

HOW TO MEET STAGE 1 MEANINGFUL USE MEASUREMENTS

2014 EDITION



Revised: May 2014

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Introduction

The purpose of this document is to assist eligible professionals (EPs) and their office staff in regards to reaching the Stage 1, 2014 edition of Meaningful Use measures within the ehrTHOMAS program. The measurements described in this guide correspond to the actions that participating providers are required to comply with according to the "Centers for Medicare & Medicaid Services" (CMS). This document also describes the various methods used to reach particular measurement thresholds; some measurements require manual input while others are completed automatically as a result of initiations within the system settings. Ultimately, it is the responsibility of the participating practice to ensure that all Meaningful Use measures are being fulfilled accordingly throughout each designated reporting period.

Please note that for 2014, both Stage 1 Year 1 and Stage 1 Year 2 will only have to report for 90 days. EPs moving forward to Stage 1 Year 2 in 2015 will have to report for the full calendar year.

Important Dates

- **July 1**st, **2014**: The last day an EP in their <u>first</u> year of their attestation can begin their 90 day reporting period for meaningful use.
- **September 30th, 2014:** The end of the 2014 reporting period for EPs in their <u>first</u> year of attestation.
- October 1st, 2014: The last day an EP in their <u>first</u> year can submit their attestation for 2014.
- October 1st, 2014: The last day an EP in their <u>second</u> year of their attestation can begin their 90 day reporting period for meaningful use.
- **December 31**st, **2014**: End of 2014 calendar year and end of the 2014 reporting period for EPs in their second year of attestation.

Other important dates regarding the EHR incentive program can be found here.

Additional Resources

More information regarding meaningful use and attestation can be found on CMS's website at www.cms.gov.

For more information, questions, or concerns regarding the ehrTHOMAS program, please contact Genius Solutions at 1-586-751-9080, option 7. Support hours are from 8am to 6pm EST Monday through Friday.

Resource Links

EHR Incentive Programs - Meaningful Use Website

CMS - Stage 1 Changes Tipsheet

CMS - 2014 Clinical Quality Measures Tipsheet

CMS - Participation Timeline

CMS - Other Educational Materials

Registration and Attestation Website

CMS – Registration and Attestation Help

Core Measures

Measure 1: Use Computerized Provider Order Entry (CPOE) for Medication Orders Directly Entered

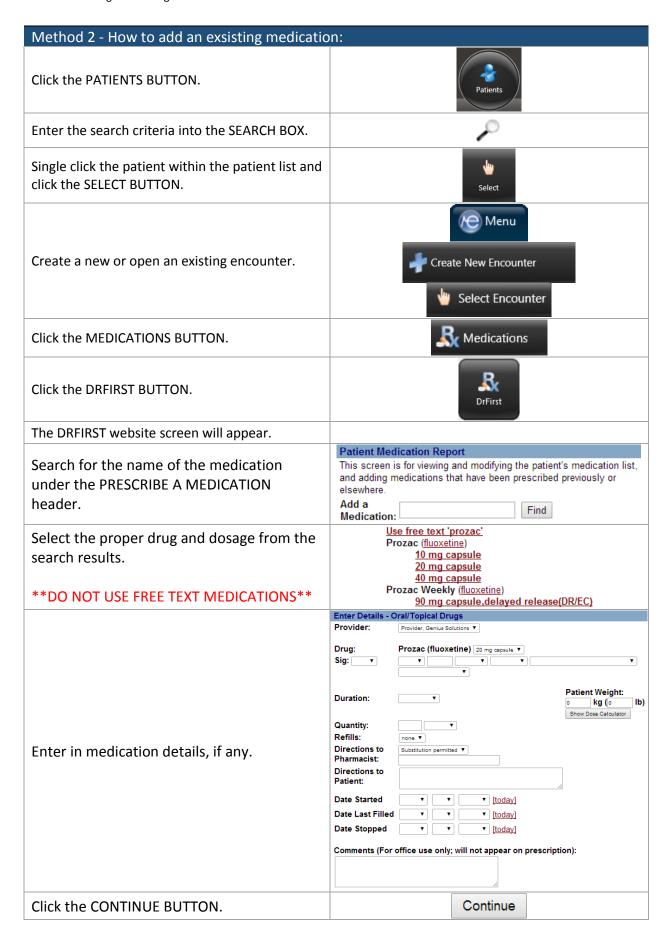
Threshold = 30%

The measurement can be fulfilled two ways; by creating an electronic prescription or adding a current medication to the medication list.

Please note the order must be entered by someone who could exercise clinical judgment in the case that the entry generates any alerts about possible interactions or other clinical decision support aides.

