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

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22nd Annual Midas+ User Symposium

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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

Clinical Quality Measures

Specified Taxonomies

Standardized Format

Patient Safety, Privacy, Security

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
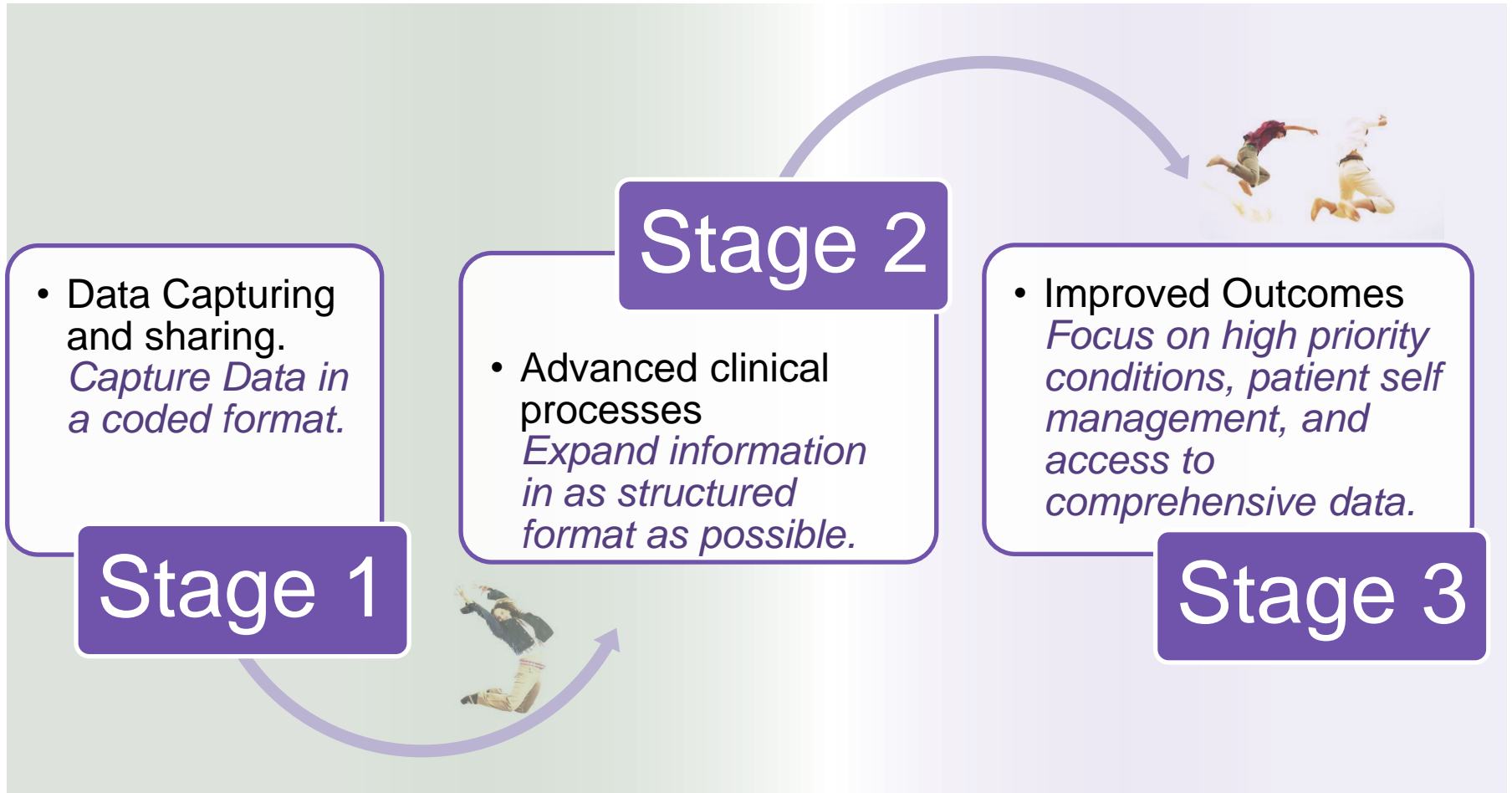
- Clinical Quality Measures

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 2

Stage 1

- Data Capturing and sharing. *Capture Data in a coded format.*

- 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

Timeframe	Begins in 2011
Focus of Stage 1	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.
Objectives	EH must meet 14 core objectives and 5 of 10 menu objectives for a total of 19 objectives Core objective examples: • CPOE – Use CPOE to enter medication orders for at 30% of unique patients • Smoking –Record smoking status as structure data for more than 50% of unique patients Menu objective example: • Lab – Incorporate more than 40% of clinical lab tests results as structured data into certified EHR.
Clinical Quality Measures	Hospitals must report on 15 CQMs that include ED-1, ED-2, VTE 1-6, and Stroke 2-10.
Reporting	Attestation

