



Meaningful Use of Electronic Health Records: Understanding the requirements for quality reporting in pediatrics

The ultimate goal of a successful electronic health record (EHR) implementation is to become a “meaningful user” of your system.

To qualify for Medicaid EHR incentive payments (up to \$63,750 over six years), eligible providers must implement certified EHR technology, meet 15 core criteria and 5 of 10 “menu set” criteria, and report on a range of clinical quality measures. Unlike providers who register for the Medicare EHR Incentive Program, Medicaid providers do not need to demonstrate meaningful use during their first year of participation.

Because the lists of criteria and reporting requirements related to meaningful use can seem overwhelming and confusing, the RI Regional Extension Center has summarized this information for you and has identified a selection of quality measures (see page 2) that could be used by pediatricians.*

What exactly is “Meaningful Use”?

The meaningful use of certified electronic health record (EHR) technology is one piece of the broader health information technology (HIT) initiative to improve the quality, safety, and efficiency of patient care. To be considered a meaningful user, a provider must use a certified EHR in a meaningful manner (for example, for e-prescribing); demonstrate that the EHR provides for the electronic exchange of health information; and use an EHR to submit clinical quality measure reporting.

What are the criteria sets and quality measures I’m hearing about?

The 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act established criteria and clinical quality measures to qualify eligible healthcare providers and hospitals as meaningful users of certified EHR technology. Meaningful users can receive incentive payments from the Centers for Medicare & Medicaid EHR Incentive Program. Eligible pediatricians can receive up to \$63,750 from Medicaid over six years.

To qualify for federal incentive payments in the first of three proposed stages of Meaningful Use (Stage 1), eligible providers must implement certified EHR technology, meet 15 core criteria (or “objectives”) and 5 of 10 “menu set” criteria, and report on a range of clinical quality measures.

The **core objectives** comprise basic EHR functions such as entering basic patient data (including vital signs, demographics, active medications, and allergies); using clinical decision support tools; and entering clinical orders, particularly medication prescriptions (e-prescribing). The “**menu**” **objectives** include using an EHR to incorporate clinical lab results, reconciling medications between care settings and providers, and providing reminders to patients for needed care. Most of the core and menu objectives specify the rates at which providers will have to use particular EHR functions to be considered meaningful users. Providers also have to attest to data on **quality of care measures**.*

*This document specifically addresses the reporting of clinical quality measures. For information about the core and menu sets of Meaningful Use objectives, click the Meaningful Use tab in the Funding and Incentives section at www.DocEHRTalk.org.

I understand that many of the quality measures apply only to adult patients. What clinical quality measures are suitable for pediatric practices?

To achieve Stage 1 Meaningful Use of an EHR, providers have to attest to data on core quality of care measures (adult blood pressure levels, tobacco status, and adult weight screening and follow-up), unless they do not apply to your specialty, as is the case with pediatrics. Instead, pediatricians can report on “alternate measures” and “additional measures” that apply to their patient population. (For details about choosing appropriate measures to report and a complete list of the 3 core, 3 alternate, and 38 additional quality measures, see page 3).

Sample clinical quality measures for a pediatrician to use for Meaningful Use requirements

QM type	Quality Measure Title	Quality Measure Description
Alternate Core Clinical Quality Measure (CQM)	Weight Assessment and Counseling for Children and Adolescents	Percentage of patients 2-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year
Alternate Core CQM	Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertusis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. <i>The measure calculates a rate for each vaccine and nine separate combination rates</i>
Additional CQM	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode
Additional CQM	Asthma Assessment	Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, and that were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms
Additional CQM	Asthma Pharmacologic Therapy	Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment

Core CQM	Hypertension: BP Measurement
Core CQM	Preventive Care & Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
Core CQM	Adult Weight Screening and Follow-up
Alternate Core CQM	Preventive Care & Screening: Influenza Immunization for Patients ≥ 50

Although the three core CQMs and one alternate core CQM apply to adult patients only, you still must submit a numerator and denominator for the measures, even though the result is 0.

How do I qualify for incentive payments and how much can I get?

The Centers for Medicare & Medicaid (CMS) EHR Incentive Program is a way to encourage the meaningful use of EHRs. Because of their patient population, almost all pediatricians will choose to participate in the Medicaid Incentive Program. To qualify, pediatricians must not be hospital-based and need to demonstrate that at least 20% of their patient volume comes from Medicaid.

Eligible pediatricians can receive up to \$63,750 from Medicaid over the 6 years that they choose to participate in the program. *(You are not required to begin participating in the incentive program in 2011; however, you must begin receiving payments by 2016).* Although pediatricians may participate with a reduced patient volume (20% instead of the 30% required for other specialties), if you have less than 30% patient volume from Medicaid, your total payment would be reduced to \$42,500 over the six years.

What do I have to do to receive a payment? Is it the same as for the Medicare program?