Method 1 - How to prescribe a medication:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	P
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the MEDICATIONS BUTTON.	R Medications
Click the DRFIRST BUTTON.	B DrFirst
The DRFIRST website screen will appear.	
Click the PRESCRIBE LINK at the top of the screen.	Prescribe

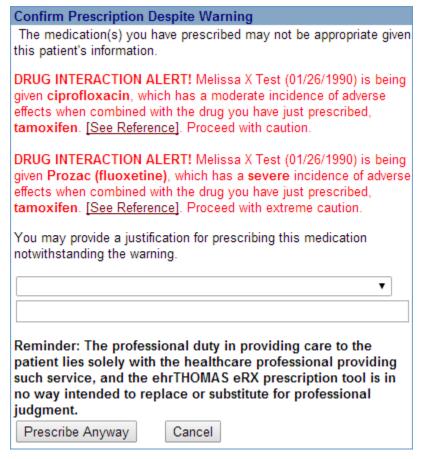
	Patient Pi	narmacy Ir	ntorma	tion		
					that pharma	y for this
	patient.					
	Report a p	pharmacy o	data pro	<u>oblem</u>		
): accepts		accepts	24: is	
	Codes: ele		EPC:		open 24	
Before you prescribe a medication you must	pre	escriptions				
, ,	(M	O): mail		ax: does		
complete the following:		der		ccept	requires	
				atall	eligibility	
1. Select a pharmacy for the patient.	(R): Retail): Long	(SP):	
		-	rerm	Care	Specialty	
DrFirst will prompt you to enter in a	List	A F	Hart 2-2	O B	iaalist 🕾 :	II liete
pharmacy if one is not selected.	List:	O Favor	ite List	1	ice List 🍥 A	All lists
,	Name:			City:		
2 Add allow Cofe and Co. Discours	State:	MD ▼		Address): 	
2. Add allergy information. Please see	Phone:			Zip:		
Measure 6: Maintain an Active Allergy	Fax:			24 hours	s: 🗆	
<u>List</u> on page 14.	Pharmacy	y Retail	□ Spe	scialty 🖃	Long Term C	`are
	Type:	- Retail	_ Spe	cualty 🔲	Long rennic	/ale
	EPCS Enabled:			All Mail C	<u>Order</u>	
		Clear Fleids				
	i iiiu C		v pharr	nacy to th	e practice lis	t
	Cancel	, add d HeV	. pridit		o praonocilo	_
	Prescribe	e a Medic	ation			
Search for the name of the medication under		edication		rescripti	on	
the PRESCRIBE A MEDICATION header.			I	•		Cind
	Name:	Į	l			Find
	amoxicillin					
Select the proper drug and dosage from the	250 mg 500 mg	capsule				
					0.0ml] [100.0ml] [150 0.0ml] [75.0ml] [100.0	
search results.	250 mg/s	5 mL suspension	on for rec	onstitution [8	0.0ml] [100.0ml] [150	.0ml] [300.0ml]
	500 mg	tablet	on for rec	onstitution [5	0.0ml] [75.0ml] [100.0	<u>mij [200.0mi]</u>
DO NOT USE FREE TEXT MEDICATIONS	875 mg 1 125 mg	tablet tablet,chewabl	<u>le</u>			
	250 mg	tablet,chewabl	<u>le</u>			
	Enter Details - 0					
	Provider:	Provider, Genius	Solutions ▼			
	Pharmacy:	CVS/pharmacy #6	B135 (C) (E) (4	239 12 MILE RD. V	WARREN MI) ▼ [Cha	nge] [Remove]
	rnamacy:	Split Prescription				
	Drug:	amoxicillin [250 mg capsu	ile ▼		
	Sig: ▼			*	▼	
Enter in prescription details.						
Zites. in presemption details.	Duration:	•			Patient W	/eight: g (ۚ lb)
	Quantity		_		Show Dose	Calculator
	Quantity: Refills:	none ▼	•			
	Directions to	Substitution permi	itted ▼			
	Pharmacist:					
	Directions to Patient:					
Oli I al CONTINUE SUFFESSI			_			
Click the CONTINUE BUTTON.			Col	ntinue		
Review the script and click the OK BUTTON.			(OK		
Ensure the prescription that needs to be sent is						
			1			
checked.			[✓		
checked. Enter the SIGNATURE PASSWORD.	Sigr	nature P	assw	ord:		
	Sigr	nature P	G.	ord:		



Measure 2: Implement Drug-Drug and Drug-Allergy Interaction Checks

Threshold: Must be enabled for the whole reporting period

ehrTHOMAS automatically checks the drug-drug and drug-allergy interaction before completing an electronic prescription through DrFirst. If there is an interaction, the user will be prompted with this notification after the user selects a medication.



Any questions regarding this objective, please call Genius Solutions.

Measure 3: Maintain an Up-to-Date Problem List of Current and Active Diagnoses

Threshold = 80%

This module must be completed for EVERY UNIQUE PATIENT with an encounter; even if the patient has no known problems. This measurement can be fulfilled by adding a new diagnosis or maintaining a diagnosis.

