MU | **Meaningful Use**
INDIAN HEALTH SERVICE
Improving Health Care within the Indian Health System

CQM Overview

Demonstrating Meaningful Use requires EPs and EHs to report on performance measures and Clinical Quality Measures (CQMs). While performance measures assess how the CEHRT is used, CQMs gauge various aspects of clinical care such as processes and outcomes.

Centralization and maintenance of these CQMs is overseen by the National Quality Forum (NQF) who reviews each CQM proposed to ensure that it:

- Can be reliably measured

- Will make a difference in health care

One of CMS's goals is to align various national quality reporting projects by allowing one measure to meet multiple needs. IHS hopes to align its quality measures as well.

Selecting CQMs for Development

Although many quality measures exist, NQF and the Centers for Medicare and Medicaid Services (CMS) have offered 64 ambulatory and 44 inpatient measures that can be chosen for 2014 certification and demonstrating Meaningful Use beginning in 2014.

In December 2012, OIT met with subject matter experts (SMEs) to review the CQMs proposed by CMS. These SMEs were comprised of staff from IHS headquarters, support staff from OIT, and clinicians from the field. Together they identified the measures that would reflect the services provided to IHS patients, be technically feasible for documentation and reporting purposes, and provide feedback for areas needing improvement. The 64 ambulatory and 44 inpatient measures were pared down to 16 inpatient and 18 ambulatory clinical quality measures that are under consideration to be built in RPMS EHR and certified for 2014.

See the pdf included with this newsletter for a list of the 16 inpatient and 18 ambulatory measures (9 adult and 9 pediatric) that are being considered.

Contents of this Issue

If you'd like submit an article for publication, feel free to email coleen.maddy@ihs.gov *with your suggestion.*

Reporting on CQMs in 2014

EPs will report on 9 CQMs, and EHs will report on 16 CQMs. Both EH and EP CQMs will need to cover a minimum of three out of six domains. CMS has recommended CQMs that are aligned with high-priority health care improvement goals.

The six domains include:

- Patient and Family Engagement

- Patient Safety

- Care Coordination

- Population and Public Health

- Efficient Use of Healthcare Resources

- Clinical Processes/Effectiveness

CQM Reporting

Beginning in 2014, EPs and EHs will have to submit their CQMs electronically to Medicare for attestation. Because of this different reporting requirement, a new CQM reporting tool is being developed. Stay tuned for more information.

The next issue will be distributed June 7, 2013. Submit articles for publication to Coleen Maddy by May 31, 2013.

1

MU 2014 CERTIFICATION PROGRESS

The OIT is updating the RPMS EHR software based on requirements from the Centers for Medicare and Medicaid Services (CMS), the Office of the National Coordinator (ONC), and the National Institute of Standards and Technology (NIST). More than 40 requirements will need to be demonstrated successfully by the RPMS EHR to achieve 2014 certification. Testing will be conducted this summer, and OIT is close to selecting an Authorized Testing and Certification Body (ACB) who will provide consultative services and administer the certification test.

Once certification is achieved, all RPMS EHR users will need to upgrade to the 2014 certified version of RPMS EHR.

All EPs and EHs, regardless of their stage of Meaningful Use, must upgrade to the 2014 certified version of the EHR prior to beginning their reporting period for CY/FY 2014. Use of the 2011 certified version of RPMS EHR will not be allowed for those participating and attesting to MU for CY/FY 2014, even for those that are only participating in Stage 1.

As RPMS packages are developed, they will need to undergo beta testing to ensure that the development is sound. Watch the ListServs for announcements asking for facility participation for beta testing.

As development progresses and new packages are released, sites are encouraged—though not required—to install and use them right away. By implementing them when released, sites will be able to address any necessary workflow changes incrementally rather than needing to make numerous changes all at once. A list of the required packages will be distributed along with the announcement of certification.

PREPARING FOR STAGE 2

Stage 2 builds upon the Stage 1 foundation by increasing targets to performance measures, moving measures from the menu to the core, and adding new measures. With CY/FY 2014 just around the corner, it's important to start preparing for these changes. Listed below are a few ideas to help you get started:

- **Monitor current performance** – Run performance measure reports on a consistent basis to ensure that EPs and EHs are meeting or exceeding targets and to identify areas in need of improvement.

- **Develop a Meaningful Use Team** – If your site doesn't have an MU coordinator or team, identify and create one. Consider including an MU coordinator, a doctor, a nurse, a member of IT and the business office manager.

- **Promote MU awareness** – Make MU an agenda topic at all meetings. Discuss how MU improves patient care, and review current performance and next steps. Think about posting EP and EH performance measure results on the bulletin board in the break room.

- **Performance Measures** – Some of the targets for performance measures have increased for Stage 2. Begin to move toward these higher thresholds.

- **Confirm your security risk analysis process** – Ensure that you have the proper procedures in place to conduct an annual Security Risk Analysis, as it is a core performance measure for MU.

- **Public Health Measures** – Ensure that your site is able to submit ongoing electronic immunization data to an Immunization registry as well as submitting Syndromic surveillance on an ongoing basis to public health agency.

Keep current with the latest news by attending Stage 2 Office Hours hosted by the National MU Team. Sign up for the MU ListServ at: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=168 to learn about upcoming presentations.

The next issue will be distributed June 7, 2013. Submit articles for publication to Coleen Maddy by May 31, 2013.

2

USING ICARE TO MEET MU

Many applications are developing new features and enhancements for 2014 Certification. iCare, for instance, will help EPs and EHs meet the Stage 2 MU objectives for Patient List and Patient Reminders (Preventive Reminders).

iCare will help EPs and EHs meet two of the objectives required for demonstrating MU in Stage 2.

