

MUGI Measures Crosswalk

Meaningful Use – GPRA - IPC

Oklahoma City Area Indian Health Service



Version 1.1
Revised May 2011

The MUGI (Meaningful Use/GPRA/IPC) Measures crosswalk was created as a tool for visually presenting Meaningful Use measures. The purpose is to provide a visual alignment of the common types of measures currently in use through the GPRA (Performance Measures) and Improving Patient Care (IPC) initiatives with the Meaningful Use measures. The crosswalk is customizable for each facility and easy to update the measures as they change. This tool is not meant as a reporting method for MU nor implies that the comparison measures will meet the MU measures exactly.

MU Core Objectives	MU Stage I Measure	GPRA Measure	IPC Measure
Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE		
Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period		
Generate and transmit permissible prescriptions electronically (eRx) (EPs only)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology		
Record demographics <ul style="list-style-type: none"> • preferred language • gender • race • ethnicity • date of birth • o date and preliminary cause of death in the event of mortality in the eligible hospital or CAH (Hospital only) 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data		
Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data		
Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data		

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Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data		
Record and chart changes in vital signs: <ul style="list-style-type: none"> • Height • Weight • Blood pressure • Calculate and display BMI • Plot and display growth charts for children 2-20 years, including BMI 	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data	National Measure: Childhood Weight Control: Proportion of children ages 2-5 years with a BMI at the 95th percentile or higher.	Intake Screening Bundle: BMI Assessed: All patients for whom BMI can be calculated, including refusals in the past year.
Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded data	National Measure: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention	Intake Screening Bundle: Tobacco Use and Exposure: Patients screened for tobacco use or exposure in the last year Tobacco Non-Users: Microsystem patients age 11+ who are not using tobacco products
Implement one clinical decision support rule relevant to specialty or high clinical or hospital priority along with the ability to track compliance with that rule	Implement one clinical decision support rule		
Report ambulatory or hospital clinical quality measures to CMS or the States	For 2011 , provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule For 2012 , electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule		
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request, For hospitals, add copies of discharge summary and procedures.	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days		

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Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request (Hospital only)	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it		
Provide clinical summaries for patients for each office visit (EPs only)	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days		
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically. For Hospitals, add discharge summary and procedures as key clinical information.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information		
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process		
Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period		
Record advance directives for patients 65 years old or older. (Hospitals only)	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded		
Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) 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		

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Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition		
Send reminders to patients per patient preference for preventive/ follow up care (EPs only)	More than 20% of all unique patients 65 years or <i>older</i> or 5 years old or younger were sent an appropriate reminder during the EHR reporting period)		
Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP (EPs only)	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information		
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources		
The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)		
The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals		

MU Core Objectives	MU Stage I Measure	GPRA Measure	IPC Measure
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<p>Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice</p>	<p>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, eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>		
<p>Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice (Hospitals only)</p>	<p>Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>		
<p>Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice</p>	<p>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, eligible hospital or CAH submits such information have the capacity to receive the information electronically)</p>		

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
<p>Title: Adult Weight Screening and Follow-Up Description: 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</p>		
<p>Title: Hypertension: Blood Pressure Measurement Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.</p>	<p>GPRA National Measure: Diabetes: Blood Pressure Control: Blood Pressure Control of active diabetic patients with a mean blood pressure <130/80.</p>	<p>Intake Screening Bundle: BP assessed: All Active Clinical patients ages 20 and over with BP values documented within the last year</p>
<p>Title: Preventive Care and Screening Measure Pair a. Tobacco Use Assessment b. Tobacco Cessation Intervention Description: a. Percentage of patients aged 18 years and older who have been seen for at least 2 office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention</p>	<p>GPRA National Measure: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention</p>	<p>Intake Screening Bundle: Tobacco Use and Exposure: Patients screened for tobacco use or exposure in the last year Tobacco Non-Users: Microsystem patients age 11+ who are not using tobacco products</p>
<p>Title: Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old Description: Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).</p>	<p>GPRA National Measure: Adult Immunizations: Influenza vaccination rates among adult patients age 65 years and older.</p>	<p>Immunizations: Patients in microsystem who have received all of their immunizations.</p>
<p>Title: Weight Assessment and Counseling for Children and Adolescents Description: 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.</p>	<p>Other National Measure (ONM) Report: Childhood Weight Control: Proportion of children ages 2-5 years with a BMI at the 95th percentile or higher.</p>	<p>Intake Screening Bundle: BMI Assessed: All patients for whom BMI can be calculated, including refusals in the past year.</p>