How to add a new diagnosis:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	P
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click on the CONDITION TRACKING BUTTON.	Condition Tracking
Click on the ADD BUTTON.	Add
Select the diagnosis from the DIAGNOSIS LIST.	730.17 ABSCESS OF BONE,
Click the NEXT BUTTON to diagnose the patient.	Next

How to maintain a diagnosis:	
Click the PATIENTS BUTTON	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the CONDITION TRACKING BUTTON.	Condition Tracking
Click on one of the smiley faces. If the diagnosis/condition has been resolved, the physician must click the green circle with the "check" mark indicating the issue has been resolved.	
Click the SAVE BUTTON to proceed.	Save

Measure 4: Generate and Transmit Permissible Prescriptions Electronically (eRx)

Threshold = 40%

This measurement can be fulfilled by electronically prescribing medications.

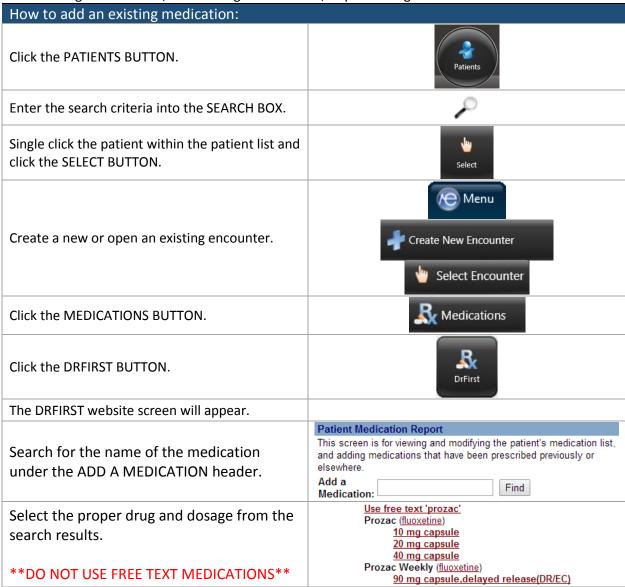
How to prescribe a medication:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the MEDICATIONS BUTTON.	■ Medications
Click the DRFIRST BUTTON.	B c DrFirst
The DRFIRST website screen will appear.	
Click the PRESCRIBE LINK at the top of the screen.	Prescribe

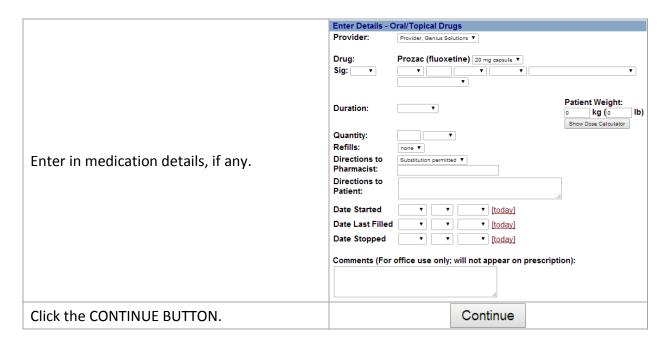
	Patient Pi	narmacy II	ntorma	ition		
		_			that pharmac	y for this
	patient.				-	
	Report a p	pharmacy o	data pro	<u>oblem</u>		
): accepts		accepts	24: is	
	Codes: ele		EPC		open 24	
Before you prescribe a medication you must	pre	escriptions				
, ,	(M	IO): mail		ax: does		
complete the following:		der		ccept	requires	
				s at all	eligibility	
1. Select a pharmacy for the patient.	(R): Retail	-): Long	(SP):	
			rerm	n Care	Specialty	
DrFirst will prompt you to enter in a	List:	O Faur	ito Lint	O Desci	ion List @ ^	II liete
pharmacy if one is not selected.		O Favor	ite List	1	ice List 🍥 A	II IISTS
'	Name:			City:		
2 Add allows information Diseases	State:	MD ▼		Address	S:	
2. Add allergy information. Please see	Phone:			Zip:		
Measure 6: Maintain an Active Allergy	Fax:			24 hours	s: 🗆	_
<u>List</u> on page 14.	Pharmac	y Retail	□ Sne	ecialty 🗐	Long Term C	are
	Type:	_ IXelall	_ Spe	county =	Long Tellil O	are
	EPCS Enabled:			All Mail C	<u>Order</u>	
		Clear Fleids				
	- ma		v pharr	macy to th	e practice list	t
	Cancel		p.risiri			
	Prescribe	e a Medic	ation			
Search for the name of the medication under	Select M	ledication	for P	rescripti	on	
the PRESCRIBE A MEDICATION header.	Name:		I			Find
	warne:	l	l			Find
	amoxicillin	capsule				
Select the proper drug and dosage from the	500 mg	capsule				
					0.0ml] [100.0ml] [150.0 0.0ml] [75.0ml] [100.0	
search results.	250 mg/	5 mL suspension	on for rec	onstitution [8	0.0ml] [100.0ml] [150.0	0ml] [300.0ml]
	500 mg	tablet	on for rec	onsulution [5	0.0ml] [75.0ml] [100.0s	mij [200.0ml]
DO NOT USE FREE TEXT MEDICATIONS		tablet,chewab				
	250 mg	tablet,chewab tablet,chewab	<u>le</u>			
	Enter Details - (Oral/Topical D	rugs			
	Provider:	Provider, Genius	Solutions ▼			
	Pharmacy:			4239 12 MILE RD. \	WARREN MI) ▼ [Chan	ge] [Remove]
	. mannacy.	Split Prescription				
	Drug:	amoxicillin [250 mg capsu	ule 🔻		
	Sig: ▼	▼		7	▼	
Enter in prescription details.						olaht:
le erre le man arange.	Duration:	•				(0 lb)
	Quantity:		•		Show Dose C	Calculator
	Refills:	none ▼	•			
	Directions to	Substitution perm	itted ▼			
	Pharmacist: Directions to					
	Patient:					
Clister CONTINUE DUTTON						
Click the CONTINUE BUTTON.			Co	ntinue		
Review the script and click the OK BUTTON.			(OK		
Ensure the prescription that needs to be sent is			ı			
checked.						
Enter the SIGNATURE PASSWORD.						
EILEI LIE SIGNATURE PASSWURD.	Sigr	nature P	assw	ord:		
Click on the SEND BUTTON.	Sign	nature P	20	ord: Send		

