Demonstrating Meaningful Use

Stage 1 Requirements for Eligible Providers Using Certified EMR Technology

The chart below lists the measures (and specialty exclusions) that eligible providers must demonstrate to become a Stage 1 meaningful user to qualify for Medicare or Medicaid incentives. The reporting periods for 2011 (if you began by October 3) and 2012 require eligible providers to document meaningful use for 90 consecutive days through attestation.

Stage 1 Meaningful Use Overview for Ophthalmology

EPs must report:

1.) All 15 of the Core Set Objectives and Measures

- ***Scope of Practice Exclusion - Core Measure 8 - Record and chart vital signs (height, weight, blood pressure) - all three vital signs have no relevance to the scope of the EPs practice.***

2.) 5 out of 10 of the Menu Set Objectives and Measures; at least 1 public health measure*** must be selected.

- Most ophthalmologists are excluded for both of the public health measures.
- Still need to select 1 of the public health measures and note the exclusion.
- Must report on 4 other measures.

3.) A minimum of 6 Clinical Quality Measures (CQM) starting with the 3 Core Clinical Quality Measures. If your EHR reports zero in the denominator on one of the Core Clinical Quality Measures, replace it with one of 3 Alternate Core Clinical Quality Measures. Choose 3 Additional Clinical Quality Measures (from list of 38) that are relevant to your scope of practice.

Clinical Quality Measures

- CQM do not have thresholds that you have to meet—you simply have to report data on them.
- Certified EHR will produce a report with clinical quality measure data, and you must enter that data exactly as the certified EHR produced it.
- Ophthalmology-Specific Additional Clinical Quality Measures:
  - 12. Primary Open Angle Glaucoma – Optic Nerve Head Evaluation (PQRS Measure 12)
  - 13. Diabetic Retinopathy – Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy (PQRS Measure 18)
  - 14. Diabetic Retinopathy – Communication with the Physician Managing Ongoing Diabetes Care (PQRS Measure 19)
  - 22. Diabetes – Eye Exam (PQRS Measure 114)

- Which will often be the case for ophthalmology; if all three of the core/alternate core CQMs have zeros for the denominators (this would imply that the physician's patient population is not addressed by these measures) then the EP is still required to report on the three additional clinical measures.

Reporting Menu Measures:

- EPs must report on a total of 5 Meaningful Use Menu Measures.
- At least one of the 5 measures must be from the public health menu measures.
- If an EP meets the criteria for and can claim an exclusion for both of the public health menu measures, the EP must still select one public health menu measure and attest that the EP qualifies for the exclusion. The EP must then select any other four measures from the menu measures, which can be any combination of the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. CMS encourages EPs to select menu measures that are relevant to their scope of practice and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures that are relevant to their scope of practice. You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion applies to both.

Public Health Measures***(Note that none of the public health measures are applicable to ophthalmology, resulting in a '0' in the denominator.)*

- When selecting 5 out of the 10 Menu Set Objectives and Measures on which to report—you must include at least one of the two measures from the "public health" category:
  - Perform a test of the EHR's capacity to submit electronic data to immunization registries
  - Perform a test of the EHR's capacity to report electronic syndromic surveillance data to public health agencies.

Stage 1 Meaningful Use

15 Core Measures + 5 Menu Measures + 6 Clinical Quality Measures = Meaningful Use

The following are charts of meaningful use objectives that must be met:

15 Core Set Objectives and Measures (all are required)

1. Use computerized physician order entry (CPOE) for medication orders	More than 30% of all unique patients with at least one medication in their medication list have at least one medication order entered using CPOE. **Exclusion: EPs who write fewer than 100 prescriptions in reporting period**.
2. Implement drug-drug and drug-allergy check	Enable drug-drug and drug-allergy checking features for entire reporting period
3. Generate and transmit permissible prescriptions electronically (e-Rx)	More than 40% of all permissible prescriptions are transmitted electronically using certified EHR technology. **Exclusion: EPs who write fewer than 100 prescriptions in reporting period.**

4. Record patient demographics (preferred language, gender, race, ethnicity, date of birth)	More than 50% of all unique patients have demographics recorded as structured data.
5. Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that they have no problems.
6. Maintain active medication list	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that patient is not currently prescribed any medication.
7. Maintain active medication allergy list	More than 80% of all unique patients have at least one entry recorded as structured data or an indication that the patient has no know medication allergies.
8. Record and chart vital signs (height, weight, blood pressure)	More than 50% of all unique patients age 2 years or older have height, weight and blood pressure recorded as structured data. **Exclusion: All three vital signs have no relevance to the scope of the EPs practice; those who see no patients age 2 or older**.
9. Record smoking status for patients 13 years or older	More than 50% of all unique patients age 13 years or older have smoking status recorded as structured data. **Exclusion: EPs who see no patients age 13 years or older.**
10. Implement one clinical decision support rule	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.
11. Report ambulatory clinical quality measures to CMS and the States	For 2011: provide aggregate numerator, denominator and exclusions through attestation; for 2012: electronically submit the clinical qualify measures. ***Exclusion: Specialists can report zeroes for both the numerator and denominator of the required quality measures if none are appropriate to the scope of their practice.**
12. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies) upon request	More than 50% of all patients who request an electronic copy of their health information are provided it within 3 business days.
13. Provide clinical summaries for patients for each office visit	Provide clinical summaries to patients for more than 50% of all office visits within 3 business days.
14. Capability to exchange key clinical information (problem list, medication list, allergies and diagnostic test results) among providers of care and patient authorized entities, electronically	Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical data.
15. Implement systems to protect privacy and security of patient data maintained by certified EHR technology	Conduct or review a security risk analysis, implement security updates as necessary, and correct identify security deficiencies as part of the risk management process.