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
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<p>Title: Childhood Immunization Status Description: 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.</p>	<p>GPRA National Measure: Childhood Immunizations: Combined (4:3:1:3:3:1:4) immunization rates for AI/AN patients ages 19-35 months. 4 doses Diphtheria and tetanus toxoids and acellular pertussis (DTaP), 3 doses Inactivated Poliovirus (IPV), 1 dose Measles, mumps and rubella (MMR), 3 doses Hepatitis B, 3 doses Haemophilus influenza type b conjugate (Hib), 1 dose Varicella, 4 doses Pneumococcal conjugate (PCV)</p>	<p>Immunizations: Patients in microsystem who have received all of their immunizations.</p>
<p>Title: Diabetes: Hemoglobin A1c Poor Control Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.</p>	<p>GPRA National Measure: Diabetes: Poor Glycemic Control: Proportion of patients with diagnosed diabetes with poor glycemic control (A1c > 9.5).</p>	<p>Outcome Bundle: A1C in control: Number of patients in the microsystem with diabetes with HbA1c < 7 within the last year</p>
<p>Title: Diabetes: Low Density Lipoprotein (LDL) Management and Control Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL).</p>	<p>GPRA National Measure: Diabetes: LDL Assessment: Proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).</p>	<p>Outcome Bundle: LDL in Control: Number of patients in microsystem with IHD and/or DM with last LDL <100 within the last year</p>
<p>Title: Diabetes: Blood Pressure Management Description: Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.</p>	<p>GPRA National Measure: Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80).</p>	<p>Outcome Bundle: Blood Pressure in Control: Number of patients in the microsystem with: a) DM / IHD with BP < 130/80 b) Or no diagnosis of DM/IHD with BP < 140/90</p>
<p>Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: 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.</p>		
<p>Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.</p>		

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<p>Title: Pneumonia Vaccination Status for Older Adults Description: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.</p>	<p>GPRA National Measure: Adult Immunizations: Pneumovax: Pneumococcal vaccination rates among adult patients age 65 years and older.</p>	<p>Immunizations: Patients in microsystem who have received all of their immunizations.</p>
<p>Title: Breast Cancer Screening Description: Percentage of women 40 - 69 years of age who had a mammogram to screen for breast cancer.</p>	<p>GPRA National Measure: Mammogram Rates: Proportion of eligible women ages 52-64 years of age, who have had a mammography screening within the previous two years. Includes those patients without a documented bilateral mastectomy or two separate unilateral mastectomies.</p>	<p>Cancer Screening Bundle: Breast Cancer Screening: Number of women in the microsystem ages 52 thru 64 with documented mammogram in past two years or refusal in past year</p>
<p>Title: Colorectal Cancer Screening Description: Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer.</p>	<p>GPRA National Measure: Colorectal Cancer Screening Rates: Proportion of eligible patients ages 51-80 without a documented history of colorectal cancer or total colectomy who have had appropriate colorectal cancer screening defined as any of the following: A) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the report period; B) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or C) colonoscopy in the past 10 years.</p>	<p>Cancer Screening Bundle: Colorectal Cancer Screening: Patients in the microsystem who have had ANY colorectal cancer screening, defined as any of the following: A) Fecal Occult Blood test (FOBT) within the last year; B) flexible sigmoidoscopy or double contrast barium enema in the past five years; C) colonoscopy in the past 10 years, or D) a documented refusal in the past year</p>
<p>Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.</p>		
<p>Title: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Description: 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.</p>		

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<p>Title: Anti-depressant medication management</p> <ul style="list-style-type: none"> a. Effective Acute Phase Treatment b. Effective Continuation Phase Treatment <p>Description: 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.</p>		
<p>Title: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation</p> <p>Description: 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.</p>		
<p>Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</p> <p>Description: 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.</p>	<p>GPRA National Measure: Diabetes: Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination</p>	<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year</p>
<p>Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</p> <p>Description: 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.</p>	<p>GPRA National Measure: Diabetes: Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination</p>	<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year</p>
<p>Title: Asthma Pharmacologic Therapy</p> <p>Description: 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.</p>		

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<p>Title: Asthma Assessment Description: 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.</p>		
<p>Title: Appropriate Testing for Children with Pharyngitis Description: 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.</p>		
<p>Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer Description: 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.</p>		
<p>Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients Description: 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.</p>		
<p>Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients Description: 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.</p>		

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
<p>Title: Smoking and Tobacco Use Cessation, Medical assistance:</p> <ul style="list-style-type: none"> a. Advising Smokers and Tobacco Users to Quit b. Discussing Smoking and Tobacco Use Cessation Medications c. Discussing Smoking and Tobacco Use Cessation Strategies <p>Description: 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.</p>	<p>GPRA National Measure: Tobacco Cessation Intervention: Proportion of tobacco-using patients that receive tobacco cessation intervention</p>	<p>Intake Screening Bundle: Tobacco Use and Exposure: Patients screened for tobacco use or exposure in the last year Tobacco Non-Users: Microsystem patients age 11+ who are not using tobacco products</p>
<p>Title: Diabetes: Eye Exam Description: 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.</p>	<p>GPRA National Measure: Diabetes: Retinopathy: Proportion of patients with diagnosed diabetes who receive an annual retinal examination.</p>	<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year</p>
<p>Title: Diabetes: Urine Screening Description: 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.</p>	<p>GPRA National Measure: Diabetes: Nephropathy Assessment: Proportion of patients with diagnosed diabetes assessed for nephropathy.</p>	<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year</p>
<p>Title: Diabetes: Foot Exam Description: 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).</p>		<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year.</p>
<p>Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol Description: 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).</p>	<p>GPRA National Measure: CVD Prevention: Comprehensive Assessment: Proportion of active IHD patients who have a comprehensive assessment for all CVD-related risk factors (Blood Pressure, LDL, tobacco use screening, BMI calculation and lifestyle counseling).</p>	