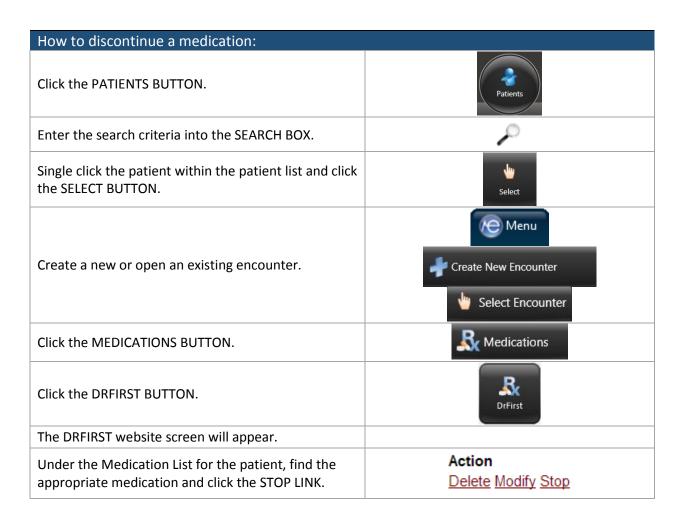
Measure 5: Maintain an Active Medication List

Threshold = 80%

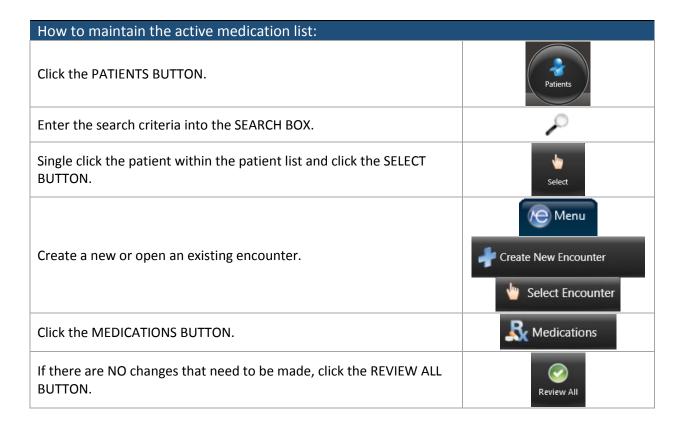
This module must be completed for EVERY UNIQUE PATIENT with an encounter; even if the patient does not have any current medications. This measurement can be fulfilled by adding an existing medication, discontinuing a medication, maintaining a medication, or prescribing a medication.







	Stopping a Medication		
	Stopping Claritin (loratadine) 10 mg tablet , started at unknown date.		
Select the appropriate date stopped and reason for	Date Stopped: Apr ▼ 4 ▼ 2014 ▼		
stopping. The user may add additional notes in the	Reason for stopping:		
Notes field.	Completion of Therapy ▼		
	Notes:		
Click the STOP MEDICATION BUTTON.	Stop Medication		