Although registration in the Medicaid EHR Incentive Program has begun in some states, registration for the RI Medicaid program does not start until June 2011. To check for updated information, visit www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp. Registration for the Medicare EHR Incentive Program began January 3, 2011.

Unlike Medicare providers who need to attest to the meaningful use functional measures and clinical quality measures in their first year of incentive program participation, Medicaid providers do not have to demonstrate meaningful use during their first year of participation. You only have to demonstrate that you have adopted, implemented, or upgraded to certified EHR technology. However, you will be required to demonstrate meaningful use in each subsequent year to qualify for an incentive payment.

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- To learn more about meaningful use and the CMS Incentive Programs, visit www.cms.gov/EHRIncentivePrograms or click the *Funding and Incentives* tab at www.DocEHRTalk.org.
 - For additional information about Meaningful Use requirements as they relate to pediatrics, visit the American Academy of Pediatrics resources page at www.aap.org/ehr.

The RI Regional Extension Center team is here to help eligible primary care providers, with or without an existing EHR, with achieving meaningful use. To learn more about RI REC's free services, visit www.DocEHRTalk.org and click the "Join Now" button on the home page, or contact Member Services at 888.858.4815 or RIREC@riqi.org.

Meaningful Use clinical quality measure choices for pediatrics

All eligible providers are required to submit clinical data on two clinical quality measure (CQM) groups:

- A core set of 3 measures (or alternates)
- (3) “additional” measures selected from among 38 others

for a minimum of 6 and a maximum of 9 total measures*

Core Set of Quality Measures*

You begin by reviewing the 3 measures from this list. If they are not applicable to your practice (what is referred to as a denominator of “0”)—as is most likely for pediatricians—then begin selecting your choices for reporting data from the Alternate Core Set.

Core CQMs:

- Hypertension: Blood Pressure Measurement
- Preventive Care & Screening Measure Pair: a) Tobacco Use Assessment, b) Tobacco Cessation Intervention
- Adult Weight Screening and Follow-up

Alternate Core Set of Quality Measures*

If the 3 core CQMs are not applicable to your practice, begin choosing your measures from this list.

Alternate Core CQMs:

- Weight Assessment and Counseling for Children and Adolescents
- Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older
- Childhood Immunization Status

A pediatrician could choose 2 of these “alternate core” measures for which to report data.

Although the 3 core CQMs and 1 alternate core CQM apply to adult patients only, you still must submit a numerator and denominator for these measures, even though the result is 0 (for a sample selection of clinical quality measures that meet the requirements, see page 2.)

Additional Set of Quality Measures

Finally, choose 3 CQMs from this list of 38 “additional” measures.

(The 8 quality measures in boldface type represent those for a pediatric population and include a description. The remaining measures apply only to patients at least 18 years of age and are listed by the quality measure title only.)

Additional clinical quality measures (applicable for a **pediatric practice**):

- **Asthma Pharmacologic Therapy**
% of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment
- **Asthma Assessment**
% of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms

*A maximum of 9 CQMs would be reported if a provider needs to attest to the 3 core, 3 alternate core, and the 3 additional measures.

Additional Set of Quality Measures (cont'd)

- **Use of Appropriate Medications for Asthma**

% of patients 5 -50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

- **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: a) Initiation, b) Engagement**

% of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had 2 or more additional services with an AOD diagnosis within 30 days of the initiation visit

- **Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)**

% of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit

- **Prenatal Care: Anti-D Immune Globulin**

% of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation

- **Chlamydia Screening for Women**

% of women 15-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

Additional clinical quality measures (applicable for **adult patients**):

- Diabetes: Hemoglobin A1c Poor Control
- Diabetes: Low Density Lipoprotein (LDL) Management and Control
- Diabetes: Blood Pressure Management
- Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction
- Pneumonia Vaccination Status for Older Adults
- Breast Cancer Screening (*for women aged 40 to 69 years*)
- Colorectal Cancer Screening
- Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD
- Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- Anti-depressant medication management: a) Effective Acute Phase Treatment, b) Effective Continuation Phase Treatment
- Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
- Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy
- Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Additional Set of Quality Measures (cont'd)

- Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer
- Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
- Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- 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
- Diabetes: Eye Exam
- Diabetes: Urine Screening
- Diabetes: Foot Exam
- Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol
- Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
- Ischemic Vascular Disease (IVD): Blood Pressure Management
- Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
- Controlling High Blood Pressure
- Cervical Cancer Screening
- Low Back Pain: Use of Imaging Studies
- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- Diabetes: Hemoglobin A1c Control (<8.0%)

RI REGIONAL EXTENSION CENTER
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The RI Regional Extension Center (REC) is a service of the RI Quality Institute, a not-for-profit organization dedicated to improving the healthcare system in RI. The goal of our EHR Adoption Program is to assist 1,000 eligible primary care providers, with or without an existing EHR, with achieving Meaningful Use. To learn more, visit www.DocEHRTalk.org.

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