish to use it, but it is not required to meet this MU Measure. Based on whether or not your practice has enabled EPCS, OP 15 may include controlled substances in the calculations for this measure as "permissible prescriptions".

Objective 5: Health Information Exchange (Summary of Care)

Measure

Use CEHRT to create a summary of care record and electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.

Exclusion

Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

2015 Stage 1 Alternate Exclusion: EPs who would have been Stage 1 during 2015 may exclude themselves completely from this Measure in 2015.

OP Calculation

Denominator: "Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider." OP 15 calculates the number of external transitions of care during the reporting period, which is recognized based on the creation of a Referral Order Outbound.

Numerator: "The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically." OP 15 calculates the number of office visits designated as external Transitions of Care that have a Summary of Care record created and transmitted electronically using Direct Messaging during the reporting period.

OP Changes

The implementation of the Direct Messaging feature is required to meet this Measure. Please contact your Client Advocate to begin the required Identity Proofing Process and move forward with implementing this feature if you have not already done so. The OP Help & Training website has detailed instructions for implementing and using Direct Messaging.

Objective 6: Patient Specific Education

Measure Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.

Exclusion Any EP who has no office visits during the EHR reporting period.

2015 Stage 1 Alternate Exclusion: *EPs who would have been Stage 1 during 2015 may exclude themselves completely from this measure in 2015 if they did not intend to select this measure as a Menu objective.*

OP Calculation Denominator: "Number of unique patients with office visits seen by the EP during the EHR reporting period." Self-explanatory.

Numerator: "Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT." OP 15 calculates the number of unique patients seen during the reporting period that were provided with a suggested Education Handout.

OP Changes None

Objective 7: 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.

Exclusions Any EP who did not receive any transitions of care during the reporting period.

2015 Stage 1 Alternate Exclusion: *EPs who would have been Stage 1 during 2015 may exclude themselves completely from this measure in 2015 if they did not intend to select this measure as a Menu objective.*

OP Calculation Denominator: "The number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition." In OP 15, Inbound Transitions of Care include first encounters with a new patient. Alternatively, one of the document types may be scanned or imported into the chart prior to the encounter in order for it to be recognized as an Inbound Transition of Care, Outside Provider Notes, Patient Supplied Medication List, Transfer of Care (Inbound), or External Continuity of Care Summary.

Numerator: "The number of transitions of care in the denominator where medication reconciliation was performed." In OP 15, a Medication Reconciliation is recorded when the EP clicks the "Mark as reviewed" link on the Medication List.

OP Changes In addition to the document types OP has always used to delineate an Inbound Transition of Care, first encounters with a new patient are now included as well.

Objective 8: Patient Electronic Access (VDT)

Measures

Measure 1: More than 50% of all unique patients seen by the EP during the reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Measure 2, 2015 and 2016: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Measure 2, 2017: More than 5% of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period

Exclusions

An EP who neither orders nor creates any of the information listed for inclusion as part of the measures; or conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

2015 Stage 1 Alternate Exclusion: *EPs who would have been Stage 1 during 2015 may exclude Measure 2 in 2015.*

OP Calculation

Measure 1 Denominator: “The number of unique patients seen by the EP during the EHR reporting period.” Self-Explanatory.

Measure 1 Numerator: “The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.” OP 15 calculates the number of unique patients seen during the reporting period who have been enrolled in the practice’s Patient Portal.

Measure 2 Denominator (2015 and 2016): The number of unique patients seen by the EP during the EHR reporting period.” Self-Explanatory.

Measure 2 Numerator (2015 and 2016): “The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information”. OP 15 tracks all View, Download, or Transmit “events” within your Patient Portal. When at least 1 patient has logged into the Patient Portal, you will have met this Measure in 2015 and 2016.

Measure 2 Denominator (2017): The number of unique patients seen by the EP during the EHR reporting period.” Self-Explanatory.

Measure 2 Numerator (2017): “The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information”. OP 15 tracks all View, Download, or Transmit “events” within your Patient Portal. In 2017, the resulting percentage must be greater than 5%.

