Meaningful Use Stage 2 Clinical Quality Measures – Are You Ready?

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22nd Annual Midas+ User Symposium
Objectives

- Describe how the Quality Data Model (QDM) serves as framework for Clinical Quality Measures (CQM)
- Define eMeasure specifications in comparison to legacy measures
- Discuss current Midas+ Live approach for Stage 1 CQM reporting and requirements to meet Stage 2
- Explain data requirements for capturing and calculating Clinical Quality Measures
- Identify challenges healthcare organizations face with transition to electronic data collection
Meaningful Use: Overview and Stages
Meaningful Use - Overview

Meaningful use sets a baseline for what an electronic health record should be able to accomplish.

- Standardized Formats
- Specified Taxonomies
- Patient Safety, Privacy, and Security
- Clinical Quality Measures
Meaningful Use
Quality of Care

MU: Enable significant and measureable improvements in population health through a transformed healthcare delivery system.

- Complete and accurate information
- Better access to information.
- Patient empowerment.
- Care Coordination
Meaningful Use Stages

Stage 1
- Data Capturing and sharing. Capture Data in a coded format.

Stage 2
- Advanced clinical processes. Expand information in as structured format as possible.

Stage 3
- Improved Outcomes. Focus on high priority conditions, patient self management, and access to comprehensive data.
# Stage 1

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Begins in 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of Stage 1</td>
<td>Data capture and sharing with an emphasis on the ability to exchange data rather than actual exchange of data until the infrastructure is in place.</td>
</tr>
<tr>
<td>Objectives</td>
<td>EH must meet 14 core objectives and 5 of 10 menu objectives for a total of 19 objectives</td>
</tr>
<tr>
<td></td>
<td>Core objective examples:</td>
</tr>
<tr>
<td></td>
<td>• CPOE – Use CPOE to enter medication orders for at 30% of unique patients</td>
</tr>
<tr>
<td></td>
<td>• Smoking – Record smoking status as structure data for more than 50% of unique patients</td>
</tr>
<tr>
<td></td>
<td>Menu objective example:</td>
</tr>
<tr>
<td></td>
<td>• Lab – Incorporate more than 40% of clinical lab tests results as structured data into certified EHR.</td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Hospitals must report on 15 CQMs that include ED-1, ED-2, VTE 1-6, and Stroke 2-10.</td>
</tr>
<tr>
<td>Reporting</td>
<td>Attestation</td>
</tr>
<tr>
<td>Measure</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>ED-1/NQF#0495</td>
<td>Median time from ED arrival to ED departure for admitted ED patients</td>
</tr>
<tr>
<td>ED-2/NQF #0497</td>
<td>Admit Decision time to ED Departure Time for Admitted Patients</td>
</tr>
<tr>
<td>Stroke-3/ NQF#0436</td>
<td>Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>Stroke-4/NQF #0437</td>
<td>Ischemic Stroke-Thrombolytic Therapy</td>
</tr>
<tr>
<td>Stroke-5/NQF #0438</td>
<td>Ischemic Stroke-Antithrombotic therapy by end of hospital day 2</td>
</tr>
<tr>
<td>Stroke-6/NQF #0439</td>
<td>Ischemic Stroke-Discharged on Statin Medication</td>
</tr>
<tr>
<td>Stroke-8/NQF #0440</td>
<td>Ischemic or hemorrhagic stroke – Stroke education</td>
</tr>
<tr>
<td>Stroke-10/NQF #0441</td>
<td>Ischemic or hemorrhagic stroke – Rehabilitation assessment</td>
</tr>
<tr>
<td>VTE-1/NQF #0371</td>
<td>VTE Prophylaxis</td>
</tr>
<tr>
<td>VTE-2/NQF #0372</td>
<td>(ICU) VTE Prophylaxis</td>
</tr>
<tr>
<td>VTE-3/NQF #0373</td>
<td>VTE Patients with Anticoagulation Overlap Therapy</td>
</tr>
<tr>
<td>VTE-4/NQF #0374</td>
<td>VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)</td>
</tr>
<tr>
<td>VTE-5/NQF #0375</td>
<td>VTE Discharge Instructions</td>
</tr>
<tr>
<td>VTE-6/NQF #376</td>
<td>Incidence of Potentially Preventable VTE</td>
</tr>
</tbody>
</table>
CMS Core CQMs