To meet the Stage 2 measure for Patient List, an EP/EH needs to generate at least one report that lists patients with a specific condition. iCare can create such reports by retrieving patient information from the various components of RPMS database. EPs and EHs will be able to use multiple criteria as they search for patients who meet the appropriate parameters. For example, sites

will be able to develop dynamic lists of patients based on problems, medications, medications allergies, demographics, laboratory tests, and patient communication preferences. Generating these patient lists/panels will not only meet the patient list measure but also be used in specific ways to support the health and well-being of patients.

A typical scenario may include a clinic or hospital query through iCare that searches for patients who have not been screened for HIV. By using iCare, the clinic can define a panel based on a specific age range, gender, and lab (including the stipulation that the patient does not have a lab on record). Other criteria may focus on pregnant patients who have not had an HIV screening. Such queries can easily be done within iCare to demonstrate MU while also improving patient care.

The Patient Reminders (Preventive Reminders) objective can be met by using iCare in a similar fashion. For Stage 2, EPs must use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care. EPs must then send patient reminders (per patient preference when available) for more than 10 percent of all unique patients who have had two or more office visits with the EP within the 24 months before the beginning of the EHR reporting period. An EP can generate a patient list as in the example above. This list can then be used to send out patient reminders.

Contact Theresa Tsosie-Robledo at: Theresa.Tsosie-Robledo@ihs.gov for more information.

Do you have any MU best practices you want to share? If so, email them to Coleen Maddy at: coleen.maddy@ihs.gov for the next issue of the newsletter.

NEW TOOLS AVAILABLE

Three checklists are now posted online that provide a quick overview of the performance measures for each stage of MU. Visit the IHS web site at: http://www.ihs.gov/meaningfuluse/index.cfm?module=toolkit to download and print your copies.

If you haven't already done so, be sure to sign up for the MU ListServ at: http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=168. You'll receive helpful updates and notices about upcoming presentations.

The next issue will be distributed June 7, 2013. Submit articles for publication to Coleen Maddy by May 31, 2013.

3

2014 CQMs

In December 2012, the OIT met with subject matter experts to narrow the 64 ambulatory and 44 inpatient clinical quality measures (CQMs) proposed by CMS for 2014 CEHRT. Listed below are the 16 inpatient and 18 ambulatory measures (nine adult and nine pediatric) that were selected.

Note that the reporting period begins with FY/CY 2014. At this time, EHs and EPs must report on these CQMs, regardless of their stage of meaningful use.

Table 1: Inpatient Measures

CMS ID	NQF #	Title	Domain
32	496	ED-3 – Median time from ED arrival to ED departure for discharged ED patients	Care Coordination
104	435	Title: Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy	Clinical Processes/ Effectiveness
71	436	Stroke-3 Ischemic stroke – Anticoagulation therapy for atrial fibrillation/flutter	Clinical Processes/ Effectiveness
91	437	Stroke-4 Ischemic stroke – Thrombolytic therapy	Clinical Processes/ Effectiveness
72	438	Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Clinical Processes/ Effectiveness
73	373	VTE-3 VTE Patients with anticoagulation overlap therapy	Clinical Processes/ Effectiveness
60	164	AMI-7a- Fibrinolytic therapy received within 30 minutes of hospital arrival	Clinical Processes/ Effectiveness
30	639	AMI-10 statin prescribed at discharge	Clinical Processes/ Effectiveness
9	480	Exclusive breast milk feeding	Clinical Processes/ Effectiveness
31	1354	EHDI-1a - Hearing screening prior to hospital discharge	Clinical Processes/ Effectiveness
107	440	Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	Patient & Family Engagement
26	338	Home Management Plan of Care (HMPC) document given to patient/caregiver	Patient & Family Engagement
55	495	Emergency Department (ED) -1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Patient & Family Engagement
111	497	ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Patient & Family Engagement
110	375	VTE-5 VTE discharge instructions	Patient & Family Engagement
185	716	Healthy-term newborn	Patient Safety

2014 CQMs

Table 2: Ambulatory Measures (Pediatric)

CMS ID	NQF #	Title	Domain
146	0002	Appropriate testing for children with pharyngitis	Efficient Use of Health care Resources
155	0024	Weight assessment and counseling for nutrition and physical activity for children and adolescents	Population/Public Health
153	0033	Chlamydia screening for women	Population/Public Health
126	0036	Use of appropriate medications for asthma	Clinical Processes/Effectiveness
117	0038	Childhood immunization status	Population/Public Health
154	0069	Appropriate treatment for children with upper respiratory infection (URI)	Efficient Use of Health care Resources
136	0108	ADHD: Follow-up care for children prescribed attention-deficit/hyperactivity disorder (ADHD) medication	Clinical Processes/Effectiveness
2	0418	Preventive care and screening for clinical depression and follow-up plan	Population/Public Health
75	TBD	Children who have dental decay or cavities	Clinical Processes/Effectiveness

Table 3: Ambulatory Measures (Adult)

165	0018	Controlling high blood pressure	Clinical Processes/Effectiveness
156	0022	Use of high-risk medications in the elderly	Patient Safety
138	0028	Preventive care and screening: Tobacco use screening and cessation intervention	Population/Public Health
166	0052	Use of imaging studies for low back pain	Efficient Use of Health care Resources
2	0418	Preventive care and screening for clinical depression and follow-up plan	Population/Public Health
68	0419	Documentation of current medications in the medical record	Patient Safety
69	0421	Preventive care and screening: Body Mass Index (BMI) screening and follow-up	Population/Public Health
50	TBD	Closing the referral loop: receipt of specialist report	Care Coordination
90	TBD	Functional status assessment for complex chronic conditions	Patient and Family Engagement