Stage 1: 15 CQMs for Eligible Hospitals

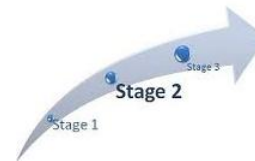| Measure	Description	Domain
ED-1/NQF#0495	Median time from ED arrival to ED departure for admitted ED patients	Patient/Family Engagement
ED-2/NQF #0497	Admit Decision time to ED Departure Time for Admitted Patients	Patient/Family Engagement
Stroke-2/NQF #0435	Ischemic stroke – Discharged on Anti-thrombotic therapy.	Clinical Process/Effectiveness
Stroke-3/ NQF#0436	Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness
Stroke-4/NQF #0437	Ischemic Stroke-Thrombolytic Therapy	Clinical Process/Effectiveness
Stroke-5/NQF #0438	Ischemic Stroke-Antithrombotic therapy by end of hospital day 2	Clinical Process/Effectiveness
Stroke-6/NQF #0439	Ischemic Stroke-Discharged on Statin Medication	Clinical Process/Effectiveness
Stroke-8/NQF #0440	Ischemic or hemorrhagic stroke – Stroke education	Patient/Family Engagement
Stroke-10/NQF #0441	Ischemic or hemorrhagic stroke – Rehabilitation assessment	Care Coordination
VTE-1/NQF #0371	VTE Prophylaxis	Patient Safety
VTE-2/NQF #0372	(ICU) VTE Prophylaxis	Patient Safety
VTE-3/NQF #0373	VTE Patients with Anticoagulation Overlap Therapy	Clinical Process/Effectiveness
VTE-4/NQF #0374	VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	Clinical Process/Effectiveness
VTE-5/NQF #0375	VTE Discharge Instructions	Patient/Family Engagement
VTE-6/NQF #376	Incidence of Potentially Preventable VTE	Patient Safety

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

Timeframe	Begins in 2014
Focus of Stage 2	Places emphasis on interoperability by exchanging and using information to improve the care of individual patients.
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
Reporting	The first year anyone reports to CMS, the "reporting period" is 90 days.

14 Additional CQMs = 29 Measures for 2014

Measure	Description	Domain
AMI-2/NQF #0142	Aspirin Prescribed at Discharge for AMI	Clinical Process/Effectiveness
PC-01/NQF #0469	Elective Delivery Prior to 39 Completed Weeks Gestation	Clinical Process/Effectiveness
AMI-7a/NQF #0164	Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Clinical Process/Effectiveness
AMI-8a/NQF# 0163	Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness
AMI-10/NQF #0639	Statin Prescribed at Discharge	Clinical Process/Effectiveness
PN-6/NQF #0147	Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources
SCIP-Inf-1/NQF #0527	Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Patient Safety
SCIP-Inf-2/NQF #0528	Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources
SCIP-Inf-9/NQF #0453	Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero	Patient Safety
ED-3/NQF #0496	Median time from ED arrival to ED departure for discharged ED patients	Care Coordination
CAC-3/NQF #0338	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient/Family Engagement
PC-05/NQF #0480	Exclusive Breast Milk Feeding	Clinical Process/Effectiveness
NQF 0716	Healthy Term Newborn (% singleton live births that do not have significant complications during birth or nursery care)	Patient Safety
NQF 1354 EHDA-1a	Hearing screening before hospital discharge	Clinical Process/Effectiveness

CQM Measures By Domain

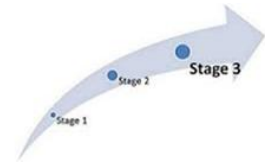|	
Care Coordination	ED-3: Median Time from ED Arrival to Departure for Discharged ED Pts
	STK-10: Ischemic or hemorrhagic stroke – Assessed for Rehab
Clinical Process/ Effectiveness	AMI-10: Statin at Discharge
	AMI-2: ASA at Discharge
	AMI-7a: Fibrinolytic within 30 min
	AMI-8a: PCI Within 90 min
	EHDI-1a: Newborn Hearing Screening Before Discharge
	PC-01: Elective Delivery Prior to 39 Weeks Gestation
	PC-05: Exclusive Breast Milk Feeding
	STK-2: Ischemic Stroke – Discharged on Antithrombotic
	STK-3: Ischemic Stroke – Anticoagulation Thx for A-fib/flutter
	STK-4: Ischemic Stroke – Thrombolytic Therapy
	STK-5: Ischemic Stroke – Antithrombotic by End of Hospital Day 2
	STK-6: Ischemic Stroke – Discharged on Statin
	STK-8: Ischemic or Hemorrhagic Stroke – Stroke Education
	VTE-3: Anticoagulation Overlap Therapy
	VTE-4: VTE Pts Receiving UFH with Dosages/Platelet Count by Nomogram/Protocol
Efficient Use of Healthcare Resources	PN-6: Initial Antibiotic Selection for CAP in Immunocompetent Pts
	SCIP-Inf-2: Prophylactic Antibiotic Selection for Surgical Pts
Patient and Family Engagement	CAC-3: Home Management Plan of Care Document Given to Pt/Caregiver
	ED-1: Median Time from ED Arrival to Departure for Admitted ED Pts
	ED-2: Admit Decision to ED Departure Time for Admitted ED Pts
	VTE-5: Warfarin Discharge Instructions
Patient Safety	Healthy Term Newborn
	SCIP-Inf-1: Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision
	SCIP-Inf-9: Urinary Catheter Removed on POD 1 or POD2
	VTE-1: VTE Prophylaxis
	VTE-2: ICU VTE Prophylaxis
	VTE-6: Potentially Preventable VTE

Stage 3

Timeframe	Begins in 2016
Focus of Stage 3	Improved outcomes
Objectives/Menu Objectives	The third list of criteria and regulations is being established by the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health IT (ONC).
Clinical Quality Measures	To be determined
Reporting	To be determined