- **Conditions that**
  - Contribute to morbidity and mortality of most Medicare and Medicaid beneficiaries
  - Represent national public/population health priorities
  - Common to health disparities
  - Disproportionately drive healthcare costs

- **Measures that**
  - Enable CMS, States, and provider community to measure quality of care in new dimensions, with a stronger focus on parsimonious measurement
  - Include patient and/or caregiver engagement
## Stage 2

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Begins in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of Stage 2</td>
<td>Places emphasis on interoperability by exchanging and using information to improve the care of individual patients.</td>
</tr>
</tbody>
</table>
| Objectives | EH must meet 16 core objectives and 3 menu objectives for a total of 19 objectives  
Core objective examples:  
• CPOE - requirement expands from 30% to more than 60% of medication; 30% lab and 30% radiology orders are recorded using CPOE  
• Smoking - the requirement for this objectives increases from 50% to 80%.  
Menu objective example:  
• Lab – threshold percentage increases from 50% to a requirement of 55% |
| Clinical Quality Measures | Hospitals must report on 16 of the 29 CQMs that spans 3 of 6 domains.  
Example of a domain:  
Patient Safety |
<p>| Reporting | The first year anyone reports to CMS, the “reporting period” is 90 days. |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMI-2/NQF #0142</td>
<td>Aspirin Prescribed at Discharge for AMI</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>PC-01/NQF #0469</td>
<td>Elective Delivery Prior to 39 Completed Weeks Gestation</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>AMI-7a/NQF #0164</td>
<td>Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>AMI-8a/NQF #0163</td>
<td>Primary PCI Received Within 90 Minutes of Hospital Arrival</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>AMI-10/NQF #0639</td>
<td>Statin Prescribed at Discharge</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>PN-6/NQF #0147</td>
<td>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>SCIP-Inf-1/NQF #0527</td>
<td>Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>SCIP-Inf-2/NQF #0528</td>
<td>Prophylactic Antibiotic Selection for Surgical Patients</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>SCIP-Inf-9/NQF #0453</td>
<td>Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>ED-3/NQF #0496</td>
<td>Median time from ED arrival to ED departure for discharged ED patients</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>CAC-3/NQF #0338</td>
<td>Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>PC-05/NQF #0480</td>
<td>Exclusive Breast Milk Feeding</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>NQF 0716</td>
<td>Healthy Term Newborn (% singleton live births that do not have significant complications during birth or nursery care)</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>NQF 1354 EHDA-1a</td>
<td>Hearing screening before hospital discharge</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>CQM Measures By Domain</td>
<td>Care Coordination</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>ED-3: Median Time from ED Arrival to Departure for Discharged ED Pts</td>
<td>AMI-10: Statin at Discharge</td>
</tr>
<tr>
<td></td>
<td>STK-10: Ischemic or hemorrhagic stroke – Assessed for Rehab</td>
<td>AMI-2: ASA at Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMI-7a: Fibrinolytic within 30 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AMI-8a: PCI Within 90 min</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EHD-1a: Newborn Hearing Screening Before Discharge</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PC-01: Elective Delivery Prior to 39 Weeks Gestation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PC-05: Exclusive Breast Milk Feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STK-2: Ischemic Stroke – Discharged on Antithrombotic</td>
</tr>
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<td></td>
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<td>STK-3: Ischemic Stroke – Anticoagulation Thx for A-fib/flutter</td>
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<td>STK-4: Ischemic Stroke – Thrombolytic Therapy</td>
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<td>STK-5: Ischemic Stroke – Antithrombotic by End of Hospital Day 2</td>
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<tr>
<td></td>
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<td>STK-6: Ischemic Stroke – Discharged on Statin</td>
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<tr>
<td></td>
<td></td>
<td>STK-8: Ischemic or Hemorrhagic Stroke – Stroke Education</td>
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<td></td>
<td></td>
<td>VTE-3: Anticoagulation Overlap Therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>VTE-4: VTE Pts Receiving UFH with Dosages/Platelet Count by Nomogram/Protocol</td>
</tr>
</tbody>
</table>
## Stage 3