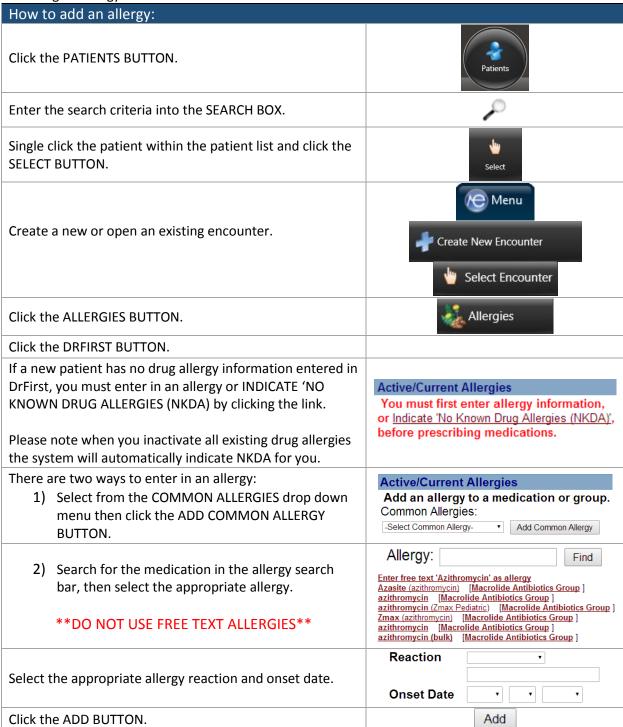


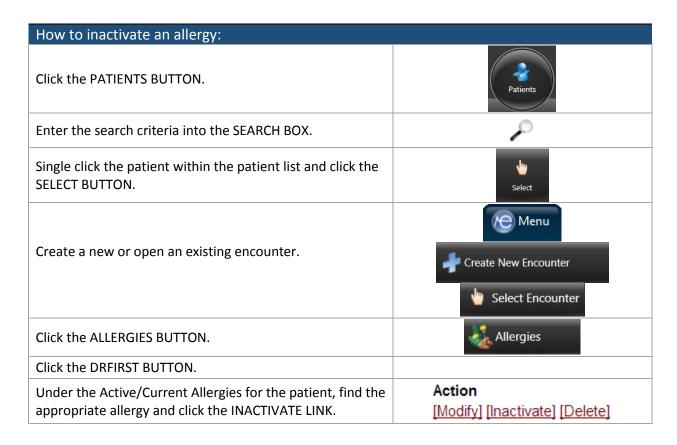
To prescribe a medication please refer to <u>Measure 4: Generate and Transmit Permissible Prescriptions</u> <u>Electronically (eRx)</u> on page 9.

Measure 6: Maintain an Active Medication Allergy List

Threshold = 80%

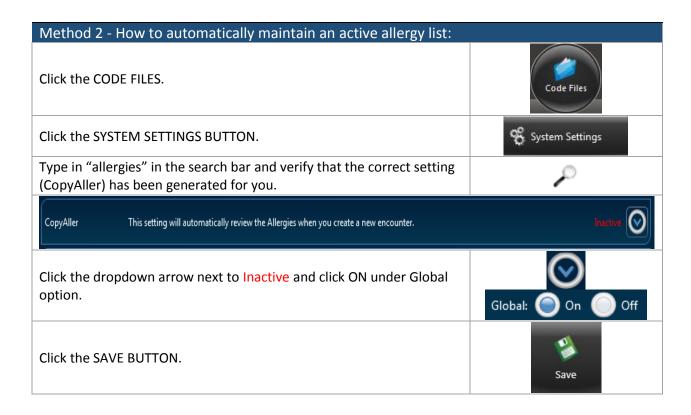
This module must be completed for EVERY UNIQUE PATIENT with an encounter; even if patient does not have any allergies. This measurement can be fulfilled by adding an allergy, inactivating an allergy or reviewing an allergy list.





There are two ways to maintain the allergy list; manually clicking into the allergies module and selecting "Review All" for each patient encounter, **OR** by selecting the option to automatically review the allergies for each encounter via system settings.

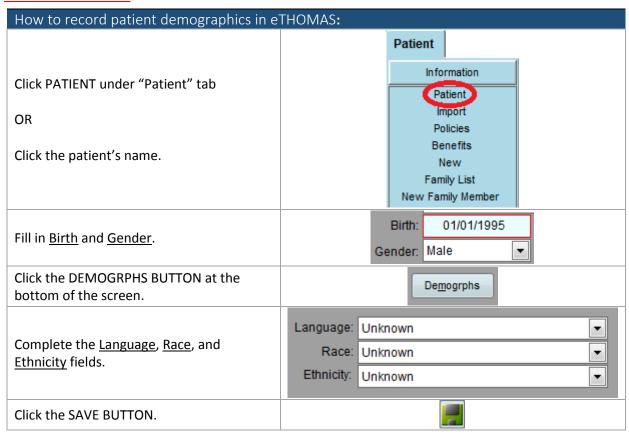
Method 1 - How to manually maintain an active allergy list:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the ALLERGIES BUTTON.	Allergies
If there are NO changes that need to be made, click the REVIEW BUTTON.	Review



Measure 7: Record Demographics

Threshold = 50%

This measure is only done in eTHOMAS and only needs to be completed for EVERY UNIQUE PATIENT with an encounter. If demographics are entered in ehrTHOMAS, the information in eTHOMAS will override those areas.



Measure 8: Record and Chart Vitals

Threshold = 50%

This module must be completed for EVERY UNIQUE PATIENT with an encounter. Patients under the age of 3 years do not need to have blood pressure recorded. Certain specialty practices may qualify for exclusions on one or more of these vital sign measures. Unless a practice has been notified of these exclusions, continue to record all of the mentioned vitals to meet the "Meaningful Use" standard.