2012 - 2014
HEALTH INFORMATION TECHNOLOGY (H.I.T.)
TIMELINE

Date	Program	Milestone	Resources to Help Address Milestone
July 3rd, 2013	Medicare EHR Incentive Program	Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for FY 2013	• Meaningful Use Attestation Calculator (version 1) • Attestation Worksheet for Eligible Hospitals and CAH [PDF, 382KB] • Attestation User Guide for Eligible Hospitals [PDF, 6,555KB]
September 30th, 2013	Medicare EHR Incentive Program	Last day of the federal fiscal year Reporting year ends for eligible hospitals and CAHs	• Medicare and Medicaid Registration User Guide for Hospitals • Meaningful Use Attestation Calculator (version 1) • Attestation Worksheet for Eligible Hospitals and CAH [PDF, 382KB] • Attestation User Guide for Eligible Hospitals [PDF, 6,555KB]
October 1st, 2013	Medicare EHR Incentive Program	Reporting period begins for eligible hospitals and CAHs for FY 2014 • 90 days for ALL participants	• Interactive Eligibility Decision Tool • Medicare and Medicaid Registration User Guide for Hospitals • Core and Menu Measures for Hospitals with FAQs [PDF, 881KB]

2013

	Date	Program	Milestone	Resources to Help Address Milestone
2013	October 1st, 2013	**Medicare EHR Incentive Program**	Stage 2 Begins for eligible hospitals Eligible hospitals and CAHs attest for a three-month reporting period, regardless of when they began participation in the program Payments decrease for hospitals that start receiving payments in 2014 and later	• Stage 2 Spec Sheets • Stage 2 Webpage • Guide to Clinical Quality Measures [PDF, 191KB] • Attestation User Guide for Eligible Hospitals [PDF, 6,555KB]
	October 3rd, 2013	**Medicare EHR Incentive Program**	Last day for EPs to begin 90-day reporting period for CY 2013	• For Stage 1 resources refer back to 2012 milestones • For Stage 2 resources visit Stage 2 webpage
	November 30th, 2013	**Medicare EHR Incentive Program**	Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FY 2013	• Medicare and Medicaid Registration User Guide for Hospitals • Attestation User Guide for Eligible Hospitals [PDF, 6,555KB] • Attestation Worksheet for Eligible Hospitals and CAH [PDF, 382KB] • Meaningful Use Attestation Calculator (version 1)

2012 – 2014
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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

2014

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/HIT-Programs-Timeline-2012-.pdf

