



Clinical Quality Measures

for

2014



Mission of OFMQHIT

To advance the implementation and use of vital health information technology to improve healthcare quality, efficiency and safety by assisting physician practices and hospitals in achieving meaningful use of electronic health records.



Dawn Jelinek, BS



Dawn Jelinek is a medical practice advisor for the Regional Extension Center for several healthcare providers, including multiple Federally Qualified Health Centers. In this role, Dawn assists with workflow analysis, hardware, EHR selection, training and implementation to optimize the utilization of electronic medical records - ultimately improving patient health outcomes. She has vast experience with multiple EHR vendors, and consistently works with providers across a multitude of network and software platforms. Her training is expanding to include Physician Quality Reporting System measures.

Is this how Meaningful Use makes you feel?

Fire hose anyone.....



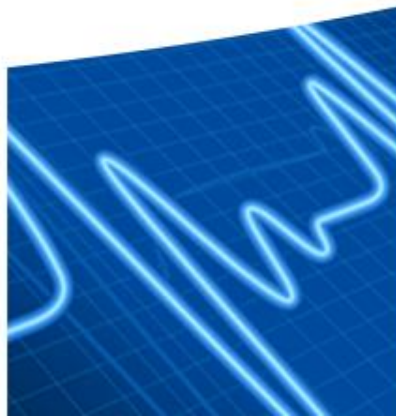
Current CQM Requirements

Providers:

- Six total Clinical Quality Measures(3 core or alternate core, and 3 out of 38 additional)

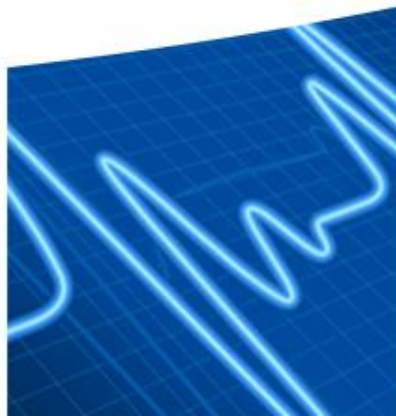
Hospitals and CAHs:

- All 15 of their clinical quality measures



What is a CQM?

A 'clinical quality measure' is a mechanism used for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in an optimal timeframe



