

# Clinical Quality Measures – What You Need to Know in 2014

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# Overview

- Clinical Quality Measures for 2014
- Which Measures are Certified?
- Selecting the Measures
- Reporting
- Resources

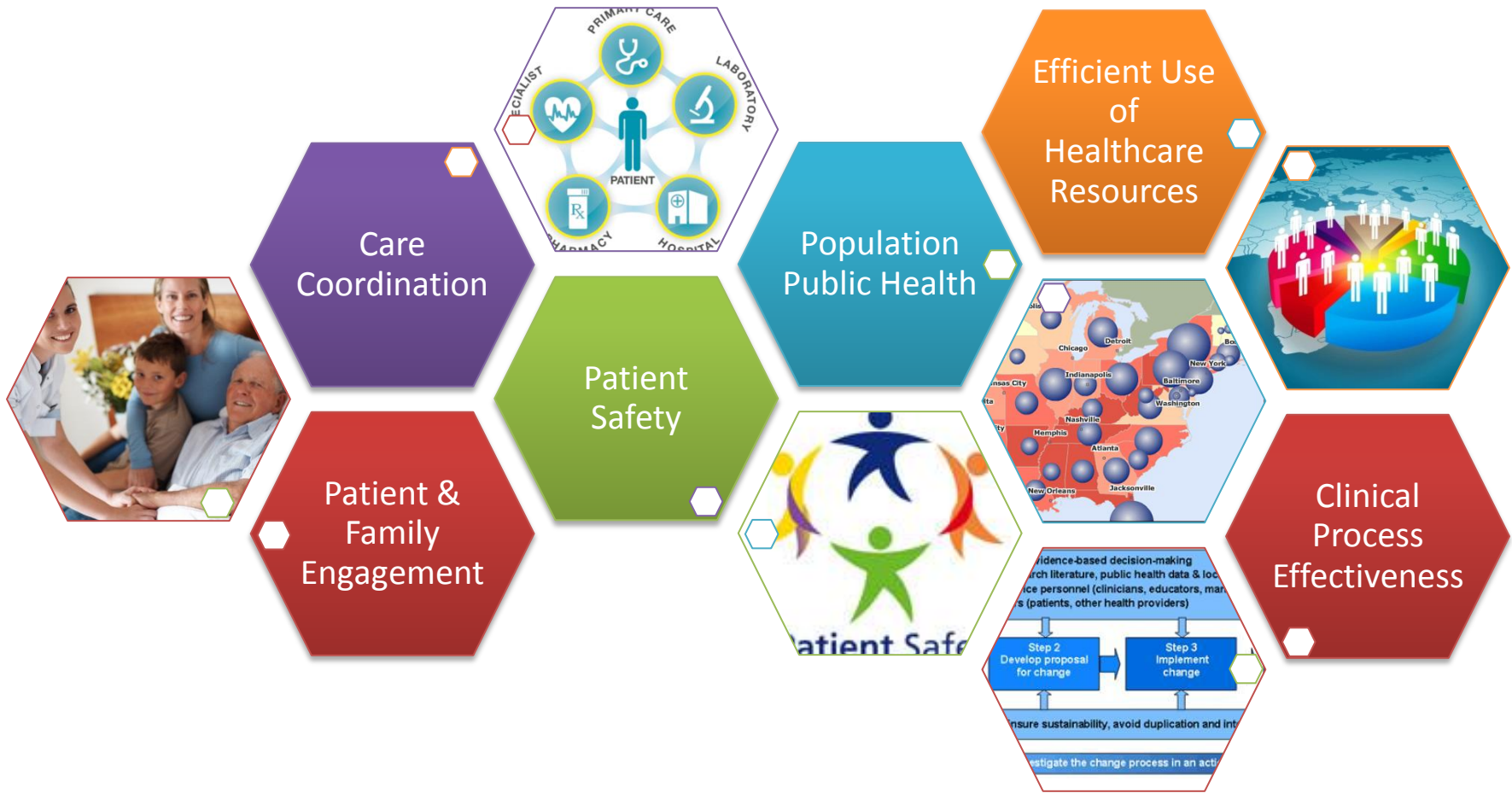


# Clinical Quality Measures in 2014

- Same requirements for MU Stage 1 and MU Stage 2
- 64 approved CQMs
- Eligible Professionals (EPs) must report on 9 CQMs
  - Must select from at least 3 different domains
- No *required* core set
- CMS has *suggested* core set – adults, children