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 for the secondary prevention of subsequent cardiovascular events in eligible older patients discharged after AMI (Antman, 2004; Antman, 2008; 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
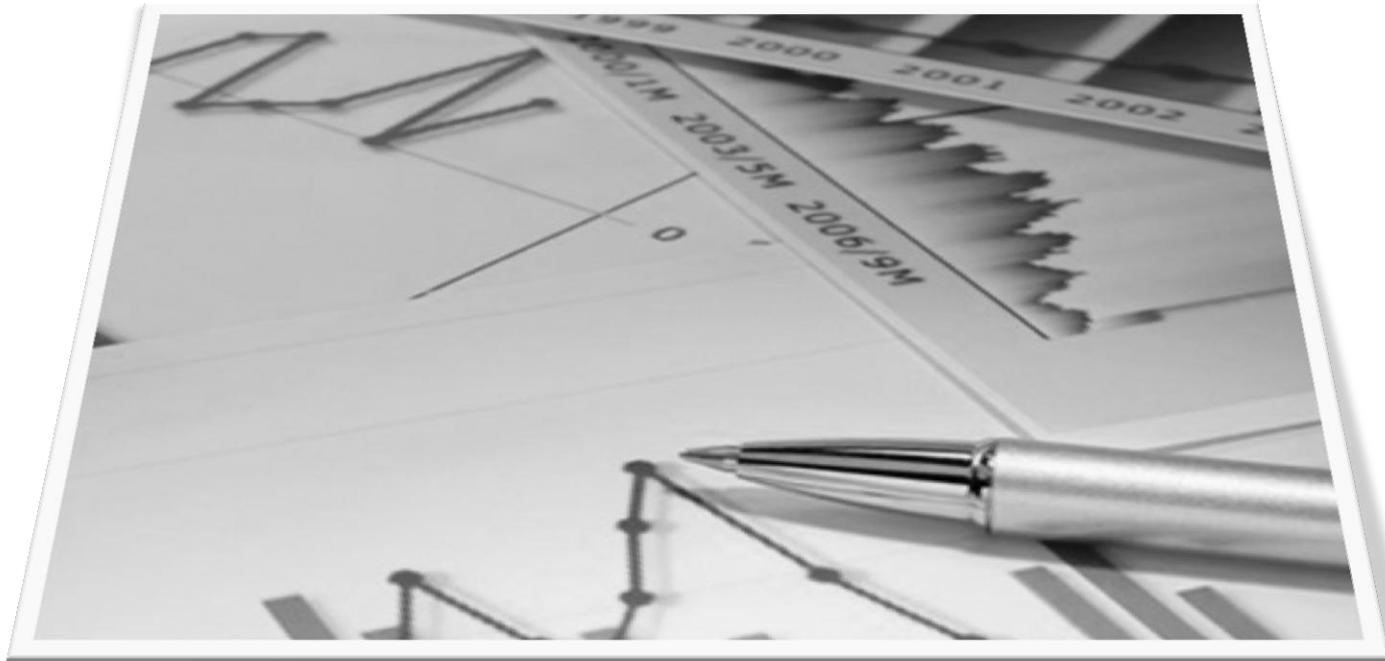
Excluded Populations:
- Patients less than 18 years of age
- Patients who have a Length of Stay greater than 120 days
- Patients with *Comfort Measures Only* documented
- Patients enrolled in clinical trials
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients who expired
- Patients discharged to home for hospice care
- Patients discharged to a health care facility for hospice care
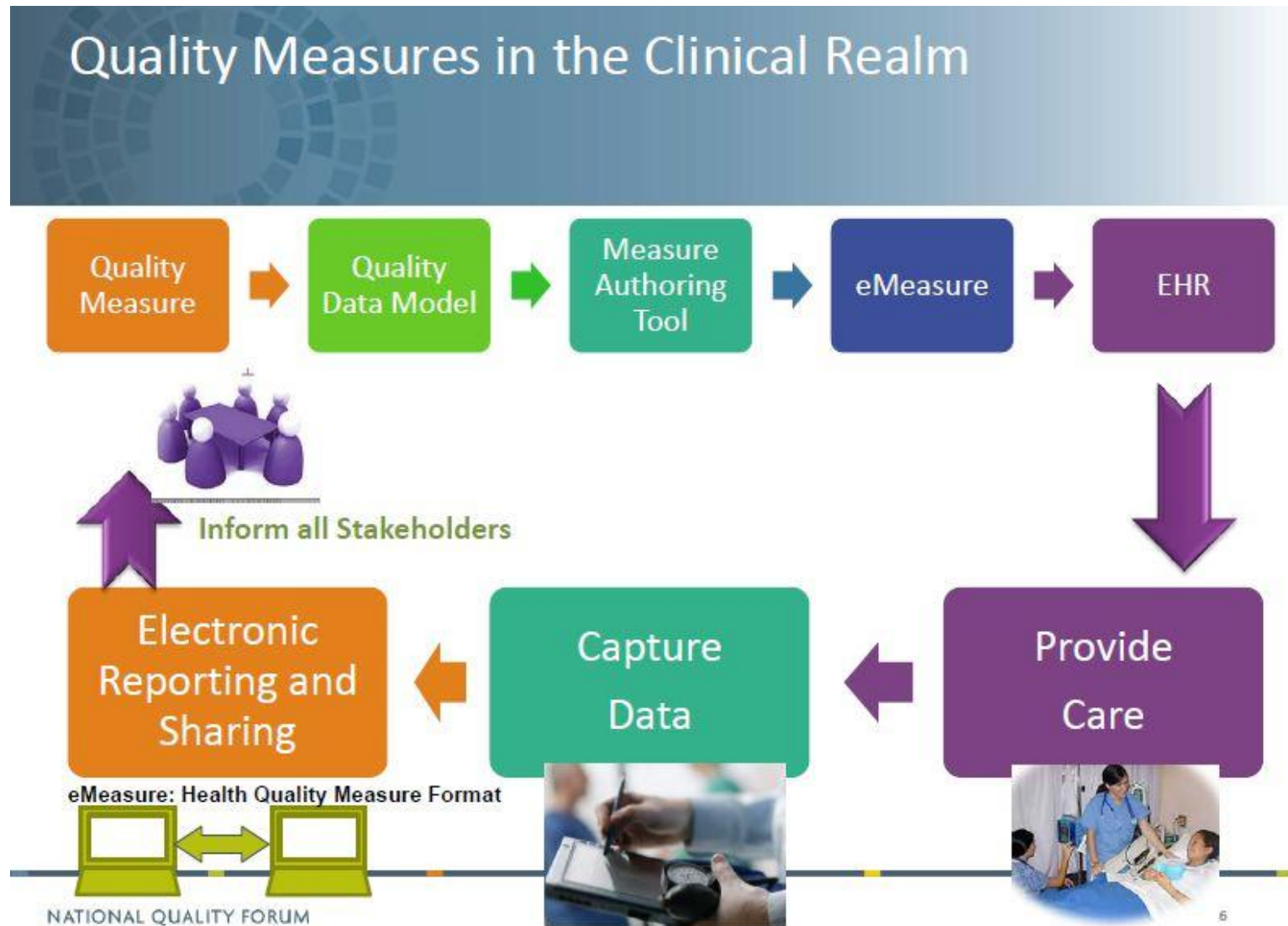- Patients with a documented *Reason for No Aspirin at Discharge*

eMeasure Title	Aspirin Prescribed at Discharge		
eMeasure Identifier (Measure Authoring Tool)	100	eMeasure Version number	1
NQF Number	0142	GUID	bb481284-30dd-4383-928c-82385bbf1b17
Measurement Period	January 1, 20xx through December 31, 20xx		
Measure Steward	Oklahoma Foundation for Medical Quality		
Measure Developer	Oklahoma Foundation for Medical Quality		
Endorsed By	National Quality Forum		
Description	Acute myocardial infarction (AMI) patients who are prescribed aspirin at hospital discharge		
Copyright	Measure specifications are in the Public Domain. LOINC (R) is a registered trademark of the Regenstrief Institute. This material contains SNOMED Clinical Terms (R) (SNOMED CT(c)) copyright 2004-2010 International Health Terminology Standards Development Organization. All rights reserved.		
Disclaimer	None		
Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
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 for the secondary prevention of subsequent cardiovascular events in eligible older patients discharged after AMI (Antman, 2004; Antman, 2008; Anderson, 2007; and Smith, 2006).		