OP Changes

The Patient Portal is no longer optional, and it does all the work. It allows patients to view/download/transmit and keeps track of who actually does so. Please contact your Client Advocate to move forward with implementing this feature if you have not already done so. A Patient Portal User Guide is available on the OP Help & Training website, which describes in detail how to use this functionality, including how to enroll patients.

Objective 9: Secure Electronic Messaging

Measure 2015: The capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

2016: For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

2017: For more than 5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Exclusions Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

OP Calculation 2015: None, attest only in 2015 that the functionality is fully enabled.

Denominator (2016): "The number of unique patients seen by the EP during the EHR reporting period." Self-Explanatory.

Numerator (2016): "The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative)." OP 15 tracks each message that is sent to or from the Patient Portal. When at least 1 patient has sent or received a Secure Message via the Patient Portal, you will have met this Measure in 2016.

Denominator (2017): "The number of unique patients seen by the EP during the EHR reporting period." Self-Explanatory.

Numerator (2017): "The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative)." OP 15 tracks each message that is sent to or from the Patient Portal. In 2017, the resulting percentage must be greater than 5%.

OP Changes The Patient Portal is no longer optional, and it does all the work. It allows patients to view/download/transmit and keeps track of who actually does so. Please contact your Client Advocate to move forward with implementing this feature if you have not

already done so. A Patient Portal User Guide is available on the OP Help & Training website, which describes in detail how to use this functionality, including how to enroll patients.

Objective 10: Public Health Reporting

Measure

The EP, eligible hospital or CAH is in active engagement with at least two qualified public health agencies (PHAs) to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

2015 Stage 1 Alternate Measure: For EPs who would have been Stage 1 during 2015 are required to have active engagement with one qualified PHA in 2015 only.

Exclusions

Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:

- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period;
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period

Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:

- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;
- Operates in a jurisdiction for which no public Alternate Specification: An EP scheduled to be in Stage 1 in 2015 may meet 1 measure. 8 Objectives for 2015 through 2017 Measures for Providers in 2015 through 2017 Alternate Exclusions and/or Specifications health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or
- Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:

- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period;
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to

meet the CEHRT definition at the start of the EHR reporting period; or

- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

OP Calculation None, attest-only to "active engagement".

OP Changes OP has supported connectivity to immunization registries for many years. We will connect to other PHAs as required. This Objective requires "active engagement" with public health agencies and/or clinical data repositories. The definition of active engagement is very broad:

- Option 1 is simply attesting that you registered within within 60 days after the start of the EHR reporting period (or in a prior period), and you are awaiting an invitation from the PHA or CDR to begin testing.
- Option 2 is that you are in the process of testing and validating data submission.
- Option 3 is that you are in "production" and submitting electronic data on a routine basis.

The following Measures are available for inclusion in this Objective (again, EPs must report on two):

Immunization Registry - The EP is in active engagement with a public health agency to submit immunization data. Maximum number of times measure can count towards the objective: 1.

Syndromic Surveillance - The EP is in active engagement with a public health agency to submit syndromic surveillance data. Maximum number of times measure can count towards the objective: 1.

Specialized Registry - The EP is in active engagement with a public health agency to submit data to a specialized registry. Maximum number of times measure can count towards the objective: 2.

Summary of Non-Reportable EP Objectives, Modified Stage 2

The following “redundant, duplicative, or topped-out measures” have been removed from reporting in 2015 under Modified Stage 2 guidelines. CMS reasoned that most healthcare providers have fully integrated these basic chart-keeping tasks into their workflows, so there is no need to monitor ongoing specific performance. If your practice is enrolled in NCQA Patient Centered Medical Home or other QI initiatives, you may find that some or all of these measures are still required for those programs.

