



RESOURCE AND PATIENT MANAGEMENT SYSTEM

iCare Population Management GUI

(BQI)

Meaningful Use (MU) User Manual

Version 2.3 April 2012

Office of Information Technology (OIT) Division of Information Resource Management Albuquerque, New Mexico

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Preface

The purpose of this manual is to provide you with the information you need to use the latest enhancements of the iCare (BQI) population management application that support the IHS Meaningful Use (MU) initiative.

This manual contains reference information about iCare views, examples of its processes, and step-by-step procedures to show you how to perform activities related to MU functionality in the latest version of the iCare application.

For more information about iCare basic functionality, iCare usage, or training for iCare, you may consult these resources:

- iCare IHS OIT Available at <u>http://www.ihs.gov/cio/ca/icare/</u>
- iCare Population Management GUI, User Manual Version 2.2 (July 2011). Available at <u>http://www.ihs.gov/RPMS/PackageDocs/bqi/bqi_022u.pdf</u>
- HHS WebEx recorded training sessions (search for iCare). Available at https://ihs-hhs.webex.com/mw0306lb/mywebex/default.do?siteurl=ihs-hhs&service=7 or at http://www.ihs.gov/cio/ca/icare/index.cfm?module=dsp_icare_cmet_training
- Join the iCare listserv by sending an e-mail to icare@listserv.ihs.gov

1.0 Introduction

iCare is a Windows-based, client-server graphical user interface (GUI) to the IHS Resource and Patient Management System (RPMS). iCare retrieves key patient information from various components of the RPMS database and brings it together under a single, user-friendly interface. iCare is intended to help providers manage the care of their patients. The ability to create multiple panels of patients with common characteristics (e.g., age, diagnosis, community) allows users to personalize the way they view patient data.

The information included in this MU-specific manual covers iCare MU-support functionality enhancements in iCare Version 2.3 (released April 2012). For more information about iCare basic functionality, iCare usage, or training for iCare, you can consult the resources listed above in the Preface.

1.1 Background

Along with the rest of the healthcare industry, IHS has already developed a set of chronic condition management (or register) applications, including for diabetes, asthma, and HIV. This type of application provides a way for healthcare providers to manage a specific group (register) of patients for a single disease state. Register management applications assist healthcare providers to identify high-risk patients, proactively track care reminders and health status of individuals or populations, provide more standardized and appropriate care by embedding evidence-based guidelines, and report outcomes.

Many patients, however, have more than one diagnosed disease. For instance, at the current time within the Indian Health system, a diabetic asthmatic woman could be a member of four RPMS registers (diabetes, asthma, women's health, and immunizations). This 'silo' approach to patient care could potentially result in fragmented care, and could increase the risk of inadequate patient care management due to misidentification of the true level of risk.

1.2 iCare Graphical User Interface

The iCare GUI is intended to allow providers to see a more complete view of patients with multiple conditions, while maintaining the integrity of the user-defined, disease-specific registers.

iCare can help IHS providers by:

• Proactively identifying and managing different groups (populations) of patients who share user-defined characteristics.

- Providing an integrated view of a patient's conditions that would minimize "stove piped" care management.
- Providing an intuitive and integrated interface to the diverse patient data elements of the RPMS database.
- Facilitating providers a review of clinical quality of care measures for their own patients to enable improvement in the quality of healthcare delivery.
- Enabling views of traditional healthcare information from the perspectives of community, population and public health.
- Providing the default tag selection as Proposed and Accepted, as shown in the above example. You can change the tag selection for any record by selecting or de-selecting any checkbox.
- Clicking the "use AND?" check box when there are multiple tags selected. The "And" option searches for patients who have ALL of the user-defined tags.

1.3 Who Should Use iCare?

Any provider who needs to identify a group of patients for long-term management or to create a temporary list should think about using iCare. Do you fit any of the following scenarios?