Initial Patient Population	All hospital discharges for acute myocardial infarction (AMI) with hospital stays <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission
Denominator	All Acute Myocardial Infarctions patients age 18 and older with an ICD-9-CM Principal Diagnosis Code for Acute Myocardial Infarction
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. Patients with a documented Reason for No Aspirin at Discharge
Numerator	Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge.
Numerator Exclusions	None
Denominator Exceptions	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 Measures in the Clinical Realm

Quality Measure → Quality Data Model → Measure Authoring Tool → eMeasure → EHR

Inform all Stakeholders

Electronic Reporting and Sharing ← Capture Data ← Provide Care

eMeasure: Health Quality Measure Format
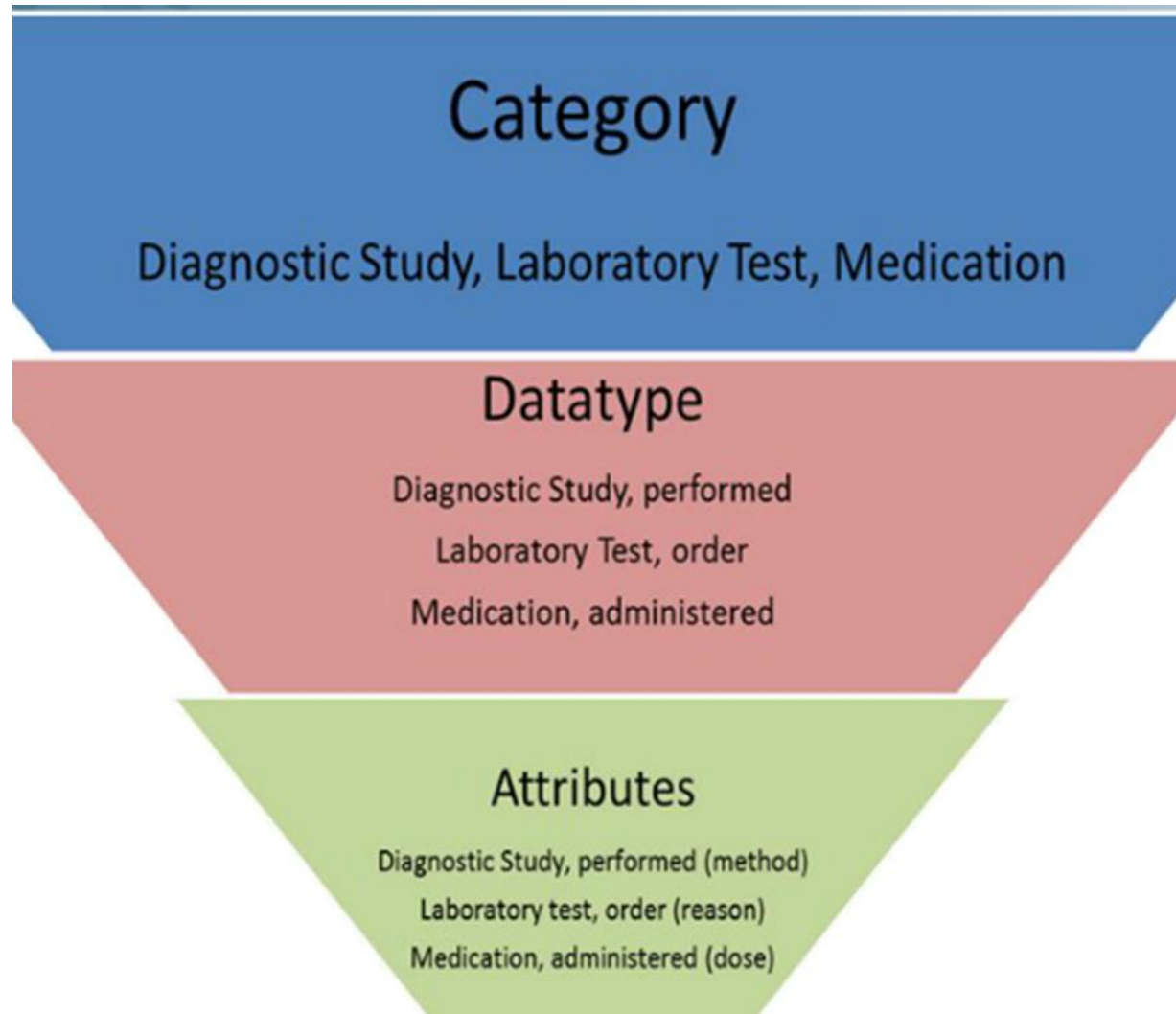
NATIONAL QUALITY FORUM

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

PRIMARY CARE

LABORATORY

SPECIALIST

PATIENT

PHARMACY

HOSPITAL

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

Patients who….	What kind of data are we dealing with?	What about the data?	How do we define the data?
…Are diagnosed with Acute Myocardial Infarction	Principal Diagnosis	Active	ICD-9, ICD-10, SNOMED-CT
…Were prescribed aspirin at hospital discharge	Medication	Medication Discharge	Aspirin RxNorm Value Set (2.16.840.1.113883.3.666.5.626)

