



# **MU - Selection & Configuration of Measures**

Presenter: Christy Erickson

October 14, 2011



## Objectives

- Review the 15 Core Measures and highlight some findings from the field
- Discuss the MU Menu and Clinical Quality Measure selection process and organization considerations
- Describe the necessary configuration Clinical Quality Measures
- Provide tips on success user adoption

## How do you meet Meaningful Use?

- Organizations must meet
  - 15 Core Objectives
  - 5 Menu Set Objectives
  - 3 Core Clinical Quality Measures
  - If one or more cannot be met, these can be substituted by a select 3 Alternate Core Measures
  - 3 Additional Clinical Quality Measures

## Initial Steps for Measure Selection

- Assess current state workflows of each site and the role of the end user population
- Identify team and who are key stakeholders in Measure selection (IT team, Board, Advisory group)
- Evaluate who's eligible

# MEANINGFUL USE CORE OBJECTIVES

## Core Measures

- Core Objective #1-Use Computer Physician Order Entry for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.
- Core Objective #2-Generate and transmit permissible prescriptions electronically (eRx)
- Core Objective #3-Report ambulatory Clinical Quality Measures to Center for Medicaid Medicare Services or states
- Core Objective #4-Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule
- Core Objective #5- Provide patients with an electronic copy of their health information upon request

## Core Measures

- Core Object #6 -Clinical Summary provided to patients
- Core Objective #7- Implement drug-drug and drug-allergy interaction checks
- Core Objective #8- Record Demographics: preferred language, gender, race, ethnicity, and date of birth
- Core Objective #9-Maintain up-to-date problem list of current and active diagnoses
- Core Objective #10- Maintain active medication list

## Core Measures

- Core Objective #11- Maintain an active medication allergy list
- Core Objective #12- Record and Chart Vital Signs (Ht, Wt, BP >2)
- Core Objective #13- Record smoking status for patients 13 years old and older
- Core Objective #14- Capability to exchange key clinical information among providers of care and patient authorized entities electronically
- Core Objective #15- Privacy and Security Risk Analysis



# MEANINGFUL USE MENU SET OBJECTIVES

## Ten Options to Choose From

1. Drug Formulary Checks
2. Lab Results as STRUCTURED Data
3. Generate lists of patients by condition: Population Health Management
4. Send reminders per patient preference for preventative/follow up care: HMP Reminders
5. Patient access to health information within 4 days of a visit
6. Electronic patient education/resources
7. Transition of Care- Medication reconciliation
8. Referral- Provide Summary of Care Record
9. Submit data to immunization registries
10. Submit syndromic surveillance data to public health

## Clinical Quality Measures

### Three Core Options

1. Hypertension: BP Recorded
2. Tobacco Use Assessment and Cessation Intervention
3. Adult Weight Screening and Follow Up

### Three Alternative Options

1. Weight Assessment and Counseling for Children and Adolescents
2. Influenza Immunization for Patients  $\geq 50$  y/o
3. Childhood Immunization Status

## Additional CQM's

1. Diabetes: Hemoglobin A1C poor control
2. Diabetes: LDL Management and Control
3. Diabetes: BP Management
4. Heart Failure: Ace.ARB Rx for LVSD
5. CAD: Beta Blocker for prior MI
6. Pneumonia Vaccination for Older Adults
7. Breast CD Screening
8. Colorectal Cancer Screening
9. CAD: Oral Anti-platelet Rx
10. Heart Failure: Beta Blocker for LVSD
11. Anti-depressant medication mgmt
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 Managing Physician
15. Asthma Pharmacologic Therapy
16. Asthma Assessment
17. Appropriate Testing for children with pharyngitis
18. Oncology Breast Cancer: Hormonal Tx for Estrogen/Progesterone Receptor Positive CA
19. Oncology Colon Cancer: Chemo for Stage III CA patients
20. Prostate CA: Avoid overuse of Bone Scan for Staging Low Risk patients
21. Smoking and tobacco use cessation, medical assistance
22. Diabetes: Eye Exam
23. Diabetes: Urine Screening

## Additional CQM's

24. Diabetes: Foot Exam
25. CAD: Statin Rx for lowering LDL
26. Heart Failure: Warfarin for A-Fib
27. IVD: BP Management
28. IVD: Use of ASA / Antiplatelet
29. Initiate ETOH / Drug Abuse Tx
30. Prenatal Care: Screening for HIV
31. Prenatal Care: Anti-D Immuglob
32. Controlling High BP
33. Cervical Cancer Screening
34. Chlamydia Screening for Women
35. Use of Appropriate Meds for Asthma
36. Low Back Pain: Use of Imaging Studies
37. IVD: Complete Lipid Panel and LDL Control
38. Diabetes: HBA1C Control (<8.0%)



# **Build & Configuration of Clinical Quality Measures**

## Step 1- Consider Workflow

- Develop the workflow for the Clinical Quality Measure to understand the optimal configuration
  - Who will be tasked to do the new workflow?
  - Will this be varied from site to site and/or based on role?
  - Is there a clinical resource available to assist in workflow design?
  - What approval of workflow is required?

## Step 2- Orderable Items

- Getting Started
  - Tools needed- CPT and SNOMED resource to look up item, SSMT for SNOMED/TWAdmin
  - Evaluate each potential reportable item per Allscripts documentation and compare to your organization's OID dictionary
- Build necessary OID items
  - Under TWAdmin> Dictionaries>Orderable Items- add the new OID's used based on the workflow developed
  - Consider which classification to enter the new OID items

*Examples: Smoking Cessation Counseling - add OID as Instruction,  
Education and Training for Self Management - add OID as Instruction*

- Add the CPT and/or SNOMED code as appropriate to the OID
  - CPT manually in TWAdmin or SSMT- Column AA
  - SNOMED- SSMT- Column BP



# DEMONSTRATION

## Step 3- Resultable Items

- To Get Started
  - Tools needed- LOINC resource to look up items, SSMT/TWAdmin
  - Evaluate each potential reportable item per Allscripts documentation and compare to your organization's RID dictionary
- Add the LOINC code
  - Under TWAdmin> Dictionaries>Resultable Items- add the LOINC code based on the CQM selected and associated lab
  - SSMT- Column I

# DEMONSTRATION

## Adoption and Success

- Use the MU Alerts as a guide set to show on all users
- Populate favorites where possible (i.e. CDC smoking options, new OIG's- Smoking Cessation etc)
- Use new functionality-
  - Population Health for reminders (i.e. Smoking Cessation Assessment every 2 years, HgB A1C on Diabetics)
  - Vitals- Reference Ranges- BMI alert of abnormal for visual queue
- Provide thorough training around each new workflow (sample)
- Audit users- stimulus reports
- Re-train based on reports to appropriate end users
- Rewards
- Newsletters
- Client Connect



Further information on Galen services contact:

[Cary.bresloff@galenhealthcare.com](mailto:Cary.bresloff@galenhealthcare.com)