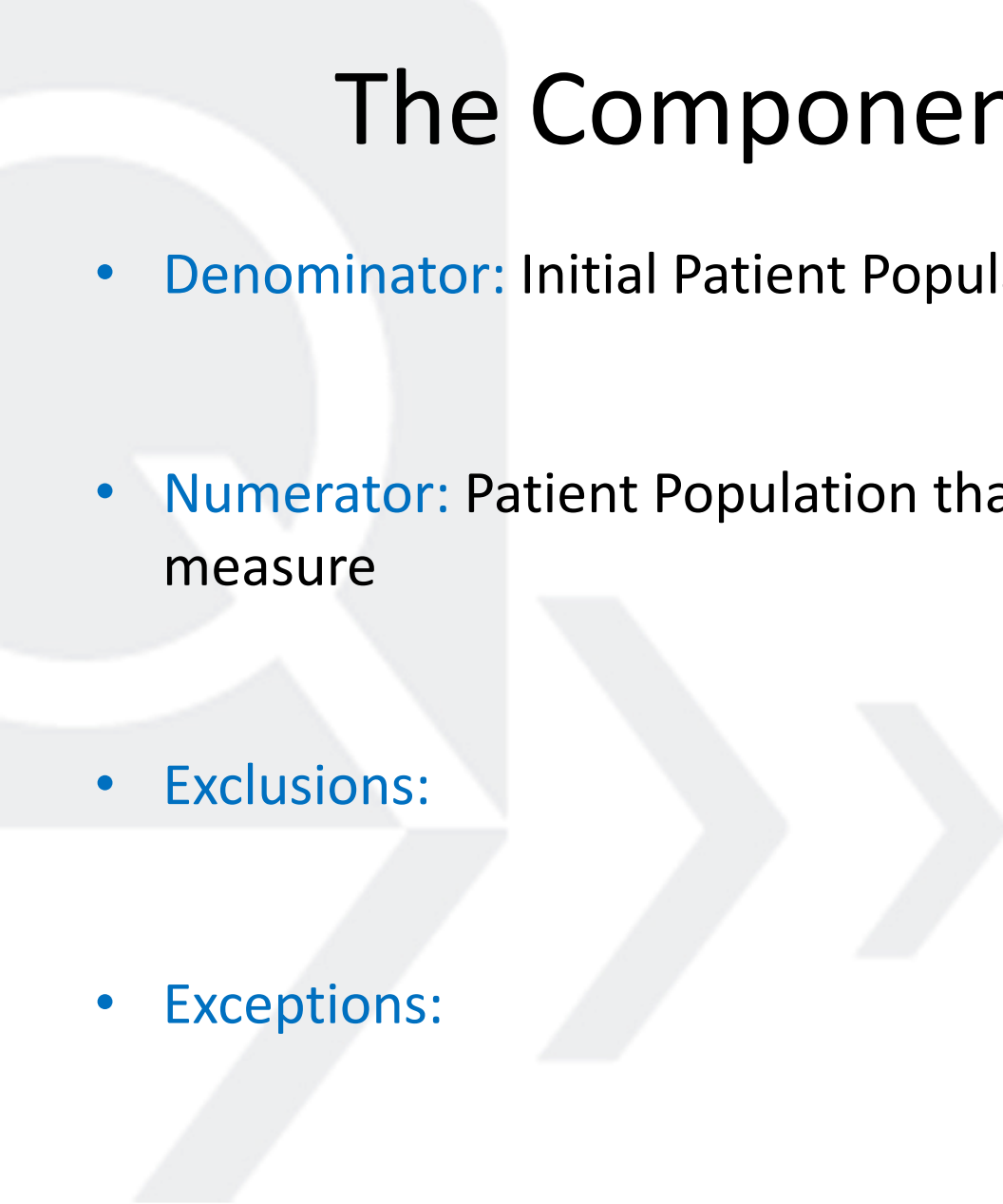


Why are Clinical Quality Measures Important?

Measuring the quality of patient care helps to drive improvements in health care.

CQMs help identify areas that require improvement in care delivery, identify differences in care among various populations, and may improve care coordination between health care providers.

The Components in Detail

- **Denominator:** Initial Patient Population
 - **Numerator:** Patient Population that meets the criteria of the measure
 - **Exclusions:**
 - **Exceptions:**
- 

Exceptions

Exceptions allow for clinical judgment and fall into three general categories:

1. Medical reasons
2. Patient reasons
3. System reasons

NOTE: Not all CQMs have exclusions or exceptions



Electronic Submission of CQM Data (2014)