How to record vitals:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the VITALS BUTTON.	Vitals
Click the BP SYSTOLIC BUTTON and enter the appropriate value.	BP Systolic
Click the BP DIASTOLIC BUTTON and enter the appropriate value.	BP Diastolic
Click the HEIGHT BUTTON and enter the appropriate value.	Height
Click the WEIGHT BUTTON and enter the appropriate value.	Weight
Click the SAVE BUTTON to save the changes.	Save

Measure 9: Record Smoking Status for Patients 13 Years Old or Older

Threshold = 50%

This objective must be completed for EVERY UNIQUE PATIENT with an encounter. There are two ways to fulfill this measurement; by entering the smoking status through the "Family Health History" module OR through the patient demographic edit screen.

Please note that the Family/Social History will still be available to use, however if the smoking status is entered in this module, it will **NOT** count towards meaningful use.

Method 1 - How to record Smoking Status via "Family Health History" Screen:			
Click the PATIENTS BUTTON.	Patients		
Enter the search criteria into the SEARCH BOX.	P		
Single click the patient within the patient list and click the SELECT BUTTON.	\\w Select		
Create a new or open an existing encounter.	Create New Encounter Select Encounter		
Click the FAMILY HEALTH HISTORY BUTTON.	Family Health History		
Select the appropriate smoking status from the SMOKING STATUS DROP DOWN.	Smoking:		
Click the REVIEW BUTTON to save the changes.	Review		

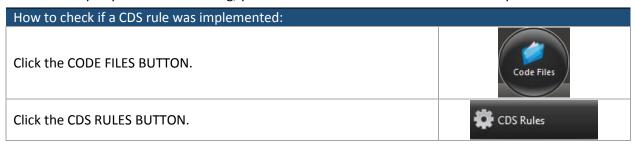
Method 2 - How to record Smoking Status via "Patient Edit" screen	ո։
Click the PATIENTS BUTTON	Patients
Enter the search criteria into the SEARCH BOX.	2
Single click the patient within the patient list and click the SELECT BUTTON.	Select

Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the PATIENT'S NAME or click the PATIENT PICTURE to go to the Patient Edit screen.	
Click the OTHER DEMOGRAPHIC DROP DOWN.	Other Demographics 🔘
Click the appropriate smoking status from the SMOKING STATUS DROP DOWN.	Smoking:
Click the SAVE BUTTON to save the changes.	Save

Measure 10: Implement One Clinical Decision Support (CDS) Rule

Threshold: Must be enabled for the whole reporting period

At the last day of your office's training, your ehrTHOMAS trainer should have already created a CDS rule.



If there are no CDS Rules listed, please call Genius Solutions and have them help your office set one up.

Measure 11: Provide Patients the Ability to View Online, Download and Transmit Their Health Information

Threshold = 50%

This objective must be completed for EVERY UNIQUE PATIENT with an encounter. This measure can be fulfilled by printing out instructions on how to connect with HealthVault.

How to send information to HealthVault:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	W Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the PATIENT's NAME or click the PATIENT PICTURE to go to the Patient Edit screen.	
Click the MICROSOFT HEALTHVAULT DROP DOWN	Microsoft HealthVault
Click the CONNECT TO HEALTHVAULT BUTTON.	Connect to HealthVault
Enter the patient's NAME, SECURITY QUESTION, SECURITY ANSWER, and an EMAIL ADDRESS to send the confirmation to (if applicable).	
Click the SEND BUTTON.	Send
Click the PRINT BUTTON to provide the instructions to the patient, or if the patient's email address was entered, click the CLOSE BUTTON.	Print Close

For more information on how to set up a HealthVault account for your patients, please see the ehrTHOMAS Microsoft HealthVault Practice Guide.

Measure 12: Provide Clinical Summaries for Patients for Each Office Visit

Threshold = 50%

A clinical summary must be created for EVERY encounter.

How to create a summary of care record via Patient Menu screen:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	<i>P</i>
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the CREATE CLINICAL SUMMARY RECORD BUTTON.	®
Click the CREATE CCDA BUTTON	Create CCDA
A window will prompt the user that a CCDA has been created. Click the NO BUTTON to continue.	No

Measure 13: Protect Electronic Health Information Created or Maintained by the CEHRT through the Implementation of Appropriate Technical Capabilities

In addition to meeting each measure of meaningful use, CMS requires eligible professionals to conduct a security risk analysis. If the office has their own hardware technician, please contact him/her regarding a security risk analysis.

CMS states that conducting or reviewing a security risk analysis to meet the standards of Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule is included in the meaningful use requirements of the Medicare and Medicaid EHR Incentive Programs. Eligible professionals must conduct a security risk analysis in both Stage 1 and Stage 2 of meaningful use to ensure the privacy and security of their patients' protected health information.

Please review this **Security Risk Analysis Tipsheet** for more information.

Menu Measures

Implement Drug Formulary Checks

Threshold: Must be enabled for the whole reporting period

ehrTHOMAS automatically checks drug formulary before completing a medication order through DrFirst. Ensure that the patient's formulary information is fill out.