- I am a nurse at a facility that assigns a primary care provider to each patient. Every day, I want to create a list of scheduled patients for two different doctors in my clinic.
- I want to identify which of my patients are considered obese so I can recommend nutrition counseling.
- Because providers at our clinic have performance goals related to annual GPRA clinical measures, I want to identify which of my patients are missing key clinical data.
- Our Women's Health Clinic wants to focus on two clinical performance improvement initiatives this year. We want to identify the performance problem areas for female patients between the ages of 18 and 50.
- I am one of two part-time case managers for a group of children, and I want to create a patient list that we both can use.
- I am a site manager working to ensure our site meets Meaningful Use objectives.

1.4 User Desktop (Client) Requirements

iCare software resides on both your facility's RPMS server and on the desktop computer that you use. In order to use iCare successfully, your computer should have the following minimum configuration:

Table 1-1: Computer	configuration ⁻	for installing iCare
---------------------	----------------------------	----------------------

Client PC	Minimum Version
Microsoft Windows (Any Windows OS that supports .NET 2.0 Framework)	Windows XP SP2, Windows 2003 Server, Windows 2000 SP3+, Windows ME, Windows 98/98SE
Microsoft .NET Framework	V2.0
Suggested Client PC Hardware	Processor: Minimum: Pentium III 800MHz; Suggested: Pentium 4 2GHz+ Memory (RAM): Minimum: 256MB; Suggested: 512MB+
Approximate Disk Space Requirements	iCare Application Footprint ~10MB .NET 2.0 Framework ~ 100MB (if not already installed via Windows Updates)

2.0 Meaningful Use (MU) Support in iCare

Meaningful Use (MU) is a new initiative to improve the health of the nation. To achieve meaningful use, healthcare providers and hospitals must meet criteria created by the Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS).

You can find more information about Meaningful Use at the following Web site: http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaninful_use.

Panel List Flag List Co	ommunity Alerts	Nat	"I Measures	C	MET Me	aningful U	se	(PC					
Providers Performance	Hospitals/CAHs	Perform	nance	Provi	ders CQ	Provider	's CQ F	Reports	Н	lospitals/CAHs	CQ		
Tips Tips These are Meaningful Use Provid	der (EP; eligible p.	rofessio	nnal) perform	ance	measures								
See Glossary for complete measu	re descriptions.												
ime Frame: 1 year 👻													
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THE PERSON NEW YORK	Physician		Exclud	led	99	%	0%		0%	100%	99%	100%	9
CALIFORNIA CONTRACTOR AND CONTRACTOR	Provider		Exclud	led	99	%	33%		0%	100%	93%	100%	
CANONESCON CONTRACTOR	Provider		Exclud	led	Exclude	d	0%		0%	0%	100%	0%	10
	Provider		Exclud	led	Exclude	d	0%		0%	0%	0%	0%	
CONTRACTOR DE LA CONTRACTÓRIA DE LA	Provider		Exclud	led	Exclude	d	0%		0%	0%	100%	0%	
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CONTRACTOR OF A DESCRIPTION OF A DESCRIP	Physician		Exclud	led	Exclude	d	0%		0%	0%	0%	0%	
	Physician		Exclud	led	Exclude	d	0%		0%	0%	0%	0%	
	Provider		Exclud	led	Exclude	d	0%		0%	0%	100%	0%	10
Automation and	Physician		Exclud	led	Exclude	d	0%		0%	100%	0%	0%	
CONTRACTOR AND A CONTRACTOR	Physician		Exclud	led	98	%	0%		0%	100%	99%	85%	9
1988 1988 1988 1981	Physician		Exclud	led	Exclude	d	0%		0%	0%	. 0%	0%	
CONTRACTOR OF THE OWNER.	Physician		Exclud	led	Exclude	d	13%		2%	80%	68%	46%	4
(10) 1 (1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Physician		Exclud	led	Exclude	d	5%		15%	68%	95%	32%	4
CALCULATION CONTRACTOR OF	Physician		Exclud	led	Exclude	di .	100%		0%	100%	. 0%	0%	

Figure 2-1: Meaningful Use main view (highlighted in red)

The **Meaningful Use** window provides information about the Meaningful Use objectives and measures for providers as well as hospitals/CAHs. The Meaningful Use team has developed logic related to Meaningful Use objectives and clinical quality measures. This logic is utilized to perform periodic iCare background jobs to obtain related data for display.

2.1 User Preferences and Site Parameters

The User Preferences and Site Parameters windows have been updated to accommodate Meaningful Use support.

