

Meaningful Use Measures & Objectives: Quick Reference Guide

Core Measures

Required: 15 objectives

Exclusions: Per objective

1. **Computerized Provider Order Entry (CPOE)**
 - More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE.
 - Exclusion – EP who writes fewer than 100 prescriptions in reporting period.
2. **Drug Interaction Checks**
 - The EP has enabled this functionality for the entire EHR reporting period.
 - Yes or No on attestation
3. **Generate and Transmit Permissible Prescriptions Electronically (eRx)**
 - More than 40 percent of all permissible prescriptions are transmitted electronically. (Clinical considers a 'permissible prescription' as one that was entered on the face sheet with a date. Those medications entered as pre-existing do not count toward 'permissible prescriptions.)
 - You do not need an office code in the note for it to count as a permissible script. You could add the prescription via the facesheet or a prescription refill template and Clinical will consider it 'permissible'.
4. **Record Demographics**
 - More than 50 percent of all unique patients seen by the EP during the reporting period have demographics recorded as structured data.
 - Language, Gender, Race, Ethnicity, DOB
5. **Maintain Problem List**
 - More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.
 - Must enter a diagnosis for the patient encounter
6. **Active Medication List**
 - More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.
7. **Medication Allergy List**
 - More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.
8. **Record Vital Signs**
 - For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data.
 - Height, weight, and blood pressure do not have to be updated by the EP at every patient encounter. The EP can make the determination based on the patient's individual circumstances as to whether height, weight, and blood pressure need to be updated.
 - Exclusion – EP who sees no patients 2 years or older or who believes that vital signs have no relevance to their scope of practice.
9. **Record Smoking Status**
 - More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data. Only the first two questions ("Smoking History" and "Smoking Status") need to be answered to meet this measure. Patients with a Smoking History or Smoking Status of "Not asked" will not count in the Numerator.
 - Exclusion – EP who sees no patients 13 years or older
10. **Clinical Decision Support Rule**
 - Implement one clinical decision support rule.
 - Yes or No on attestation
11. **Clinical Quality Measures (QMs)**
 - Successfully report selected clinical quality measures.
 - Yes or No on attestation
12. **Electronic Copy of Health Information**
 - More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.
 - Exclusion – EP who has no requests for this information
13. **Clinical Summaries**
 - Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.
 - A valid CPT code must be selected in the office note
 - Electronic lab results that arrived 24 hrs before or after the visit will be included
14. **Electronic Exchange of Clinical Information**
 - Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information. Clinical exports CCD but can import both CCD and CCR files
15. **Protect Electronic Health Information**
 - Security management process/security manual in place
 - Yes or No on attestation

Menu Set Measures

Required: 5 out of 10 objectives (One of the 5 must be #9 or #10)

Exclusions: Per objective

- 1. Drug Formulary Checks**
 - The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period.
 - Exclusion – EP who writes fewer than 100 prescriptions during the reporting period
- 2. Clinical Lab Test Results**
 - More than 40 percent of all clinical lab test 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.
 - EP must be receiving lab/radiology results electronically in order to qualify for this measure.
- 3. Patient Lists**
 - Generate at least one report listing patients of the EP with a specific condition.
- 4. Patient Reminders**
 - More than 20 percent of all patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.
 - Denominator = Number of unique patients 65 years old or older or 5 years old or younger, that are living, listed in the system as active patients, and for which the eligible provider is listed as the provider on at least one chart note in the 5 years prior to the start date of the reporting period.
 - This pulls from the recall system in PM. Any recall letter printed from PM will add to the numerator.
- 5. Patient Electronic Access**
 - At least 10 percent 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.
 - ChartMaker Clinical has the ability to export data to Microsoft Health Vault. The provider will need to enroll the patient in the program first and then the patient must verify the enrollment before an exchange of information can occur. Once the enrollment is verified, ChartMaker Clinical will automatically send updates each night or you can manually export data. Lab results will only go once signed by the provider.
 - The objective and measure focus on the availability of access and the timeliness of data, not utilization. The EP is not responsible for ensuring that 10 percent request access or have the means to access, only that 10 percent of all unique patients seen by the EP could access the information if they so desired.
- 6. Patient-Specific Education Resources**
 - More than 10 percent of all unique patients seen by the EP are provided patient-specific education resources. Utilize 'Educational Materials' button in template to document.
- 7. Medication Reconciliation**
 - The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. Enter a valid medication reconciliation code and office visit code in the note.
 - 1110F – Medication reconciled from inpatient facility
 - 1111F – Medication reconciled from outpatient facility
 - 1111F with 8P mod – Medication not reconciled with outpatient medical record; reason not otherwise specified
- 8. Transition of Care Summary**
 - 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 percent of transitions of care and referrals.
 - If you click the new 'transition of care' button in a template and enter something, it will create a denominator entry. If you then export a transition of care summary file, it will create a numerator entry. So, in this example, you'd be at 100%.
 - If you don't enter anything in the new 'transition of care' button in a pts chart, but just go and export a transition of care summary file, it adds an entry to both the numerator and denominator. So, if you never use the button in the template, but just export these files as needed, you will always be at 100%.
 - If you enter something in the button in a template but don't export the transition of care file, you will have added to the denominator but not the numerator.
- 9. Immunization Registries Data Submission**
 - Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).
 - Exclusion - An EP who administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.
- 10. Syndromic Surveillance Data Submission**
 - Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity to receive the information electronically – exclusion criteria)
 - Exclusion - An EP who does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.