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Begins in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of Stage 3</td>
<td>Improved outcomes</td>
</tr>
<tr>
<td>Objectives/Menu Objectives</td>
<td>The third list of criteria and regulations is being established by the Centers for Medicare &amp; Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC).</td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>To be determined</td>
</tr>
<tr>
<td>Reporting</td>
<td>To be determined</td>
</tr>
<tr>
<td>Date</td>
<td>Program</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>July 3rd, 2013</td>
<td>Medicare EHR Incentive Program</td>
</tr>
<tr>
<td>September 30th, 2013</td>
<td>Medicare EHR Incentive Program</td>
</tr>
<tr>
<td>October 1st, 2013</td>
<td>Medicare EHR Incentive Program</td>
</tr>
<tr>
<td>Date</td>
<td>Program</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------------</td>
</tr>
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<td>Medicare EHR Incentive Program</td>
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<td>October 3rd, 2013</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>November 30th, 2013</td>
<td>Medicare EHR Incentive Program</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Program</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------</td>
</tr>
</tbody>
</table>
| July 3rd, 2014   | Medicare EHR Incentive Program | Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for FY 2014 | • For Stage 1 resources refer back to 2012 milestones  
• For Stage 2 resources visit Stage 2 webpage |
| September 30th, 2014 | Medicare EHR Incentive Program | Last day of the federal fiscal year  
Reporting year ends for eligible hospitals and CAHS | • For Stage 1 resources refer back to 2012 milestones  
• For Stage 2 resources visit Stage 2 webpage |
| October 1st, 2014 | Medicare EHR Incentive Program | Reporting period begins for eligible hospitals and CAHs for FY 2015  
• 90 days for 1st year of participation | • For Stage 1 resources refer back to 2012 milestones  
• For Stage 2 resources visit Stage 2 webpage |

How Legacy Measures Compare to eMeasures
NQF-ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

Measure Information Form

Measure Set: Acute Myocardial Infarction (AMI)
Set Measure ID#: AMI-2
Performance Measure Name: Aspirin Prescribed at Discharge

Description: Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge

Rationale: Aspirin therapy in patients who have suffered an acute myocardial infarction reduces the risk of adverse events and mortality. Studies have demonstrated that aspirin can reduce this risk by 20% (Antiplatelet Trialists’ Collaboration, 1994). National guidelines strongly recommend long-term aspirin therapy for secondary prevention of subsequent cardiovascular events in eligible older patients discharged after AMI (Antman, 2004; Antman, 2005; Wright, 2011; and Smith, 2011).

Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: AMI patients who are prescribed aspirin at hospital discharge

Included Populations: Not Applicable
Excluded Populations: None

Data Elements:
Aspirin Prescribed at Discharge

Denominator Statement: AMI patients

Included Populations:
Discharges with an ICD-9-CM Principal Diagnosis Code for AMI as defined in Appendix A, Table 1.1

Excluded Populations:
- Patients less than 18 years of age
- Patients who have a Length of Stay greater than 120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in clinical trials
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients who expired
- Patients discharged to home for hospice care
- Patients discharged to a health care facility for hospice care
- Patients with a documented Reason for No Aspirin at Discharge

Numerator:
Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge

Denominator:
All Acute Myocardial Infarction patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction

Exclusions:
Patients with Comfort Measures Only documented.
Patients enrolled in clinical trials.
Patients discharged to another hospital.
Patients who left against medical advice.
Patients who expired.
Patients discharged to home for hospice care.
Patients discharged to a health care facility for hospice care.
Patients with a documented Reason for No Aspirin at Discharge

Numerator Exclusions:
None
Denominator Exclusions:
None

Measure Population:
Not applicable

Measure Observations:
Not applicable

Supplemental Data Elements:
For every patient evaluated by this measure also identify payer, race, ethnicity, and sex.
2014 MU Clinical Quality Measures
Evolution of Electronic Quality Measurement
Quality Data Model

- Informational model developed by NQF
- Defines clinical concepts in a standardized format
- Describes information for consistent interpretation across IT systems

Components

- Category
- Data Type
- Attributes
- Code System
- Value Sets
QDM Components

Category
Diagnostic Study, Laboratory Test, Medication

Datatype
Diagnostic Study, performed
Laboratory Test, order
Medication, administered

Attributes
Diagnostic Study, performed (method)
Laboratory test, order (reason)
Medication, administered (dose)
An Expression of the Quality Data Model