CQM eMeasure Specifications

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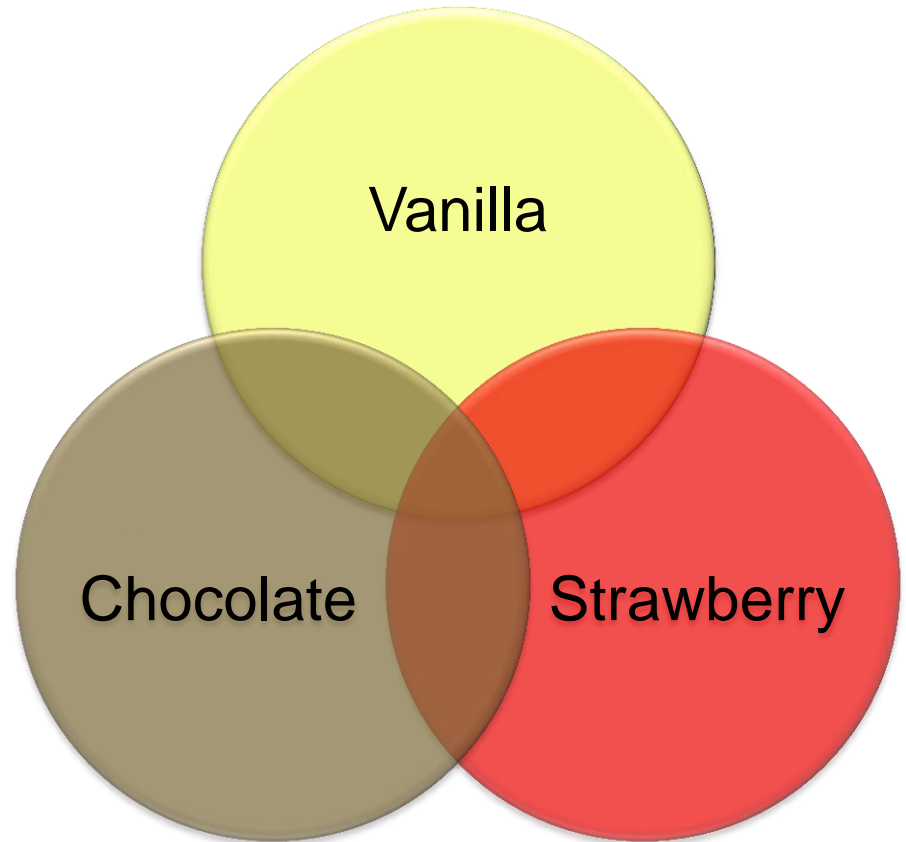 - ✓ XML computer readable format
  - ✓ Value sets

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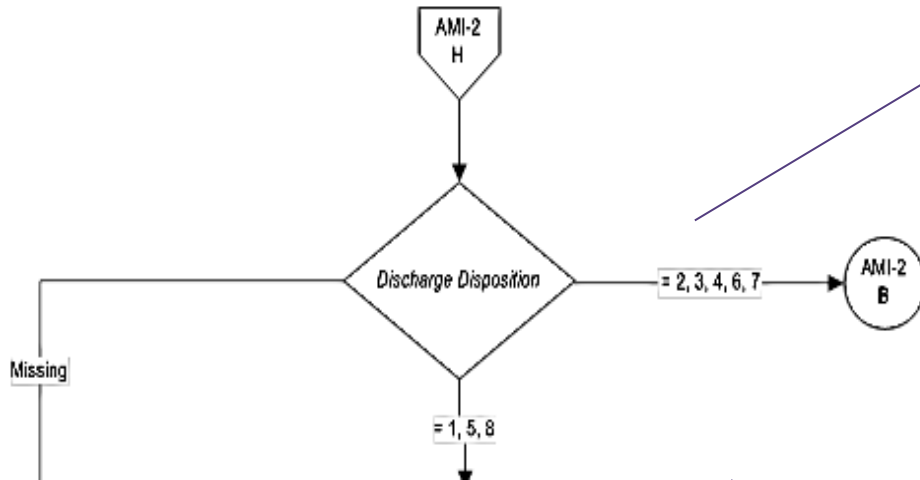 - ✓ Denominator Statement
  - ✓ Excluded Population

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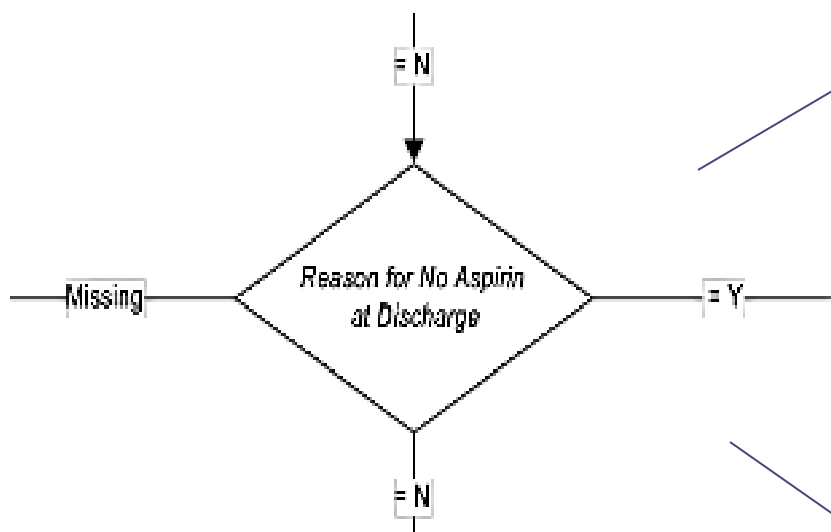
- OR: "Medication, Adverse Effects: Aspirin Allergen" starts before or during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