# Domains (select at least 3 of 6)



# EHR Certification

- The **Standards and Certification Rule** requires that 2014 Certified EHR be able to:
  - Capture and report CQMs
  - Import and calculate CQMs
  - Electronically submit CQMs



# Which CQMs are 2014 Certified?

- EHRs don't have to be certified for *every* CQM
- How can you tell which CQMs are certified for your EHR?
  1. Talk to Your Vendor
  2. Go to Certified Health IT Product List at: <http://oncchpl.force.com/ehrcert?q=chpl>



# Examples from CHPL website

† [CMS165 Controlling High Blood Pressure](#)

† [CMS166 Use of Imaging Studies for Low Back Pain](#)

[CMS167 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy](#)

[CMS169 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use](#)

[CMS177 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment](#)

[CMS179 ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range](#)

[CMS182 Ischemic Vascular Disease \(IVD\): Complete Lipid Panel and LDL Control](#)

[CMS182 Ischemic Vascular Disease \(IVD\): Complete Lipid Panel and LDL Control](#)

† Recommended Adult and Pediatric

## Greenway - Greenway PrimeSUITE 2014 (17.0)

[CMS163 Diabetes: Low Density Lipoprotein \(LDL\) Management](#)

[CMS164 Ischemic Vascular Disease \(IVD\): Use of Aspirin or Another Antithrombotic](#)

† [CMS165 Controlling High Blood Pressure](#)

† [CMS166 Use of Imaging Studies for Low Back Pain](#)

[CMS167 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy](#)

[CMS169 Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use](#)

[CMS177 Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment](#)

[CMS179 ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range](#)

[CMS182 Ischemic Vascular Disease \(IVD\): Complete Lipid Panel and LDL Control](#)

[CMS182 Ischemic Vascular Disease \(IVD\): Complete Lipid Panel and LDL Control](#)

† Recommended Adult and Pediatric Core CQMs for EPs

## Allscripts - Allscripts Enterprise EHR Version 11.4.1

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# Core Set for Children

- **Pediatric Recommended Core Measures**
  1. Appropriate Testing for Children with Pharyngitis
  2. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
  3. Chlamydia Screening for Women
  4. Use of Appropriate Medications for Asthma
  5. Childhood Immunization Status
  6. Appropriate Treatment for Children with Upper Respiratory Infection (URI)
  7. ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
  8. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
  9. Children who have dental decay or cavities

[Click here to see full Table of Recommended Pediatric Measures](#)





# Core Set for Adults

- **Adult Recommended Core Measures**

1. Controlling High Blood Pressure
2. Use of High-Risk Medications in the Elderly
3. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
4. Use of Imaging Studies for Low Back Pain
5. Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
6. Documentation of Current Medications in the Medical Record
7. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
8. Closing the referral loop: receipt of specialist report
9. Functional status assessment for complex chronic conditions

[Click here full table of Recommended Adult Measures](#)



# Measure Selection: Things to Consider

- Patient Population
- Existing Quality Improvement Efforts
- Align with Clinical Decision Support rules if possible
- Relationship of CQMs to other programs?



# Measure Selection: Relationship of MU to Other Programs

## 1 Meaningful Use Clinical Quality Measure Alignment by Measure

The following table provides a summary of the various initiatives to which 2014 Meaningful Use CQMs also apply. It also provides a column with the total number of initiatives (inclusive of Meaningful Use) to which each measure applies.

Stage 2/2014 Clinical Quality Measure Comparison for 2013							
Meaningful Use Stage 2/2014 Measure	Total # of Initiatives	Meaningful Use	PQRS1	AC02	Million Hearts3	CHIPRA4	Medicare Advantage
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range (NQF# TBD) (CMS179v1)	1	✓					
ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (NQF#0108) (CMS136v2)	2	✓				✓	
Adult Weight Screening and Follow-up (NQF# 0421) (CMS69v1)	3	✓	✓	✓			
Anti-Depressant Medication Management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment (NQF# 0105) (CMS128v1)	2	✓	✓				
Appropriate Testing for Children with Pharyngitis (NQF# 0002) (CMSv146v1)	3	✓	✓			✓	
Appropriate Treatment for Children with Upper Respiratory Infection (URI) (NQF# 0069) (CMS154v1)	2	✓	✓				
Bipolar Disorder and Major Depression: Appraisal For Alcohol or Chemical Substance Use (NQF# 0110) (CMS169v1)	1	✓					