2.1.1 MU in User Preferences

To define the filters for the **Providers CQ** tab, select **Tools** | **User Preferences** | **Meaningful Use** tab then select the **Providers CQ** tab. Select the appropriate filters and other control settings that will apply when viewing the **Providers CQ** tab.

🖶 RPMS iCare - User F	Preferences	1000						
Define My Patients	Flag Setup	Comm Alert Setup	Startup View	Patient View	Panel View	Layouts CME	Meaningful Use	IPC
Providers CQ								
Patient Detail can be a v	ery large numbe	r of events, but you car	r limit this display by	applying any of a	these filters to y	our view.		
By Measure Set Core	_	feasure dit			Collapse	Tips Display		
☐ Alternate						Filters Display		
🔲 Menu set measu	ures							
Show Previous Colu Restore to System Def				4				
0							OK	Cancel

Figure 2-2: MU Providers CQ User Preferences dialog

The **By Measure Set** and **By Measure** apply to the **Providers CQ** and **Providers CQ Reports** sub-tabs. Use either one (cannot use both).

By Measure Set

Select the **By Measure Set** radio button to use all of the selections for each **Measure Set** checked. For example, check **Core** to use all the available selections for the **Core** measure set.

By Measure

Select the **By Measure** option to use only certain selections under any of the measure sets.

Click **Edit** to access the **Add/Remove MU Measures** window. You must expand any one of the **Measure Sets** to see the available selections.

🛃 Add/Remove MU Measures	×
Available Selections	Current Selections
CORE MEASURES Adult Weight Screening and Follow Up: 65+ Hypertension: Blood Pressure Management Preventive Care and Screening Measure Pair: Tobacco U Preventive Care and Screening Measure Pair: TobaccoC Adult Weight Screening and Follow Up: 18 - 64 ALTERNATE CORE MEASURES ALTERNATE CORE MEASURES	Add >> << Remove
	OK Cancel

Figure 2-3: Add/Remove MU Measures window showing the selections under Core Measures

Show Previous Column

Check this checkbox to have the application display the **Previous** column under each measure (on the **Providers CQ** sub-tab).

- By checking this item, both **Current** and **Previous** columns will display.
- By not checking this item, only the **Current** column will display.

2.1.2 MU Site Parameters

The MU Package Manager can access the **MU Site Parameters** screen by selecting **Tools**.| **iCare Site Parameters**.| **MU Site Parameters** (Figure 2-4). With the ORES security key, this user can customize the list of Providers that is listed on the **Providers Performance** tab and set the default timeframes for displaying MU performance and CQI measures data. The MU Package Manager can also select whether or not to show the user type and which user types will be displayed on the **Providers Performance** tab.

Default for Clinical Quality (CQ)	
Providers based on ORES key Providers Edit	Performance Provider Performance can be further filtered to only include the following User Types. Show Types? User Types: Discret Types: Edit Edit Case Manager
NOTE: If Provider is not assigned a User Class/Type in RPMS, their data will Provider Clinical Quality measure searches may take 1-3 hours per pr selections list shown above will result in faster background jobs. This list risible upon completion of the next Weekly background job.	ovider. Therefore, fewer providers listed in the Current

Figure 2-4: MU Site Parameters screen

2.2 Meaningful Use Layout

In Figure 2-5, the date displayed above the grid is from the most recent background job.



Figure 2-5: Meaningful Use tab showing the most recent background job information

The columns can be sorted and/or filtered. You cannot move the columns from one objective to another, however. But you can move the columns within one objective. For example, you could move the **Current** and **Previous** columns under the **CPDE Medication** objective. The layout information is provided for each sub-tab on the **Meaningful Use** window.

2.2.1 Providers Performance Sub-tab

Providers Performance is a sub-tab under **Meaningful Use**. The following explains the contents in this tab as seen in Figure 2-5.