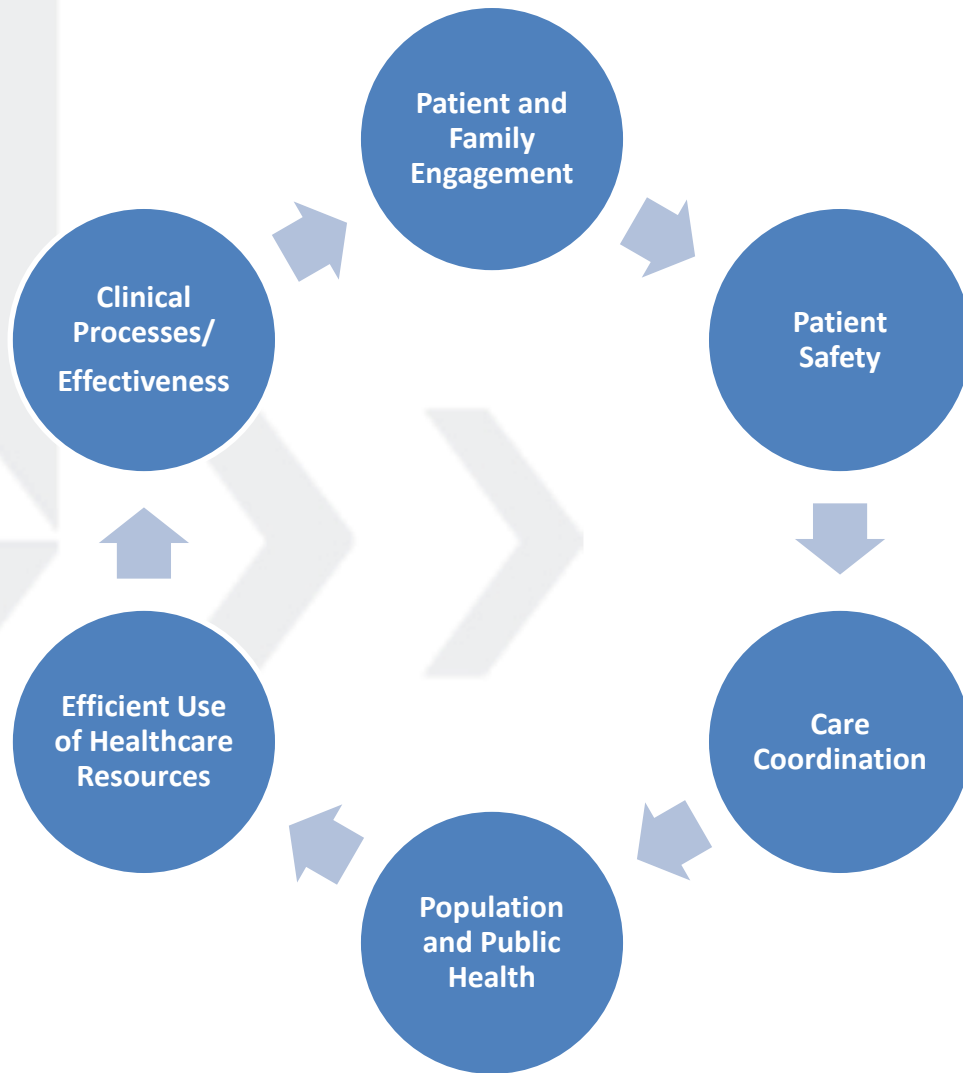
Medicare-eligible providers beyond their first year of meaningful use must report CQM data electronically to CMS.

Medicaid EPs and hospitals that are eligible only for the Medicaid Incentive Program will electronically report their CQM data to their state.

- **EP's must submit 9 out of 64**
- **Hospital's and CAH's must submit 16 of 29**

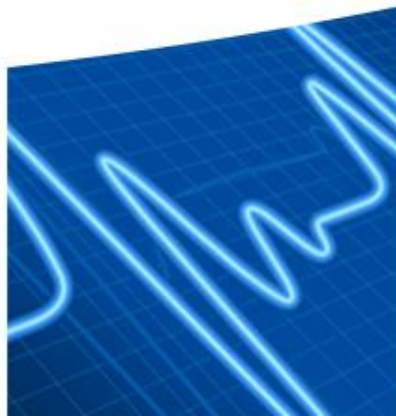
Selected CQMs must cover at least 3 out of the 6 National Quality Strategy domains

What are National Quality Strategy Domains?



Core Clinical Quality Measures

for Hospitals & CAHs



Patient Family Engagement

0495- Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients

0497- ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients

0440 - Stroke-8 Ischemic or hemorrhagic stroke – Stroke education

0375 - VTE-5 VTE discharge instructions

0338 - An assessment that there is documentation in the medical record that a Home Management Plan of Care document was given to the pediatric asthma patient/caregiver.