10 Menu Set Objectives and Measures (must meet 5)	
1. Implement drug-formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period. **Exclusion: Any EP who writes fewer than 100 prescriptions during the EHR reporting period.**
2. Incorporate clinical lab-test results into certified EHR	More than 40% of all clinical laboratory tests ordered during EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR as structured data. **Exclusion: EPs who order no lab tests in reporting period.**
3. Generate lists of patients by specific conditions	Generate at least one report listing patients of the EP with a specific condition to use for quality improvement, reduction of disparities, research or outreach.
4. Send patient follow-up/preventive care reminders	Send reminders for preventive/follow-up care to more than 20% of all patients 65 years or older or 5 years old or younger.
5. Provide patients with timely electronic access to their health information, including lab results, problem list, medication lists and allergies	Provide more than 10% of all patients timely (within 4 business days of being updated in the EHR) electronic access to their health information; subject to the EPs discretion to withhold certain information. **Exclusion: If no patient asks for electronic access to EHR during reporting period.**
6. Identify patient-specific education resources and provide those resources to the patient if appropriate	Identify and provide patient-specific education resources to more than 10% of all unique patients seen.
7. Perform medication reconciliation for a patient from another care setting or provider of care	Perform medication reconciliation for more than 50% of transitions of care in which the patient is transitioned in the care of the eligible provider.
8. Provide summary of care record for each transition of care and referral	Provide a summary of care record for more than 50% of patient transitions or referrals. **Exclusion: EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.**
9. *Public Health Measure**** Submit electronic immunization data to immunization registries or Immunization Information Systems	Perform 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. **Exclusion: EP administers no immunizations during the EHR reporting period or where no immunization registry has the capacity to receive the information electronically.**
10. *Public Health Measure**** Submit electronic syndrome surveillance data to public health agencies	Perform 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. **Exclusion: EP does not collect any reportable syndromic information on their patients during the EHR reporting period or does not submit such information to any public health agency that has the capacity to receive the information electronically.**

*Core Clinical Quality Measures (all are required)**	*Alternate Core Clinical Quality Measures*
NQF 0013 Hypertension: Blood Pressure Measurement	NQF 0024 Weight Assessment and Counseling for Children and Adolescents
NQF 0028 Preventive Care and Screening Measure Pair: Tobacco Use Assessment Tobacco Cessation Intervention	NQF 0041/PQRS110 Preventive Care and Screening: Influenza Immunization for Patients less than or equal to age 50
NQF 0421/PQRS 128 Adult Weight Screening and Follow-up	NQF 0038 Childhood Immunization Status
**If an EP reports a denominator of 0 for any of the 3 core measures, the EP must record for an alternate core CQM to supplement the core measure. For ophthalmology, likely all 6 will have '0' in the denominator.*	

Ophthalmology-Specific Additional Clinical Quality Measures (CQM)	
PQRS Measure 12: Primary Open Angle Glaucoma – Optic Nerve Head Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.
PQRI Measure 18: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	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.
PQRS Measure 19: Diabetic Retinopathy – Communication with the Physician Managing Ongoing Diabetes Care	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.
PQRS Measure 117: Diabetes – Eye Exam -	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.

Additional Clinical Quality Measures (Must Report 3 of 38)
1. Diabetes: Hemoglobin A1c Poor Control
2. Diabetes: Low Density Lipoprotein (LDL) Management and Control

3. Diabetes: Blood Pressure Management
4. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
5. Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI)
6. Pneumonia Vaccination Status for Older Adults
7. Breast Cancer Screening
8. Colorectal Cancer Screening
9. Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
10. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
11. Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment
12. Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
13. Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
14. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for Children with Pharyngitis
18. Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
19. Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
20. Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

21. Smoking and Tobacco Use Cessation, Medical Assistance: a) Advising Smokers and Tobacco Users to Quit, b) Discussing Smoking and Tobacco Use Cessation Medications, c) Discussing Smoking and Tobacco Use Cessation Strategies
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening
24. Diabetes: Foot Exam
25. Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
26. Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
27. Ischemic Vascular Disease (IVD): Blood Pressure Management
28. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
29. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement
30. Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
31. Prenatal Care: Anti-D Immune Globulin
32. Controlling High Blood Pressure
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Medications for Asthma
36. Low Back Pain: Use of Imaging Studies
37. Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
38. Diabetes: Hemoglobin A1c Control (<8.0%)

Resources

Meaningful Use Attestation Calculator
http://www.cms.gov/apps/ehr/

Meaningful Use Core Measures
http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf

EHR Incentive Program Electronic Specifications
http://www.cms.gov/QualityMeasures/03_ElectronicSpecifications.asp

Guide for Reading the EHR Incentive Program EP Measures
https://www.cms.gov/QualityMeasures/Downloads/QMGuideForReadingEHR.pdf

Additional Information:

Exclusions:

If you declare exclusion and later it is determined you were not excluded, you lose the entire incentive payment for that year.

Public Health Measures: Public health agency is not able to receive my data?

ONC Final Rules state:

"We recognize that some public health agencies do not yet have the capability of electronically receiving information. We do not believe that this should serve as a limiting factor, however, or preclude Certified EHR Technology from having the capability to transmit information in a standard format." (75 FR Page 44616)

In addition, CMS Final Rules state:

"We agree that many areas of the country currently lack the infrastructure to support the electronic exchange of information. As meaningful use seeks to ensure certified EHR technology has the capability to submit electronic data to public health agencies, we only require a single test if a receiving entity is available and follow up submission only if that test is successful." (75 FR Page 44360)