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

Tuesday, June 4, 1:00 pm

The transition from chart-abstrat ed legacy core measures to electronically derived clinical quality measure data is a complex process. This session will provide an overview of the Quality Data Model, which is the framework for the Clinical Quality Measures. Participants will learn about the specifications and data requirements to meet Stage 2 and how the Midas+ Live solution can assist their organization in meeting the expanded requirements.

CEU: NAHQ

Presented By:
Joyce Hawkins, Midas+ Clinical Education Specialist
Carla McCorkle, Product Specialist, Midas+ CPMS
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 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>
</table>

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 least 30% of unique patients
- Smoking – Record smoking status as structured data for more than 50% of unique patients

Menu objective example:
- Lab – Incorporate more than 40% of clinical lab test 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

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Stage 1: 15 CQMs for Eligible Hospitals

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED-1/NQF #0495</td>
<td>Median time from ED arrival to ED departure for admitted ED patients</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>ED-2/NQF #0497</td>
<td>Admit Decision time to ED Departure Time for Admitted Patients</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>Stroke-3/ NQF #0436</td>
<td>Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Stroke-4/NQF #0437</td>
<td>Ischemic Stroke-Thrombolytic Therapy</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Stroke-5/NQF #0438</td>
<td>Ischemic Stroke-Antithrombotic therapy by end of hospital day 2</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Stroke-6/NQF #0439</td>
<td>Ischemic Stroke-Discharged on Statin Medication</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Stroke-8/NQF #0440</td>
<td>Ischemic or hemorrhagic stroke – Stroke education</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>Stroke-10/NQF #0441</td>
<td>Ischemic or hemorrhagic stroke – Rehabilitation assessment</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>VTE-1/NQF #0371</td>
<td>VTE Prophylaxis</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>VTE-2/NQF #0372</td>
<td>(ICU) VTE Prophylaxis</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>VTE-3/NQF #0373</td>
<td>VTE Patients with Anticoagulation Overlap Therapy</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>VTE-4/NQF #0374</td>
<td>VTE Patients Receiving Unfractionated Heparin (UFH) with Dosage/Platelet Count Monitoring by Protocol (or Nomogram)</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>VTE-5/NQF #0375</td>
<td>VTE Discharge Instructions</td>
<td>Patient/Family Engagement</td>
</tr>
<tr>
<td>VTE-6/NQF #0376</td>
<td>Incidence of Potentially Preventable VTE</td>
<td>Patient Safety</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>
<tr>
<td>Objectives</td>
<td>EH must meet 16 core objectives and 3 menu objectives for a total of 19 objectives</td>
</tr>
<tr>
<td>Core objective examples:</td>
<td></td>
</tr>
<tr>
<td>• CPOE - requirement expands from 30% to more than 60% of medication; 30% lab and 30% radiology orders are recorded using CPOE</td>
<td></td>
</tr>
<tr>
<td>• Smoking - the requirement for this objective increases from 50% to 80%</td>
<td></td>
</tr>
<tr>
<td>Menu objective example:</td>
<td></td>
</tr>
<tr>
<td>• Lab - threshold percentage increases from 50% to a requirement of 55%</td>
<td></td>
</tr>
<tr>
<td>Clinical Quality Measures</td>
<td>Hospitals must report on 16 of the 29 CQMs that spans 3 of 6 domains.</td>
</tr>
<tr>
<td>Example of a domain:</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>Reporting</td>
<td>The first year anyone reports to CMS, the “reporting period” is 90 days.</td>
</tr>
</tbody>
</table>
14 Additional CQMs = 29 Measures for 2014

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>Domain</th>
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<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 #0463</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</td>
<td>Hearing screening before hospital discharge</td>
<td>Clinical Process/Effectiveness</td>
</tr>
</tbody>
</table>

CQM Measures By Domain

**Care Coordination**
- ED-3: Median Time from ED Arrival to Departure for Discharged ED Patients
- 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
- EDHr-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

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Begins in 2016</th>
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</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>
</tbody>
</table>

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#### 2013 Midas+ User Symposium

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

### Timeline

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<tr>
<th>Date</th>
<th>Program</th>
<th>Milestone</th>
<th>Resources to Help Address Milestones</th>
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<tr>
<td>July 3rd, 2013</td>
<td>Medicare Electronic Incentive Program</td>
<td>Last day for eligible hospitals to begin their 90-day reporting period to demonstrate meaningful use for FY 2013</td>
<td>• [Meaningful Use Attestation Calculator](version 1)</td>
</tr>
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<td></td>
<td></td>
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<td>• [Attestation Worksheet for Eligible Hospitals and CAH](PDF: 3MB)</td>
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<td>September 30th, 2013</td>
<td>Medicare Electronic Incentive Program</td>
<td>Last day of the federal fiscal year Reporting year ends for eligible hospitals and CAHs</td>
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<tr>
<td>October 1st, 2013</td>
<td>Medicare Electronic Incentive Program</td>
<td>Reporting period begins for eligible hospitals and CAHs for FY 2014 90 days for ALL participants</td>
<td>• [Interactive Eligibility Decision Tool](version 2)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• [Medicare and Medicaid Registration User Guide for Hospitals](version 2)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• [Care and Menu Measures for Hospitals with FOA](PDF: 8.8MB)</td>
</tr>
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### Meaningful Use Stage 2 Clinical Quality Measures – Are You Ready?

**2013 Midas+ User Symposium**

#### 2012 - 2014 Health Information Technology (H.I.T.) Timeline

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<tr>
<td>October 1st, 2013</td>
<td>Medicare EHR Incentive Program</td>
<td>Stage 2 Begins for eligible hospitals</td>
<td>• Stage 2 Spec Sheets</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eligible hospitals and CAHs attest for a three-month reporting period, regardless of when they began participation in the program</td>
<td>• Stage 2 Webpage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payments decrease for hospitals that start receiving payments in 2014 and later</td>
<td>• Guide to Clinical Quality Measures (PDF, 1.9 MB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Attestation User Guide for Eligible Hospitals (PDF, 5.5 MB)</td>
</tr>
<tr>
<td>October 3rd, 2013</td>
<td>Medicare EHR Incentive Program</td>
<td>Last day for EPs to begin 90-day reporting period for CY 2013</td>
<td>• For Stage 1, resources refer back to 2012 milestones</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• For Stage 2, resources visit Stage 2 webpage</td>
</tr>
<tr>
<td>November 30th, 2013</td>
<td>Medicare EHR Incentive Program</td>
<td>Last day for eligible hospitals and CAHs to register and attest to receive an incentive payment for FY 2013</td>
<td>• Medicare and Medicaid Registration User Guide for Hospitals</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Attestation User Guide for Eligible Hospitals (PDF, 6.3 MB)</td>
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**2014 Midas+ User Symposium**

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How Legacy Measures Compare to eMeasures
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
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"
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

CQM Results in Midas+ Live

Click on “No” hyperlink to drill down on calculation
CQM Results in Midas+ Live

Boolean logic statement displays for Comfort Measures only exclusion

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
Thank you for attending.

Questions?

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Carla McCorkle
CPMS Product Specialist
Midas+ CPMS
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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