Care Coordination

0441 -Stroke-10 Ischemic or hemorrhagic stroke –
Assessed for Rehabilitation

0496 - ED-3 Median time from ED arrival to ED
departure for discharged ED patients

Efficient Use of Healthcare Resources

0147 - PN-6 Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients

0528- SCIP-INF-2 Prophylactic Antibiotic Selection for Surgical Patients

Clinical Process/Effectiveness

0435 - Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy

0436 - Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter

0437 - Stroke-4 Ischemic stroke – Thrombolytic Therapy

0438 - Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two

0439 - Stroke-6 Ischemic stroke – Discharged on Statin Medication

0373 - VTE-3 VTE Patients with Anticoagulation Overlap Therapy

0374- VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)

Clinical Process/Effectiveness

0142 - AMI-2-Aspirin Prescribed at Discharge for AMI

0469 - PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation

0164 - AMI-7a Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival

0163 - AMI-8a Primary PCI Received Within 90 Minutes of Hospital Arrival

0639 - AMI-10 Statin Prescribed at Discharge

0480 - Exclusive breast milk feeding during the newborn's entire hospitalization.

1354 - EHDI-1a Hearing screening before hospital discharge

Patient Safety

0371 -Venous Thromboembolism (VTE)-1 VTE prophylaxis

0372 - VTE-2 Intensive Care Unit (ICU) VTE prophylaxis

0376 – VTE-6 Incidence of potentially preventable VTE

0527 - SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision

0453 - SCIP-INF-9 Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero

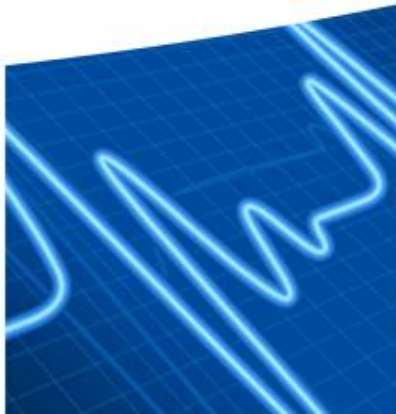
0716 - Healthy Term Newborn





Core Clinical Quality Measures

for Providers



What Factors Were Considered?

- Conditions that contribute to the morbidity and mortality
- Represent national public health priorities
- Conditions common to health disparities
- Conditions that disproportionately drive healthcare costs, which could improve with better quality measurement
- Conditions that enable measurement of quality of care in new dimensions, with a stronger focus on inexpensive measurement
- Patient/Caregiver engagement

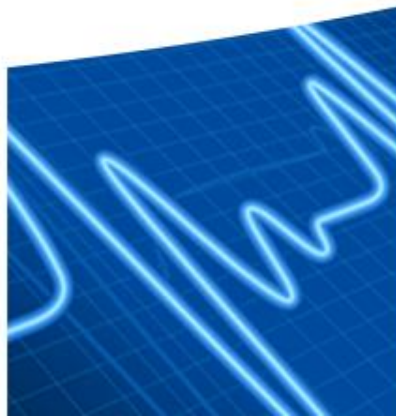
Recommended Core Measures

(for Eligible Providers)

- Controlling High Blood Pressure
- Use of High-Risk Medications in the Elderly
- Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Use of Imaging Studies for Low Back Pain
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Documentation of Current Medications in the Medical Record
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- Closing the referral loop: receipt of specialist report

NQF0018

- NOTE: NQF0018 is strongly encouraged due to controlling high blood pressure is a high priority goal of many National Health initiatives including the Million Hearts campaign.