## MU Clinical Quality Measures: Alignment Across Quality Initiatives

Fact Sheet

**Provided By:**  
The National Learning Consortium (NLC)

**Developed By:**  
Health Information Technology Research Center (HITRC)

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Total # of Initiatives
Meaningful Use
PQRS1
AC02
Million Hearts3
CHIPRA4
Medicare Advantage

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# CQM Reporting Options for EPs in 2014

## Option 1:

- Attest to CQMs through the EHR Registration & Attestation System
  - Enter numerators and denominators as part of overall 3 month MU attestation in 2014.
  - RI Medicaid providers will ONLY be able to attest to CQMs in MAPIR as they do not have the ability to accept electronic submission
  - If there are no CQMs applicable to EP's scope of practice and patient population, EPs must still report 9 CQMs even if zero is the result in either the numerator or the denominator of the measure as displayed by the EP's CERHT.



# CQM Reporting Options for EPs in 2014

## Option 2:

- Electronic submission: check with your vendor
- Requires a full year of CQM data
  - MU Payment held until after full year submission
  - 1<sup>st</sup> year providers can't attest through this method
- Ask your vendor how CQMs and PQRS can be submitted electronically



# Summary

- Talk to your Vendor
- Look at your scope of practice
- Look at other programs in which you participate
- Select CQMs
- Watch for updates throughout your reporting period
- Report



# Resources

- [CQMs by Condition – this is a zip file that includes this file:](#)
  - [CQM Stage 1 and Stage 2 Comparison by Clinical Category](#)
- [Detailed list of EP Measures](#)
- [2014 Clinical Quality Measures Tipsheet](#)
- [HealthIT.gov website – Clinical Quality Measures \(CQM\) Quick Reference](#)
- [Clinical Quality Measures: Alignment Across Quality Initiatives](#)
- [Recommended Core Measures](#)
- [Electronic Specifications for Clinical Quality Measures](#)
- [CMS Website – Clinical Quality Measures](#)
- [HealthIT.Gov- CQMs for MU Stage 1](#)



# Questions?



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# Questions and Answers

**Q: How do you report on CQMs if an EP practices at 2 locations?**

A:

- If a provider practices at 2 sites, but each site did not choose the same CQMs, than pick the site with the greatest number of encounters and report on those CQMs.
- If a provider practices at 2 sites, and each site does have the same CQMs, than the numerator and denominator for each CQM will need to be added together for one set of data to report.

See FAQ #7779 <https://questions.cms.gov/faq.php?id=5005&faqId=7779> and FAQ#3609 <https://questions.cms.gov/faq.php?id=5005&faqId=3609>

**Q: If an EP is beyond their first year of Meaningful Use, do they have to submit their CQMs electronically?**

A: No, in 2014, any EP may submit their CQMs at the same time as their Meaningful Use attestation, and are not mandated to submit electronically.



# Questions and Answers

**Q: Do the CQMs need to align with the Stage 2 Clinical Decision Support rules?**

**A: CQMs DON'T have to be aligned with CDS**

[Stage 2 Meaningful Use Final Rule](#) p. 53997

“We expect providers to align CDS interventions with CQMs to the extent possible, although we recognize that providers may not know at the beginning of a reporting period which CQMs they will end up selecting to report. Based on the comments, we clarify that EPs and hospitals may implement CDS interventions that are related (as defined in the proposed rule) to any of the clinical quality measures for EPs and hospitals, respectively, and that are finalized for the EHR Incentive Program for the relevant year of reporting. In other words, **providers are not required to implement CDS interventions that are related to the specific CQMs that they choose to report for that year.** Providers who are not able to identify CQMs that apply to their scope of practice or patient population may implement CDS interventions that they believe are related to high-priority health conditions relevant to their patient population and will be effective in improving the quality, safety or efficiency of patient care.

We will require providers to implement a minimum of five CDS interventions for the entire EHR reporting period. The provider may switch between CDS interventions or modify them during the EHR reporting period as long as a minimum of five are implemented for the entire EHR reporting period.”