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
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<p>Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation Description: 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.</p>		
<p>Title: Ischemic Vascular Disease (IVD): Blood Pressure Management Description: 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).</p>		
<p>Title: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Description: 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.</p>		
<p>Title: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement Description: 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.</p>		

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<p>Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) Description: 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.</p>	<p>GPRA National Measure: HIV Screening: Proportion of pregnant women screened for HIV during the past 20 months.</p>	
<p>Title: Prenatal Care: Anti-D Immune Globulin Description: 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.</p>		
<p>Title: Controlling High Blood Pressure Description: 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.</p>	<p>GPRA National Measure: Diabetes: Blood Pressure Control: Proportion of patients with diagnosed diabetes that have achieved blood pressure control (<130/80).</p>	<p>Outcome Bundle: Blood Pressure in Control: Number of patients in the microsystem with: a) DM / IHD with BP < 130/80 b) Or no diagnosis of DM / IHD with BP < 140/90</p>
<p>Title: Cervical Cancer Screening Description: Percentage of women 21 - 64 years of age, who received one or more Pap tests to screen for cervical cancer.</p>	<p>GPRA National Measure: Cancer Screening: Pap Screening Rates: Proportion of eligible women who have had a Pap screen within the previous three years.</p>	<p>Cancer Screening Bundle: Cervical Cancer Screening: Number of women in the microsystem ages 21 thru 64 with documented pap smear in past three years or refusal in past year.</p>
<p>Title: Chlamydia Screening for Women Description: 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.</p>	<p>Other National Measure (ONM) Report: Count of Sexually Transmitted Infection (STI) Screenings The total count of STI incidents for active clinical patients during the report period includes Chlamydia, Gonorrhea, HIV/AIDS, and syphilis.</p>	
<p>Title: Use of Appropriate Medications for Asthma Description: 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).</p>		
<p>Title: Low Back Pain: Use of Imaging Studies Description: 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.</p>		

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<p>Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Description: 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.</p>		
<p>Title: Diabetes: Hemoglobin A1c Control (<8.0%) Description: The percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.</p>	<p>GPRA National Measure: Diabetes: Ideal Glycemic Control: Proportion of patients with diagnosed diabetes with ideal glycemic control (A1c < 7.0).</p>	<p>Diabetes Comprehensive Care: Patients with Diabetes who had a documented A1C, BP, LDL, nephropathy assessment, retinal screen, and foot exam in the last year Outcome Bundle: A1C in control: Number of patients in the microsystem with diabetes with HbA1c < 7 within the last year</p>
<p>Title: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.</p>		
<p>Title: Emergency Department Throughput – admitted patients Admission decision time to ED departure time for admitted patients Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.</p>		

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<p>Title: Ischemic stroke – Discharge on anti-thrombotics Description: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge</p>		
<p>Title: Ischemic stroke – Anticoagulation for A-fib/flutter Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.</p>		
<p>Title: Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours of symptom onset Description: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.</p>		
<p>Title: Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2 Description: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.</p>		
<p>Title: Ischemic stroke – Discharge on statins Description: Ischemic stroke patients with LDL \geq 100 mg/dL, or LDL not measured, or, who were on a lipid lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.</p>		
<p>Title: Ischemic or hemorrhagic stroke – Stroke education Description: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.</p>		
<p>Title: Ischemic or hemorrhagic stroke – Rehabilitation assessment Description: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.</p>		

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
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<p>Title: VTE prophylaxis within 24 hours of arrival Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.</p>		
<p>Title: Intensive Care Unit VTE prophylaxis Description: This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).</p>		
<p>Title: Anticoagulation overlap therapy Description: This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) ≥ 2 prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.</p>		
<p>Title: Platelet monitoring on unfractionated heparin Description: This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.</p>		

MU Eligible Hospital and CAH Clinical Quality Measures	GPRA Measure	IPC Measure
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<p>Title: VTE discharge instructions Description: This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.</p>		
<p>Title: Incidence of potentially preventable VTE Description: This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.</p>		

Acronym Key:

- CPOE = Computerized Provider Order Entry
- EP = Eligible Providers
- CAH = Critical Access Hospitals
- EHR = Electronic Health Record
- eRX = Electronic Prescribing
- POS = Place of Service
- CMS = Centers for Medicare & Medicaid Services
- IHD = Ischemic Heart Disease
- CVD = Coronary Vascular Disease
- MUGI=Meaningful Use, GPRA and IPC

NOTES: GPRA Measures as of 2011 GPRA Year
 IPC Measures as of IPC 2