Recommended Pediatric Core Measures

- Appropriate Testing for Children with Pharyngitis
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Chlamydia Screening for Women
- Use of Appropriate Medications for Asthma
- Childhood Immunization Status
- Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- Children who have dental decay or cavities

Recommended Adult Core Measures

- **Controlling High Blood Pressure**
- **Use of High-Risk Medications in the Elderly**
- **Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**
- **Use of Imaging Studies for Low Back Pain**
- **Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan**
- **Documentation of Current Medications in the Medical Record**
- **Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up**
- **Closing the referral loop: receipt of specialist report**

CQMs for Providers

Patient Safety

NQF	Clinical Quality Measure	Domain
0022	Use of High-Risk Medications in the Elderly	Patient Safety
0101	Falls: Screening for Future Fall Risk	Patient Safety.
0419	Documentation of Current Medications in the Medical Record	Patient Safety
0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Patient Safety
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety

CQMs for Providers

Patient Safety

NQF	Clinical Quality Measure	Domain
TBD	Functional status assessment for hip replacement	Patient Safety
TBD	Functional status assessment for complex chronic conditions	Patient Safety
TBD	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Patient Safety
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Patient Safety

CQMs for Providers

Population/Public Health

NQF	Clinical Quality Measure	Domain
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Population/Public Health.
0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Population/Public Health.
0033	Chlamydia Screening for Women	Population/Public Health.
0034	Colorectal Cancer Screening	Population/Public Health.
0038	Childhood Immunization Status	Population/Public Health.

CQMs for Providers

Population/Public Health

NQF	Clinical Quality Measure	Domain
0041	Preventive Care and Screening: Influenza Immunization	Population/Public Health
0064	Diabetes: Low Density Lipoprotein (LDL) Management	Population/Public Health
0110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Population/Public Health.
0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Population/Public Health
0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Population/Public Health
TBD	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Population/Public Health

CQMs for Providers

Efficient Use of Healthcare Resources

NQF	Clinical Quality Measure	Domain
0002	Appropriate Testing for Children with Pharyngitis	Efficient Use of Healthcare Resources.
0052	Use of Imaging Studies for Low Back Pain	Efficient Use of Healthcare Resources.
0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Efficient Use of Healthcare Resources.
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Efficient Use of Healthcare Resources.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Clinical Process/ Effectiveness.
0018	Controlling High Blood Pressure	Clinical Process/ Effectiveness.
0031	Breast Cancer Screening	Clinical Process/ Effectiveness.
0032	Cervical Cancer Screening	Clinical Process/ Effectiveness.
0036	Use of Appropriate Medications for Asthma	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0043	Pneumonia Vaccination Status for Older Adults	Clinical Process/ Effectiveness
0055	Diabetes: Eye Exam	Clinical Process/ Effectiveness
0056	Diabetes: Foot Exam	Clinical Process/ Effectiveness.
0059	Diabetes: Hemoglobin A1c Poor Control	Clinical Process/ Effectiveness.
0060	Hemoglobin A1c Test for Pediatric Patients	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0062	Diabetes: Urine Protein Screening	Clinical Process/ Effectiveness.
0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Clinical Process/ Effectiveness.
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Clinical Process/ Effectiveness.
0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Clinical Process/ Effectiveness.
0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Clinical Process/ Effectiveness.
0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Clinical Process/ Effectiveness.
0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Clinical Process/ Effectiveness.
0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/ Effectiveness

NQF	Clinical Quality Measure	Domain
0104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Clinical Process/ Effectiveness.
0105	Anti-depressant Medication Management	Clinical Process/ Effectiveness.
0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Clinical Process/ Effectiveness.
0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Clinical Process/ Effectiveness.
0387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0403	HIV/AIDS: Medical Visit	Clinical Process/ Effectiveness
0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Clinical Process/ Effectiveness.
TBD	HIV/AIDS: RNA control for Patients with HIV	Clinical Process/ Effectiveness.
TBD	Children who have dental decay or cavities	Clinical Process/ Effectiveness.
TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Clinical Process/ Effectiveness.