<table>
<thead>
<tr>
<th>Patients who….</th>
<th>What kind of data are we dealing with?</th>
<th>What about the data?</th>
<th>How do we define the data?</th>
</tr>
</thead>
<tbody>
<tr>
<td>...Are diagnosed with Acute Myocardial Infarction</td>
<td>Principal Diagnosis</td>
<td>Active</td>
<td>ICD-9, ICD-10, SNOMED-CT</td>
</tr>
<tr>
<td>...Were prescribed aspirin at hospital discharge</td>
<td>Medication</td>
<td>Medication Discharge</td>
<td>Aspirin RxNorm Value Set (2.16.840.1.113883.3.666.5.6.26)</td>
</tr>
</tbody>
</table>
CQM eMeasure Specifications

- Multiple formats
  - HTML Human readable rendition
  - XML computer readable format
  - Value sets

- Human-readable organized in same manner as legacy specs
  - eMeasure Title & Number
  - Description
  - Rationale
  - Type of Measure
  - Initial Patient Population
  - Numerator Statement
  - Denominator Statement
  - Excluded Population

AMI-2 Specs
Boolean Logic

- “NOT” is a limiter
- “AND” is a limiter
- “OR” is an expander
Measure Calculation

- OR: "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient (discharge status: 'Discharge To Another Hospital')"

- OR: "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient (discharge status: 'Hospital Measures - Expired')"

- OR: "Transfer To: Hospital Measures - Home Hospice Care" < 1 day(s) starts after end of "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Transfer To: Hospital Measures - Inpatient Hospice Care" < 1 day(s) starts after end of "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient (discharge status: 'Left Against Medical Advice')"
Measure Calculation

- OR: "Medication, Adverse Effects: Aspirin Allergen" starts before or during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Discharge not done: Medical Reason" for "Hospital Measures-Aspirin RxNorm Value Set" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Order not done: Medical Reason" for "Hospital Measures-Aspirin RxNorm Value Set" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Order not done: Patient Reason" for "Hospital Measures-Aspirin RxNorm Value Set" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Discharge: Hospital Measures - Warfarin Anticoagulants" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Administered not done: Hospital Measures - Hold" for "Hospital Measures-Aspirin RxNorm Value Set" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Allergy: Aspirin Allergen" starts before or during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Medication, Intolerance: Aspirin Allergen" starts before or during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- OR: "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient (discharge status: "Discharge To Another Hospital")"

- OR: "Medication, Discharge not done: Patient Reason" for "Hospital Measures-Aspirin RxNorm Value Set" during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"
Midas+ Live Approach to Stage 2
Meaningful Use Stage 1

- Stage 1 certification completed by attestation
- Methodology varied from one vendor to the next
- Result –

*Comparing apples to oranges*
Midas+ Live Approach to Stage 1

- Doesn’t require use of standard terminologies
- Client terms mapped to standard terminologies
- Allows manual data capture
- To see performance, hospital runs report to calculate measure results based on derived data elements
Stage 2 Focus – Interoperability

GOAL: Obtain and share the **right** information in the **right** context

Building blocks:
- Vocabulary & Code Sets
- Content Structure
- Transport
- Security
- Services
Stage 2 - Terminology Requirements

Almost all clinical concepts require a terminology

- Birth Date
- Discharge Disposition
- Location
- Encounter Type
- Medication
- Diagnostic Study
- Intervention
- Labs
- Reason for doing or not doing something
Terminology Requirements

Three types of mapping

- Inferences (Birth Date, Death, etc.)
  - Things that have a standard terminology just for the presence of data.
  - These are mapped to standard terminology during XML file creation

- Midas+ Live Credence Standards (Location, Discharge Status, etc.)
  - Things that can be mapped easily that don’t have a RxNorm, SNOMED, or LOINC code.