Providers Performance	Ho	spitals/CAHs Per	for	mance Pro	oviders CQ	F	Providers CQ I	Reports	T +	iospitals/CAHs	CQ			
- Tips hese are Meaningful Use Prov	ider (ED alable and		nan nan han										_
ee Glossary for complete measure				and pononian	of modeleres									
ime Frame: 1 year 👱	33	8									0	· · · ·	3.3	6
eaningful Use data current as ser types included: Anesthes llergist, Behavioral Health					ling Physician	. N	urse Practiti	aner, Phy	sician	. Physician As	isistant, Provid	er, Allergy & Im	munolog	y.
						Ī								
	4		-9	CPOE Medical	ion +	F	Record Demog	paphics	4	Maintain Prob	lem List 🛛 🕫	Active Medica	ation List	
Provider	V	Туре	7	Current V	Previous V	1	Current V	Previous	V	Current V	Previous V	Current V	Previous	: 1
BKPROVIDER, KATHRYN G		Physician		Excluded	Excluded	ď	02	6	0%	1003	: 04	02		0
		Physician		Excluded	961	ζ.	02		0%	03	993	02		97
		Provider		Excluded	992	ξ.	02		1%	1003	953	02		95
-0140-FD 75 (00)	155	Provider		Excluded	Excluded	d	0%		0%	03	100%	02		100
		Provider		Excluded	Excluded	d	02		0%	02	: 03	02		(
		Provider		Excluded	Excluded	d	02		0%	02	: 03	02		0
ADDOD ADED TO		Physician		Excluded	Excluded	d	0%		0%	02	: 03	02		0
		Physician		Excluded	Excluded	d	02		0%	02	: 03	02		0
		Physician		Excluded	Excluded	d	02		0%	02	: 03	02	1	0
1	100	Provider		Excluded	Excluded	d	0%		0%	02	: 03	02		0
		Physician		Excluded	Excluded	d	02		0%	1002	: 03	02	5	0
10000100010010		Physician		Excluded	953	κ.	02		0%	1003	983	100%		97
		Physician		Excluded	Excluded	d.	02		0%	03	: 04	02		0
		Physician		Excluded	Excluded	d	112		4%	823	72%	372		48
		Physician		Excluded	Excluded	d	42		20%	652	95%	26%	1	45

Figure 2-6: Sample Providers Performance sub-tab

- The **Provider** field is the name of the provider.
- The **Type** field is the type of provider. The MU Package Manager defines and assigns the user types (see Section 2.1.2 for more information).
- Each of the remaining columns has a **Tooltip** that defines the meaning of the data in the particular column. To display a **Tooltip**, hover over the column heading with the mouse.
- Each column is further divided into **Current** and **Previous** periods. The **Tooltip** for **Current** and **Previous** columns displays the time frame for that period (for example, Jan 12, 2011 Apr 12, 2011).

2.2.2 Hospitals/CAHs Performance Sub-tab

and the second	Hospitals/CAHs Per	formance Provid	ders CQ Provide	ers CQ Reports	Hospitals/CAHs	CQ		
Tips Tips These are Meaningful Use Hosp.	3-18-411- (31							
nese are meaningrui Use Hosp. 'ee Glossary for complete measu		ess nospirais; periorm	ance measures.					
ïme Frame: 🛛 year 💌								
eaninoful Use data current as	Contract of the second s	27 A M						
ctive Patients: 26631	01. DBC 02, 2011 11.	27 88						
		-12	Current		-12	Previous		
Measure 🗠 5	7 Measure Set 🔺 🗸	Stage 1 Goal 🛛 🗸	# Patients in Denominator ▽	# Patients in Numerator ▽	% Met 🛛 🖓	# Patients in Denominator ▽	# Patients in Numerator ▽	% Met
Advance Directives	Menu Set	>50%	1	(0%	64	17	2
CPOE Medications	Core	>30%	2		50%	2533	2317	9.
Demographics	Core	>50%	24		3 13%	3621	4	
Electronic Copy of Discharge Instructions	Core	>50%	0	C) Excluded	0	0	Exclud
Electronic Copy of Health Information	Core	>50%	0	() Excluded	0	0	Exclud
Lab Results into EHR	Menu Set	>40%	0	() 0%	90650	73974	83
Medication Allergy List	Core	>80%	24	11	46%	3621	2797	73
Medication List	Core	>80%	24	11	46%	3621	3076	8
Medication Reconciliation	Menu Set	>50%	3	() 0%	25	1	2
Patient-Specific Education	Menu Set	>10%	24	2	8%	3621	395	11
Problem List	Core	>80%	24	20) 83%	3621	3135	87
Smoking Status	Core	>50%	14	8	57%	2822	2792	99
Summary of Care	Menu Set	>50%	0	(Excluded	177	1	1
Vital Signs	Core	>50%	21	9	43%	3453	3154	91

Figure 2-7: MU Hospitals/CAHs Performance view

The data displayed in the **Hospitals/CAHs Performance** sub-tab reflects the MU objective. The following is an explanation of the contents in this tab as seen in Figure 2-7.