1. **Problem List** (was only Stage 1 in 2015)
2. **Medication Allergies** (was only Stage 1 in 2015)
3. **Medication List** (was only Stage 1 in 2015)
4. **Record demographics**
5. **Record vital signs**
6. **Record smoking status**
7. **Clinical Summaries**
8. **Structured lab results**
9. **Patient List**
10. **Patient Reminders**
11. **Summary of Care** (Replaced with Health Information Exchange)
12. **Electronic Notes**
13. **Imaging Results**
14. **Family Health History**

Clinical Quality Measures

The requirements for Clinical Quality Measures changed a lot in 2014. In the 2011 cycle, the reporting of CQMs was a core MU objective in its own right. There were six "core" CQM components, of which each provider had to choose three.

In 2014 and beyond, reporting of CQMs is considered part of the base use of CEHRT. Thankfully, all EPs in all MU stages will report on CQMs in the same way, using the same available measures. You must report on nine CQMs (out of a total of 64) which come from at least three of six policy domains: Patient and Family Engagement, Patient Safety, Care Coordination, Population and Public Health, Efficient Use of Healthcare Resources, and Clinical Processes/Effectiveness. That sounds complicated, but the good news is that CMS has prepackaged a set of nine core pediatric measures and nine core adult measures that meet this requirement. You are not required to use the entire set if they don't apply to you - or if you want to report something else - but they do form a common baseline that many providers will use.

One "gotcha" with CQM reporting is that you can only submit measures for which your CEHRT has been tested and approved. Office Practicum certified the core pediatric set as well as the core adult set, along with eight additional alternatives with obvious implications for our existing client base. These are listed below.

Each measure below provides a brief description of its purpose and covered populations, as well as other QI programs that are known to support this measure and which policy domain is satisfied. CMS has a stated goal of harmonizing MU CQMs with other established QI initiatives to minimize overall reporting burden for providers. If you are subject to multiple QI programs, such as PCMH or CHIPRA or an ACO, you should take this into consideration when you choose your set.

2014 Pediatric CMS-Recommended Core CQMs

NQF 0002 **Appropriate Testing for Children with Pharyngitis**

This component assesses how many children who presented with a complaint of pharyngitis were administered a group A strep test and an antibiotic if appropriate. Also used by PQRS and CHIPRA. Satisfies Efficient Use of Healthcare Resources domain.

NQF 0024 **Weight Assessment and Counseling for Children and Adolescents**

Percentage of patients aged 3-17 years whose BMI falls into specific ranges, with documented counseling for nutrition and physical activity during the reporting period. Also used by PQRS and UDS. Satisfies Population/Public Health domain.

NQF 0033 **Chlamydia Screening for Women**

Percentage of sexually active women aged 16-24 years who had at least one Chlamydia test during the reporting period. Also used by PQRS, CHIPRA, HEDIS, PCMH, and some states. Satisfies Population/Public Health domain.

NQF 0036 **Use of Appropriate Medications for Asthma**

Percentage of patients aged 5-64 years who were identified with persistent asthma and appropriately prescribed medication during the reporting period. Also used by PQRS and PCMH. Satisfies Efficient Use of Healthcare Resources domain.

NQF 0038 **Childhood Immunization Status**

Also known as the "Every Child By Two" criteria that many practices already submit as a HEDIS measurement. Also used by PQRS and UDS. Satisfies Population/Public Health domain.

NQF 0069 **Appropriate Treatment for Children with Upper Respiratory Infection (URI)**

Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode. Also used by PQRS and PCMH. Satisfies Efficient Use of Healthcare Resources domain.

NQF 0108 **Follow-Up Care for Children Prescribed ADHD Medication**

Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported: 30-day follow-up visit, and 210 days of medication therapy accompanied by at least two additional visits. Satisfies Clinical Process/ Effectiveness domain.

NQF 0418 **Screening for Clinical Depression and Follow-Up Plan**

Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age-appropriate standardized screening tool, *and* if positive, follow-up plan documented on the date of the positive screen. Also used by PQRS and ACO. Satisfies Population/Public Health domain.

CMS75v1 **Children with Dental Decay or Cavities**

Percentage of children aged 0-20 years who have had tooth decay or cavities during the measurement period. Satisfies Clinical Process/Effectiveness.