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Clinical Process/ Effectiveness.
0608	Pregnant women that had HBsAg testing	Clinical Process/ Effectiveness
0710	Depression Remission at Twelve Months	Clinical Process/ Effectiveness
0712	Depression Utilization of the PHQ-9 Tool	Clinical Process/ Effectiveness

CQMs for Providers

Clinical Process/Effectiveness

NQF	Clinical Quality Measure	Domain
TBD	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Clinical Process/ Effectiveness.
TBD	Dementia: Cognitive Assessment	Clinical Process/ Effectiveness.
TBD	Hypertension: Improvement in blood pressure	Clinical Process/ Effectiveness.
TBD	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Clinical Process/ Effectiveness

CQMs for Providers

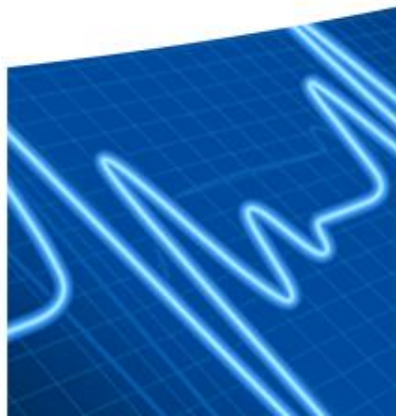
Patient and Family Engagement

NQF	Clinical Quality Measure	Domain
0384	Oncology: Medical and Radiation – Pain Intensity Quantified	Patient and Family Engagement.
TBD	Functional status assessment for knee replacement	Patient and Family Engagement.
	Care Coordination	
TBD	Closing the referral loop: receipt of specialist report	Care Coordination.

2014 CQM Submission

(Beyond First Year of Meaningful Use)

- Submit Electronically
- Only required to demonstrate 90 day's of CQMs
- If you demonstrate 90 day of CQMs, the 90 day reporting period needs to correlate with MU 90 days
- Optionally you can demonstrate a full year of CQMs



Medicare Providers:

(3-month reporting period)

Quarter:

- The fiscal (for eligible hospitals and CAHs) year
- The calendar (for EPs) year

This is to align with existing CMS quality measurement programs, such as the Physician Quality Reporting System (PQRS) and Hospital Inpatient Quality Reporting (IQR).

CMS is permitting this one-time three-month reporting period in 2014 only so that all providers who must upgrade to 2014 Certified EHR Technology will have adequate time to implement their new Certified EHR systems.

In subsequent years, the reporting period for clinical quality measures would be the entire calendar year (for EPs) or fiscal year (for eligible hospitals and CAHs).

Reporting Options

(for Hospitals & Critical Access Hospitals)

First Year of Demonstrating Meaningful Use

- Attestation
- Submit 16 CQMs, covering at least 3 NQS domains

Beyond the First Year of Demonstrating Meaningful Use

- Electronic
- Submit 16 CQMs, covering at least 3 NQS domains

*Manner similar to the 2012 Medicare EHR Incentive Program Electronic Reporting Pilot

Reporting Options

(for Providers)

First Year of Demonstrating Meaningful Use

- Attestation
- Submit 9 CQMs, covering at least 3 NQS domains (including recommended core CQMs)

Beyond the First Year of Demonstrating Meaningful Use

- Electronic
- Submit 9 CQMs, covering at least 3 NQS domains
- Satisfy requirements of PQRS reporting options using CEHRT
- EPs in an ACO (Medicare Shared Savings Program or Pioneer ACOs) *Provider Groups Only

Any Questions?



OFMQHIT Service Lines

- Security & Privacy Analysis
- Security & Privacy Audit
- Meaningful Use Gap Analysis
- Meaningful Use Gap Audit
- Meaningful Use Attestation
- HIPAA Security Preparedness
- HIPAA Privacy Preparedness
- Staff IT Security Training



Upcoming Events

Wed, Oct 2 | 12:15pm (Central Time)
“ICD10 Implementation”
By Ashley Rhude, BS

Wed, Oct 23 | 12:15pm (Central Time)
“Clinical Quality Measures for Hospitals”
By Lindsey Mongold, MHA

We Are Here To Help!

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