- The number of active patients is displayed above the grid in bold black lettering.
- The **Measure** field displays the name of the measure.
- Measure Set is the classified as either Menu Set or Core.
 - **Core** means that every hospital or provider must be able to meet the measure.
 - **Menu Set** is a list of optional measures that the hospital or provider will choose from.
- **Stage 1 Goal** is the percentage of the Stage 1 goal. The target is >30%.
- The remainder of the window is divided into two sections labeled **Current** and **Previous**. There are **Tooltips** for both **Current** and **Previous**, which define the date range (for example, Jan 12, 2011 Apr 12, 2011).
- The **Current** portion of the table applies to the current date range and contains the following columns:
 - **# Patients in Denominator** is the total number of patients in this objective who meet the denominator definition.
 - # Patients in Numerator is the total number of patients in this objective who meet the numerator definition.
 - % Met is the percentage of the patients who meet the measure, derived by dividing the numerator by the denominator.

- The **Previous** portion of the table applies to the previous date range and contains:
 - **# Patients in Denominator** is the total number of patients in this objective who meet the denominator definition.
 - # Patients in Numerator is the total number of patients in this objective who meet the numerator definition.
 - % Met is the percentage of the patients who meet the measure, which is derived by dividing the numerator by the denominator.

For the MU Performance Measures (Provider and Hospital/CAHs), the **Time Frame** value in the banner above the data table determines the time frame for the data that is displayed. The **Time Frame** drop-down list (Figure 2-8) has the following options: 90 days, one year (12 months), and one month. The default is 90 days. If you change to the 12-month period, this will be the new default for subsequent logins. The MU Package Manager sets the default time frame.



Figure 2-8: MU Toolbar - performance measures

The **Background Jobs** button that is located to the right of the **Time Frame** field (Figure 2-8). Click this button to access the **Background Jobs** pop-up window. An alternative to clicking the **Background Jobs** button is to select **File** | **Background Jobs**.

2.2.3 Providers CQ Sub-tab

The **Providers CQ** sub-tab (Figure 2-8) displays how meaningful use and other initiatives have improved the care that the patients received. These measures are reported for each provider.

Providers are required to report on three core measures and three to five additional measures that vary depending on the provider's specialty of care (for Stage 1). For Stage 1, meaningful use and providers are not required to meet any targets.

The name of the provider is displayed in the Provider column. Each of the remaining columns defines the various criteria for the providers, with each criteria divided into **Current** and **Previous** date ranges.

See Glossary for complete measur		vligible professional) cli tions:	nca yaang j	Ley measures.							
Filters	Tir	me Frame: 90 Days	- Charting	Month: JAN:	2012	콠			0) 🗳 🛃 🗿	A 🗙 🖂	Ba
Optional filters can be		lie Traile. 190 bays	Starting	rionan para		2					~
used to focus your view	Me	an ingful Use data cu	urrent as of:	Feb 04, 2012 1	0:01 PM						
 By Measure Set Core 			ą	Adult Weight and Follow Up	Screening x 65+	4	Hypertension: Blo Pressure Manage		Tobacco Use	asure Pair:	+
Alternate		Provider	V	Current V	Previous	V	Current V F	revious V	Assessment Current V	Previous	V
Menu set measures	•			02		0%	0%	0%	0%		0%
O By Measure	-	TODO		0%		0%	0%	0%	0%		0%
Show Previous Column		-	·	02		0%	0%	0%			0%
1				02		0%	0%	0%			0%
Update View			S.,	0%		0%	0%	0%			0%
Save current settings to User			-	02		0%	0%	0%			0%
Preferences?		-		02		0%	0%	0%			0%
Save		P0000		02		0%	0%	0%	0%		0%
0376		******	0.00	02	:	0%	0%	0%	0%		0%

Figure 2-9: MU Providers CQ (clinical quality) view

Above the **MU Providers CQ** and **Hospital/CAHs CQ** data tables, the **Time Frame** drop-down box is displayed (Figure 2-9, highlighted in red). A **Starting Month** drop-down box is displayed to the right of the **Time Frame** box. Select the exact starting month from the **Starting Month** drop-down box desired for the 90-day, one month, or one-year time frame.