Clinical Quality Measures

Total required: 6 out of 44 objectives

Exclusions: Per objective

Attestation Requirements: Numerator / Denominator

Core:

Required: All 3 objectives

1. **NQF 0013: Hypertension: Blood Pressure Measurement**
 - Record blood pressure among all patient visits for patients aged 18 years or older with a diagnosis of hypertension
 2. **NQF 0028: Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment; b) Tobacco Cessation Intervention**
 - Record percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were (a) queried about tobacco use one or more times within 24 months and (b) if they have been identified as tobacco users received cessation intervention.
 - A response of "Not asked" is not a valid response to meet this measure.
 1. **NQF 0421 / PQRI 128: Adult Weight Screening and Follow-up**
 - Record percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
 - If BMI is outside parameters and you do not check 'Follow Up Plan Documented' in vitals dialog, entry will not be created in the numerator.
-

Alternate Core:

Required: Only if you could not meet all 3 of the Core CQMs

1. **NQF 0038: Childhood Immunization Status**
 - Record percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
2. **NQF 0041 / PQRI 110: Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older**
 - Record percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
3. **NQF 0024: Weight Assessment and Counseling for Children and Adolescents**
 - Record percentage of patients 2 -17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

Additional:

Required: 3 out of 38 objectives

Cardiovascular:

1. **NQF 0018: Controlling High Blood Pressure**
 - Record the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.
 - Both systolic and diastolic blood pressure must be recorded during the measurement period for the patient to be included in the numerator. However, it is not necessary for the blood pressure to be recorded within the same note as the encounter visit codes
2. **NQF 0070 / PQRI 7: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)**
 - Record percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.
3. **NQF 0074 / PQRI 197: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol**
 - Record percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
4. **NQF 0067 / PQRI 6: Coronary Artery Disease (CAD): Oral Anti-platelet Therapy Prescribed for Patients with CAD**
 - Record percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral anti-platelet therapy.
5. **NQF 0081 / PQRI 5: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**
 - Record percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
 - TRAC 9201
6. **NQF 0083 / PQRI 8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**
 - Record percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.
7. **NQF 0084 / PQRI 200: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation**
 - Record percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
8. **NQF 0073 / PQRI 201: Ischemic Vascular Disease (IVD): Blood Pressure Management**
 - Record percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).
9. **NQF 0075: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control**
 - Record percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL.
10. **NQF 0068 / PQRI 204: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic**
 - Record percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Digestive:

11. **NQF 0034 / PQRI 113: Colorectal Cancer Screening**
 - Record percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
12. **NQF 0385 / PQRI 72: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients**
 - Record percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Endocrine:

13. **NQF 0061 / PQRI 3: Diabetes: Blood Pressure Management**
 - Record percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.
 - Must have eligible diagnosis code
 - Must have two encounters within reporting period
14. **NQF 0575: Diabetes: Hemoglobin A1c Control (<8.0%)**
 - Record the percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.
15. **NQF 0059 / PQRI 1: Diabetes: Hemoglobin A1c Poor Control**
 - Record percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.
 - Search in Clinical will go back 12 months prior to encounter date when querying A1c result
 - The condition on the query will be detected via the use of LOINC codes. In this case the lab result on the Hemoglobin test will be picked up by querying on the LOINC code of 4548-4. Use of the LOINC code will avoid needing to query on multiple lab result names

16. NQF 0064 / PQRI 2: Diabetes: Low Density Lipoprotein (LDL) Management and Control

- Record percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).

Integumentary:

17. NQF 0056 / PQRI 163: Diabetes: Foot Exam

- Record the percentage of patients aged 18 - 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).
- Need to document CPT II Code – 2028F

Musculoskeletal:

18. NQF 0052: Low Back Pain: Use of Imaging Studies

- Record percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.

Ophthalmological:

19. NQF 0055 / PQRI 117: Diabetes: Eye Exam

- Record percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

20. NQF 0089 / PQRI 19: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

- Record percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

21. NQF 0088 / PQRI 18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

- Record percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

22. NQF 0086 / PQRI 12: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

- Record percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.

Psychological:

23. NQF 0105 / PQRI 9: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment

- Record the percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

24. NQF 0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement

- Record the percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

25. NQF 0027 / PQRI 115: 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

- Record percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Reproductive – Female:

26. NQF 0031 / PQRI 112: Breast Cancer Screening

- Record percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.

27. NQF 0032: Cervical Cancer Screening

- Record percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.

28. NQF 0033: Chlamydia Screening for Women

- Record percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

29. NQF 0387 / PQRI 71: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

- Record percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.

30. NQF 0014: Prenatal Care: Anti-D Immune Globulin

- Record percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

31. NQF 0012: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

- Record percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.

Reproductive – Male:

32. NQF 0389 / PQRI 102: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

- Record percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Respiratory:

33. NQF 0002 / PQRI 66: Appropriate Testing for Children with Pharyngitis

- Record percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

34. NQF 0001 / PQRI 64: Asthma Assessment

- Record percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms

35. NQF 0047 / PQRI 53: Asthma Pharmacologic Therapy

- Record percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

36. NQF 0043 / PQRI 111: Pneumonia Vaccination Status for Older Adults

- Record percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

37. NQF 0036: Use of Appropriate Medications for Asthma

- Record percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Urinary / Excretory:

38. NQF 0062 / PQRI 119: Diabetes: Urine Screening

- Record percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Additional Information:

- Core & Menu Set Objectives - Attestation in 2011 & 2012
- CQM – Attestation in 2011. Electronic Reporting in 2012. Not interested in % result, just which measures you are reporting on.