- 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
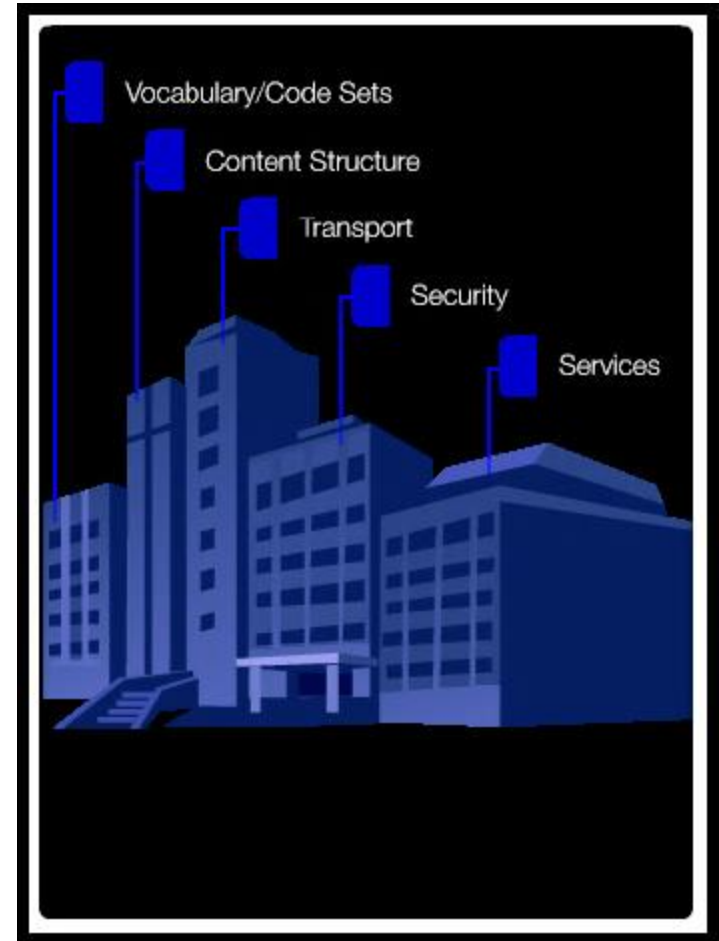
Stage 2 - Terminology Requirements

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

Stage 2 Measures	Pick 16 measures spanning three of six Domains (Patient and Family Engagement, Patient Safety, Care Coordination, Population and Public Health, Efficient Use of Healthcare Resources, Clinical Processes/Effectiveness)			
Category	**Element**	**Format**	**Concept**	**Measures**
Diagnosis	Diagnosis start datetime	Date/Time	Diagnosis	All
Diagnosis	Diagnosis stop datetime	Date/Time	Diagnosis	All
Diagnosis	Diagnosis, Ordinality	Numerical	Diagnosis	All
Diagnosis	Diagnosis, Severity Name	SNOMED	Diagnosis	All
Diagnostic Study	Diagnostic Study, Order end datetime	Date/Time	Diagnostic study - ECG, hearing screen, CXR, CT, etc.	AMI-7a, AMI-8a, Newborn Hearing Screening, PN-6, STK-3, VTE-3, VTE-4, VTE-5, VTE-6
Diagnostic Study	Diagnostic Study, Order Name	LOINC or SNOMED or ICD-9 or ICD-10	Diagnostic study - ECG, hearing screen, CXR, CT, etc.	AMI-7a, AMI-8a, Newborn Hearing Screening, PN-6, STK-3, VTE-3, VTE-4, VTE-5, VTE-6
Diagnostic Study	Diagnostic Study, Order ...tetime	Date/Time	Diagnostic study - ECG, hearing screen,	AMI-7a, AMI-8a, Newborn Hearing S...

CQM Results in Midas+ Live

Name: Parks, Mark		Birthdate: 10/6/1960 51Y		Sex: Male		Encounter Type: Inpatient	
Facility: Roberts Memorial Hospital		Account No: 4177755		Start Date: 2/1/2013		Start Time: 10:35 PM	
Admitting Phys: Stacy, Ramon		Location: West 99		End Date: 2/5/2013		End Time: 10:12 AM	

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 <= 120 days during the measurement year for patients age 18 and older at the time of hospital admission   *YES*

Denominator exclusions

Patients with Comfort Measures Only documented *NO*   Click on "No" hyperlink to drill down on calculation

Patients enrolled in clinical trials   *NO*

Patients discharged to another hospital   *NO*

Patients who left against medical advice   *NO*

Patients who expired *NO*

Patients discharged to home for hospice care *NO*

Patients discharged to a health care facility for hospice care *NO*

Numerator

Acute Myocardial Infarction patients who are prescribed aspirin at hospital discharge *YES*

CQM Results in Midas+ Live

Boolean logic statement displays for Comfort Measures only exclusion

Name: Parks, Mark
Facility: Roberts Memorial Hospital
Admitting Phys: Stacy, Ramon