Optional filters in the left sidebar can be used to limit columnar data display in this table, thereby reducing the amount of horizontal scrolling required. Refer to Section 2.6.1 for more information.

2.2.4 Providers CQ Reports Sub-tab

The new MU CQ functionalities provide CQ reports (Providers CQ, Providers CQ Reports for any provider(s) and for any 90-day measurement period (Figure 2-10). The main differences of this report versus the standard RPMS report are (a) you can run it for multiple providers instead of a single provider, and (b) you get a grid/table view of the results.

The reports can be run by MU CQ measures or by MU CQ measure sets via the filtering tool on the left sidebar that can be used to limit columnar data display in this table, thereby reducing the amount of horizontal scrolling required (Figure 2-10 highlighted in red).

- Parameters	S													
focus your view Starting Date:			CORE MEASURES			4								
10/29/2011														
Ending Date: (1/27/2012	Provider	~	Adult Weight Screening and Follow Up: 65+	Adult Weight Screening and Follow Up: 18 - ¥ 64	Preventive Care and Screening Measure Paic TobaccoCessa ton Intervention	Preventive Care and Screening Measure Paic Tobacco Use Assessment	Hypertension: Blood Pressure Management							
APROVIDER A J (Nurse Pra IUCK.STEVE (Provider)	APROVIDER A J		NDA	NDA	NDA	NDA	NDA							
IUCK.STEVE (Plovider) ICONOMIDES PAUL ()	KEPROVIDER.EDWARD		NDA	NDA	NDA	NDA	NDA							
IARCIA RYAN ()	WBPROVIDER,WALTER H		NDA	NDA	NDA	NDA	NDA							
CARE, TESTPROVIDER ()	WCPROVIDER.DONALD		NDA	NDA	NDA	NDA	NDA							
By Measure Set	JARVIS, PATRICK		NDA	NDA	NDA	NDA	NDA							
F Core	GARCIA, RYAN		NDA	NDA	NDA	NDA	NDA							
C Alternate	MOBLEY, RACHEL		NDA	NDA	NDA	NDA	NDA							
12 State 12	ACORD ARLIS L		NDA	NDA	NDA	NDA	NDA							
Menu set measures	USERA		NDA	NDA	NDA	NDA	NDA							
By Measure	WHALEY, CATHY		NDA	NDA	NDA	NDA	NDA							
1	STANDING-OJO DENEAN		NDA.	NDA.	NDA.	NDA	NDA							

Figure 2-10: MU Providers CQ Reports view with left sidebar filtering functionality highlighted

2.2.5 Hospitals/CAHs CQ Sub-tab

The **Hospitals/CAHs CQ** sub-tab displays how meaningful use and other initiatives have improved the care that the patients received. These measures are reported for each hospital (Figure 2-11).

Hospitals are required to report on a set of 35 Medicare inpatient measures and potentially 8 Medicaid inpatient measures (for MU Stage 1). For Stage 1, MU providers and hospitals are not required to meet any MU targets.