2014 Adult CMS-Recommended Core CQMs

NQF 0018 **Controlling High Blood Pressure**

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. Also used by PQRS, ACO, and UDS. Satisfies Clinical Process/Effectiveness domain. Possible alternative CQM in pediatric settings if you have enough hypertensive patients over 18 years of age.

NQF 0022 **Use of High-Risk Medications in the Elderly**

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported: Percentage of patients with at least one high-risk medication, and percentage of patients with at least two *different* high-risk medications. Also used by PQRS. Satisfies Patient Safety domain.

NQF 0028 **Preventive Care and Screening Pair: Tobacco Use Assessment and Tobacco Cessation Intervention**

Percentage of patients aged 18 years and older for whom smoking status has been recorded at least once in the past 24 months, *and* cessation intervention has been performed for those with positive statuses. Also used by PQRS, ACO, and UDS. Satisfies Population/Public Health domain.

NQF 0052 **Use of Imaging Studies for Low Back Pain**

Percentage of patients 18-50 years of age with a diagnosis of low back pain who did *not* have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis. Satisfies Efficient Use of Healthcare Resources domain.

NQF 0418 **Screening for Clinical Depression and Follow-Up Plan**

Same measure described above in Pediatric measures, also applies to adults.

NQF 0419 **Documentation of Current Medications**

Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. Must include *all* prescriptions, OTCs, herbals, and vitamin/mineral/dietary (nutritional) supplements, and must contain the medication name, dosage, frequency and route of administration. Also used by PQRS. Satisfies Patient Safety domain.

NQF 0421 **Adult Weight Screening and Follow-Up**

This is the adult version of NQF 0024 (above). Also used by PQRS, ACO, and UDS. Satisfies Population/Public Health domain.

CMS50v1 **Closing the Referral Loop: Receipt of Specialist Report**

Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred. Also used by PCMH. Satisfies Care Coordination domain.

CMS90v1 **Functional Status Assessment for Complex Chronic Conditions**

Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments. Satisfies Patient and Family Engagement domain.

Complete List of OP-Certified 2014 Clinical Quality Measures

Care Coordination Domain
CMS 50 Closing the Referral Loop: Receipt of Specialist Report [adult core]
Clinical Process/Effectiveness Domain
CMS 75 Children with Dental Decay/Cavities [pediatric core]
CMS 122 Diabetes Control: Hemoglobin A1C Poor Control
CMS 123 Diabetes: Foot Exam
CMS 124 Cervical Cancer Screening
CMS 125 Breast Cancer Screening
CMS 126 Use of Appropriate Medications for Asthma [pediatric core]
CMS 127 Pneumonia Vaccination Status for Older Adults
CMS 136 ADHD: Follow-Up Care for Children Prescribed ADHD Medication [pediatric core]
CMS 164 Ischemic Vascular Disease: Use of Aspirin or Another Antithrombotic
CMS 165 Controlling High Blood Pressure [adult core]
CMS 182 Ischemic Vascular Disease: Complete Lipid Panel and LDL Control
Efficient Use of Healthcare Resources Domain
CMS 146 Appropriate Testing For Children with Pharyngitis [pediatric core]
CMS 154 Appropriate Treatment for Children with Upper Respiratory Infection [pediatric core]
CMS 166 Use of Imaging Studies for Low Back Pain [adult core]
Patient Safety Domain
CMS 68 Documentation of Current Medications in the Medical Records [adult core]
CMS 139 Falls: Screening for Future Fall Risk
CMS 156 Use of High-Risk Medications in the Elderly [adult core]
Patient and Family Engagement Domain
CMS 90 Functional Status Assessment for Complex Chronic Conditions [adult core]
Population/Public Health Domain
CMS 2 Preventive Care & Screening for Clinical Depression & Follow-Up Plan [adult core] [pediatric core]
CMS 69 Preventive Care & Screening: BMI Screening & Follow-Up [adult core]
CMS 117 Childhood Immunization Status [pediatric core]
CMS 138 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention [adult core]
CMS 153 Chlamydia Screening for Women [pediatric core]
CMS 155 Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents [pediatric core]