Birthdate: 10/6/1960 51Y
Account No: 4177755
Location: West 99

Sex: Male
Start Date: 2/1/2013
End Date: 2/5/2013

Encounter Type: Inpatient
Start Time: 10:35 PM
End Time: 10:12 AM

AMI-2 Comfort Measures Only= No

Boolean Logic Statement: OR: "Intervention, Performed: Hospital Measures - Comfort Measures Only Intervention" starts during "Occurrence A of Encounter, Performed: Hospital Measures-Encounter Inpatient"

	Intervention Name	Terminology		Code	End DateTime	Start Date Time
Ordered	Comfort Measures		ADD			
Performed	Comfort Measures		ADD			

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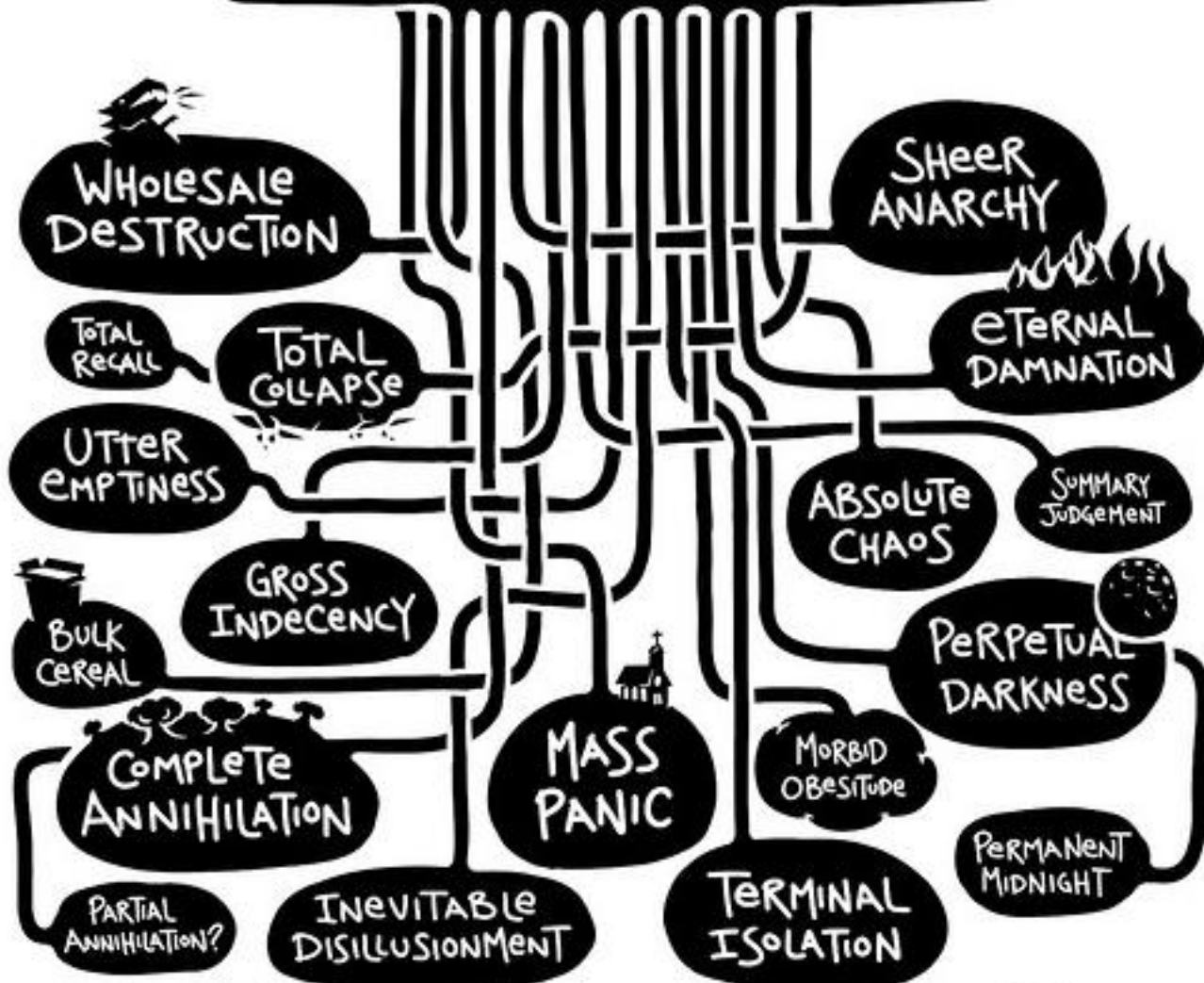
Challenges

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

healthcare reform meets meaningful use

Thank you for attending.

Questions?

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- **CMS Clinical Quality Measure Tip Sheet**
  - ✓ https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/ClinicalQuality MeasuresTipsheet.pdf

- **Clinical Quality Measures for Eligible Hospitals and CAHs Beginning with FY2014**
  - ✓ http://www.cms.gov/RegulationsandGuidance/Legislation/EHRIncentive Programs/Downloads/2014_CQM_EH_FinalRule.pdf

- **HIMSS Topical Review of Stage 2 Final Rule**
  - ✓ http://www.himss.org/files/HIMSSorg/content/files/EHandCAHCQMsforSt age2MUFinalRule.pdf