Providers Performance	Hospitals/CAHs Perf	ormance Provi	ders CQ Provide	ers CQ Reports	lospitals/CAHs	CQ		
- Tips								
These are Meaningful Use Hospi See Glossay for complete measu		ess hospitals) clínical	quality (CQ) measure	20				
ime Frame: 1 year 💌	Starting Month:						9 N I #	839
leaningful Use data current as ctive Patients: 26634	of: Feb 24, 2012 11:	27 AM						
		4	Current		-0	Previous		4
Measure (17	Measure Set 🧹 🗸	Stage 1 Goal 🛛 🎔	# Patients in Denominator	# Patients in v	% Met (or other) ▽	# Patients in Denominator ▼	# Patients in Numerator	% Met (or ♥ other)
Anticoag Therapy for A- Fib/Flutter	HOSPITAL		NDA	C	0%	NDA		03
Antithrombic Therapy by End of Hosp Day 2	HOSPITAL		NDA	0	0%	NDA	S.	00
Assessed for Rehab	HOSPITAL		NDA	0	0%	NDA		01
DC on Antithrombic Therapy	HOSPITAL		NDA	(0%	NDA		01
DC on Statin	HOSPITAL		NDA	(0%	NDA		00
ICU VTE Prophylaxis	HOSPITAL		NDA	(0%	NDA		01
Incidence of Potentially- Preventable VTE	HOSPITAL		NDA	0	014	NDA		03
Median Elapsed Time from ED Arriv to ED Depart for Mental Health	HOSPITAL		NDA		0 mins	NDA		0 mina

Figure 2-11: Hospitals/CAHs CQ (clinical quality) sub-tab

The following is an explanation of the contents in this sub-tab.

- The number of active patients is displayed above the grid in bold black lettering.
- The **Measure** field displays the name of the measure.
- Measure Set displays the Measure Set name.
- Stage 1 Goal is the percentage of the Stage 1 goal. The target is >30%.
- The remainder of the window is divided into two sections called **Current** and **Previous**. There is hover help for both sections that defines the date range (for example, Jan 12, 2011 Apr 12, 2011).
- The **Current** portion of the table applies to the current date range and contains the following columns:
 - **# Patients in Denominator** is the total number of patients in this objective who meet the denominator definition.
 - **# Patients in Numerator** is the total number of patients in this objective who meet the numerator definition.
 - % Met is the percentage of the patients who meet the measure, derived by dividing the numerator by the denominator.
- The **Previous** portion of the table applies to the previous date range and contains:
 - **# Patients in Denominator** is the total number of patients in this objective who meet the denominator definition.
 - **# Patients in Numerator** is the total number of patients in this objective who meet the numerator definition.
 - % Met is the percentage of the patients who meet the measure, which is derived by dividing the numerator by the denominator.

3.0 Panel Definitions

New functionality in the **Panel Definition** view features a checkbox for **Patient(s) did NOT have** to enable users to search for patients who have not had a specified medication(s) in a specified time frame. In addition, **Patient(s) did NOT have** functionality has been added to the **Lab Tests** panel definitions (Figure 3-1).

The **Patient(s) did NOT have** features also appear on the **Patients Assigned to** population search.

This functionality will be useful to clinical quality improvement efforts (e.g., MU, IPC, GPRA) by allowing users to identify panels of patients who are behind in their preventive and other periodical care. This information will facilitate outreach to these patients via iCare, EHR, and other RPMS components.

Population Search Options		Parameters - n/a	
No Predefined Population Search - Add Patients manually My Patients	c c	Fiters PCC Lab Tests Range	
Patients Assigned to	C	🕫 By Date (none) 💌 C By Timeframe	14
Scheduled Appts	C	Patient(s) did NDT have the following lab test(s) during the selected range?	
QMan Template	C	C By Taxonomy Includes	
RPMS Register	0	@ By Name	
EHR Personal List	C		
Ad Hoc Search	(•	Edt	
		- Medications Range	
		General Structure (none) Constructure (none) Constructure (none) Substructure (no	1X
		Patient(s) did NOT have the following medication(s) during the selected range?	
		By Taxonomy Selected Taxonomy Includes:	
		By Name Edt	
		+ Visit (None)	
		+ Other (None)	

Figure 3-1: Panel definitions choices for Patients(s) did NOT have

Note: When using the medication or lab test taxonomies, ensure that these have been populated with local data by the local iCare Package Manager.

4.0 MU CQ Measures NQF Information

For the MU CQ measures data, a **Tooltip** for the measures names (accessible at the top of each measure column) contains the NQF number of the MU measure. This National Quality Forum ID number identifies the original NQF quality standard that was used as the basis for design of the MU measure (Figure 4-1 highlighted in red).