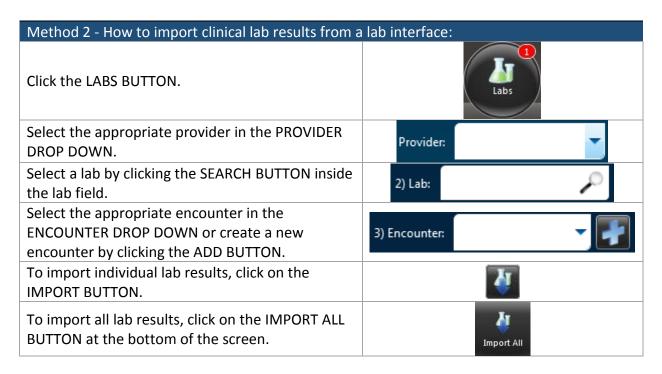
Any questions regarding this objective, please call Genius Solutions.

Incorporate Clinical Lab Test Results

Threshold = 40%

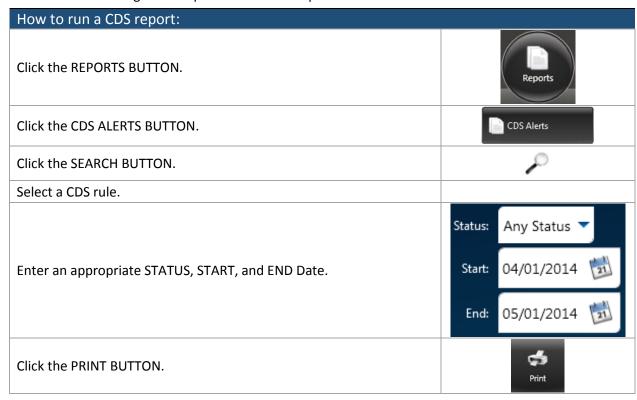
This objective must be completed for EVERY lab result entered in an encounter. There are two ways to incorporate lab test results; manually add in lab results **OR** import lab results from the lab interface screen.

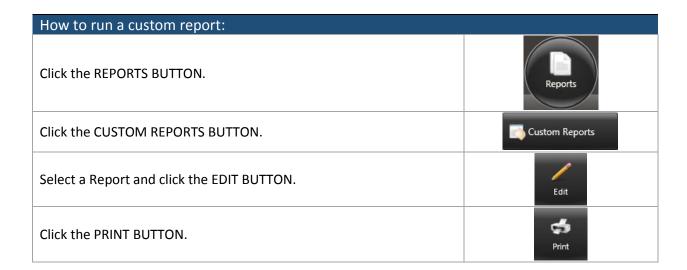
Method 1 - How to manually incorporate clinical lab results:	
Click the PATIENTS BUTTON	Patients
Enter the search criteria into the SEARCH BOX.	۶
Single click the patient within the patient list and click the SELECT BUTTON.	Select
If a lab has already been ordered, from the SUMMARY SCREEN, locate the LABS header. Select an ordered lab that results needs to be added into, then skip to "Enter the lab"*	labs Labs
If a lab has not been ordered, create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the LABS BUTTON.	Labs
Select the lab test from the LAB TEST LIST.	CBC Complete Blood Count
Click the NEXT BUTTON.	Next
Single click the lab from the lab order list and click the EDIT BUTTON.	Edit
Select the ORDER DOCTOR and the TECHNICIAN from the appropriate drop down menus.	_
*Enter the lab values located under ORDERED TESTS of the lab order edit screen and enter in the appropriate values.	
Click the SAVE BUTTON to save the values that have been added.	Save



Generate Lists of Patient by Specific Conditions

This objective must be completed ONCE during the reporting period. There are two ways to complete this measure: running a CDS report or a custom report.



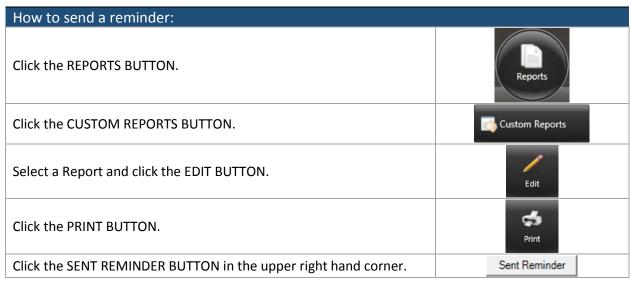


If there is not a report available, please call Genius Solutions for them to set one up.

Send Reminders to Patients for Preventative/Follow-Up Care

Threshold = 20%

This objective must be completed ONCE during the reporting period. It's best to complete this right before the reporting period ends. The reminder report should already have been created during the practice's training period.



If there is not a report available, please call Genius Solutions for them to set one up.

Identify and Provide Patient-Specific Education Resources

Threshold = 10%

There are three ways to provide educational information; generating a document for the patient, indicating that verbal education was provided by the physician to the patient, or clicking the MedlinePlus icon.