- RxNorm, LOINC, and SNOMED related concepts
  - We will provide several options to map each of these concepts
Stage 2 – Terminology Requirements

- Include terminologies within HL7 segments
- Provide terminologies via file load
- Map terminologies within Midas+ Live
  - While within encounter
  - Administrative mapping function
- Fee-based integration with 3M HDD - Pending
# Data Requirements 2014 CQMs

## Data Requirements for MU Stage 2

<table>
<thead>
<tr>
<th>Stage 2 Measures</th>
<th>Category</th>
<th>Element</th>
<th>Format</th>
<th>Concept</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Diagnosis</td>
<td>Start datetime</td>
<td>Date/Time</td>
<td>Diagnosis</td>
<td>All</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis</td>
<td>Stop datetime</td>
<td>Date/Time</td>
<td>Diagnosis</td>
<td>All</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis</td>
<td>Ordinality</td>
<td>Numerical</td>
<td>Diagnosis</td>
<td>All</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Diagnosis</td>
<td>Severity Name</td>
<td>SNOMED</td>
<td>Diagnosis</td>
<td>All</td>
</tr>
<tr>
<td>Diagnostic Study</td>
<td>Diagnostic Study</td>
<td>Order end datetime</td>
<td>Date/Time</td>
<td>Diagnostic study - ECG, hearing screen, CXR, CT, etc.</td>
<td>AMI-7a, AMI-8a, Newborn Hearing Screening, PN-6, STK-3, VTE-3, VTE-4, VTE-5, VTE-6</td>
</tr>
<tr>
<td>Diagnostic Study</td>
<td>Diagnostic Study</td>
<td>Order Name</td>
<td>LOINC or SNOMED or ICD-9 or ICD-10</td>
<td>Diagnostic study - ECG, hearing screen, CXR, CT, etc.</td>
<td>AMI-7a, AMI-8a, Newborn Hearing Screening, PN-6, STK-3, VTE-3, VTE-4, VTE-5, VTE-6</td>
</tr>
<tr>
<td>Diagnostic Study</td>
<td>Diagnostic Study</td>
<td>Order time</td>
<td>Date/Time</td>
<td>Diagnostic study - ECG, hearing screen, CXR, CT, etc.</td>
<td>AMI-7a, AMI-8a, Newborn Hearing Screening, PN-6, STK-3, VTE-3, VTE-4, VTE-5, VTE-6</td>
</tr>
</tbody>
</table>
CQM Results in Midas+ Live

Quality Measures

AMI  SCIP  PN  HF  VTE  STK  ED  PERINATAL
AMI-2  AMI-7a  AMI-8a  AMI-10

Measure Category Assignment
AMI-2 Aspirin Prescribed at Discharge - Excluded

Initial Patient Population
All hospital discharges for acute myocardial infarction (AMI) with hospital stays \( \leq 120 \) days during the measurement year for patients age 18 and older at the time of hospital admission

Denominator exclusions

- Patients with Comfort Measures Only documented
- Patients enrolled in clinical trials
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients who expired
- Patients discharged to home for hospice care
- Patients discharged to a health care facility for hospice care

Click on “No” hyperlink to drill down on calculation

Numerator

Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge
CQM Results in Midas+ Live

Boolean logic statement displays for Comfort Measures only exclusion

<table>
<thead>
<tr>
<th>Intervention Name</th>
<th>Terminology</th>
<th>Code</th>
<th>End Date/Time</th>
<th>Start Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordered</td>
<td>Comfort Measures</td>
<td>ADD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performed</td>
<td>Comfort Measures</td>
<td>ADD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Intervention grid displays data that resulted in “No” value. Missing terminology/code can be mapped using the add function.
Challenges
Challenge

- Evaluate data needs
- Determine required data elements that are currently captured and fill in gaps
- Ensure documentation tools are designed to capture data as part of natural workflow
Some likely scenarios you may wish to consider

Wholesale destruction
- Total recall
- Total collapse

Utter emptiness
- Bulk cereal

Complete annihilation
- Partial annihilation?
- Inevitable disillusionment

Mass panic
- Terminal isolation

Sheer anarchy
- Eternal damnation
- Absolute chaos
- Summary judgement

Gross indecency
- Perpetual darkness
- Morbid obesity
- Permanent midnight

healthcare reform meets meaningful use
Thank you for attending.

Questions?

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Want more…

- CMS Clinical Quality Measure Tip Sheet

- Clinical Quality Measures for Eligible Hospitals and CAHs Beginning with FY2014

- HIMSS Topical Review of Stage 2 Final Rule
  - http://www.himss.org/files/HIMSSorg/content/files/EHandCAHCQMsforStage2MUFinalRule.pdf