	Time Frame: 1 year 💌 Starting	Month: JUL 2	011 💌	<u></u>											0) 17
	Meaningful Use data current as of:	Dec 11, 2011 0	1:56 PM	ana Ant										-	_	
	P	Adult Weight 9 and Follow Up	dult Weight Screening 👆 Hypertension: Blood 🕂 Screening Measure Pair: 👍 Screening Measure Pair: 👍 Screening Measure Pair: 🖧 Screening Measure Pair:		eventive Care and creening Measure Pair: bbaccoCessation tervention		÷	← Adult Weight Screenin and Follow Up: 18 · 64		ening 3 - 64	, +					
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ז	CAR PROVIDE AND A CONTRACTOR	0%)%								0%		0%		0%
	1968 PERSONAL PROPERTY AND A 27400 CO.	E]%		Paramets aggs 13 years and older at the beginning of the reporting period who have been diagnosed with Hypertension within 2 years of the beginning of the report period and who have been seen by the EP at least twice 0% 0%								0%		
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Figure 4-1: NQF ID number in CQ measures definition Tooltip

The following NQF reference provides information about these numbers:

http://www.qualityforum.org/projects/i-m/meaningful_use/meaningful_use.aspx

5.0 MU Menus

The **File** menu options (except Meaningful Use) operate the same as the options on the **File** menu of **Panel** List.

5.1 File Menu

Meaningful Use options on this sub-menu function like the buttons on the toolbar.

5.2 Edit Menu

The **Edit** menu has two options:

- Select **All** will select all of the rows in the grid.
- Deselect All will deselect all of the currently selected rows in the grid.

5.3 Tools Menu

The **Tools** menu options operate the same as the options on the **Tools** menu for the **Panel** List.

6.0 Data Processing

The MU Provider Clinical Quality (CQ) scheduled job in iCare has been removed. MU Provider CQ data will now be automatically calculated on a month-by-month basis on the first of the month (for example, December 1, 2011 calculates data for November 2011). Previous month's data from June 2011 up to the date of installation will be set up to populate as part of the post-installation process.

Notes: These MU calculations will not run during the site's normal business hours.

The number of providers processed is based on the providers defined in the MU site parameters. The MU Coordinator should review this MU site parameters list for completeness.

Glossary

Background Job

Any number of jobs scheduled to run periodically to update the data used in iCare displays.

Critical Access Hospital

Rural community hospitals that receive cost-based reimbursement.

Denominator

The bottom part of a common fraction that indicates how many parts the whole is broken into. In iCare, the entire population eligible for meeting certain medical criteria.

iCare Package Manager

The designated person with authority to manage all information settings for iCare.

Meaningful Use

A government standard for the use of electronic health records.

MU Package Manager

The designated person with authority to manage MU information settings for iCare.

Numerator

The part of a common fraction appearing above the line, representing the number of parts of the whole that are being considered. In iCare, the number of patients meeting certain medical criteria out of an entire population eligible for meeting the criteria.

ORES

Made-up name for a security key given to users that are authorized to write orders in the medical chart. Users with this key can use their electronic signature on patient orders. This key is typically given to licensed physicians. Orders entered by users with this key can be released to ancillary services for immediate action.

Parameters

A programming variable that allows the user to input data. Parameters are commonly used to filter data for display or reports.

Panel Definition

The membership criteria used to create a panel of patients.

Tooltip

A common GUI element used to provide additional information to users. To display a Tooltip, hover the mouse pointer, without clicking, over a column heading or field.

Acronym List

BQI	Namespace for iCare
САН	Critical Access Hospital
CMS	Centers for Medicare and Medicaid Services
CQ	Clinical Quality
CQI	Clinical Quality Improvement
EHR	Electronic Health Record
GPRA	Government Performance and Results Act
GUI	Graphical User Interface
HHS	Health and Human Services
IHS	Indian Health Service
IPC	Improving Patient Care
MB	Megabytes
MU	Meaningful Use
NQF	National Quality Forum
ΟΙΤ	Office of Information Technology
ONC	Office of the National Coordinator
OS	Operating System
PC	Personal Computer
RPMS	Resource and Patient Management System

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4363

Web: <u>http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm</u>

Email: support@ihs.gov