Method 1 - How to generate a document for "patient-specific education	nal resources":
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	P
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the EDUCATION BUTTON.	Education
Select the appropriate educational resources from the EDUCATION LIST.	Plantar Fascitis Information
Click the NEXT BUTTON.	Next
Click the OPEN FILE BUTTON to open the attached document.	Open File
Click the COMPLETE BUTTON to indicate the educational resource has been provided to the patient.	Complete
Click the SAVE BUTTON.	Save

Method 2 - How to provide verbal communication for "patient-specific	educational resources:
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	P
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click the EDUCATION BUTTON.	Education
Click the ADD FREE TEXT EDUCATION BUTTON.	Add Free Text Education
Enter title and education information that has been verbalized by the physician and click the SAVE/ADD BUTTON to attach the data.	Education Edit Caption: Education: Save Save Save/Add Cancel
Click "Next" once education has been added.	Next
Click the COMPLETE BUTTON to indicate the educational resource has been provided to the patient.	Complete
Click the SAVE BUTTON.	Save

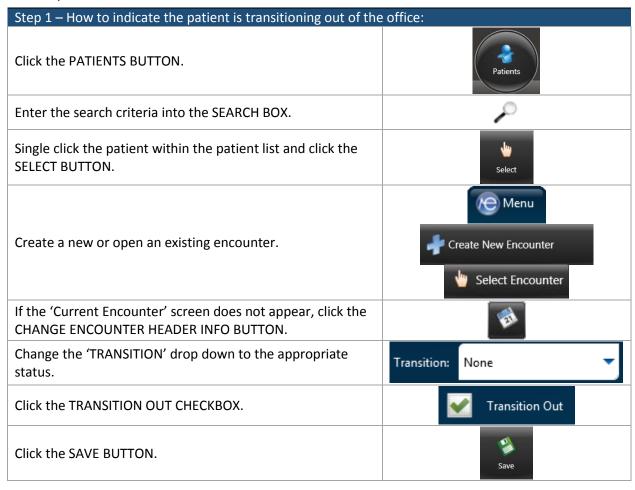
MedlinePlus icons are located in the Condition Tracking and Medication modules. By clicking on the

MedlinePlus icon , the system will open up an internet browser with information regarding the diagnosis or the medication.

Provide Summary of Care Record for Each Transition of Care or Referral

Threshold = 50%

This must be done for EVERY patient that is transferred out of the office. There are two steps to this objective; indicate whether the patient is a transition out of the office and providing that patient with a summary of care record.

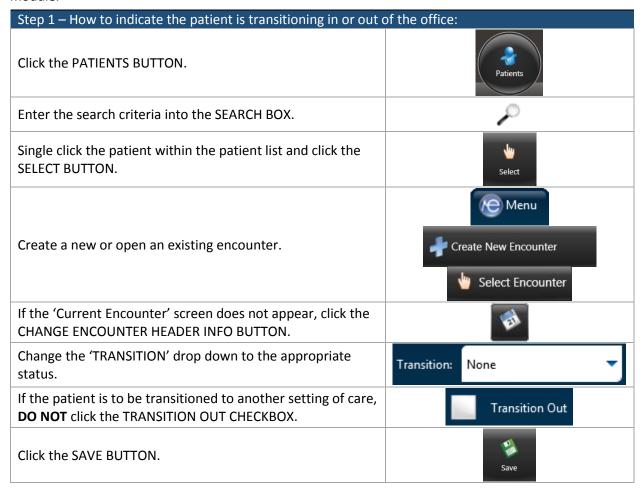


For step 2, please refer to <u>Core Measure 12: Provide Clinical Summaries for Patients for Each Office Visit</u> on page 23.

Perform Medical Reconciliation for Patient's Received from Another Setting of Care

Threshold = 50%

This must be done for EVERY patient that is transferred into the office. There are two steps to this objective; indicate whether the patient is a transition into the office and filling out the Medication module.



For step 2, please refer to Core Measure 6: Maintain an Active Medication List on page 14.

Submit Electronic Data to Immunization Registries or Immunization Information Systems

ehrTHOMAS has the ability to export HL7 files for immunizations in the state of Michigan and Florida. If your practice performs any immunizations the set-up to send electronic data is already completed. There are two ways to send electronic data to immunization registries; by each individual vaccination **OR** by batch.

Method 1 - How to send HL7 files by vaccination:	
Click the PATIENTS BUTTON.	Patients
Enter the search criteria into the SEARCH BOX.	P
Single click the patient within the patient list and click the SELECT BUTTON.	Select
Create a new or open an existing encounter.	Create New Encounter Select Encounter
Click on the IMMUNIZATION BUTTON.	/ Immunizations
Click on a Performed vaccination under the Vaccination Received on the left side of the screen.	\odot
Click on CREATE HL7 BUTTON.	Create HL7

Method 2 - How to send HL7 files by batch:	
Click the REPORTS BUTTON.	Reports
Click the IMMUNIZATION BUTTON.	/ Immunization
Enter in the appropriate fields to find HL7 files to export.	
Click the EXPORT BUTTON.	Export Export

Submit Electronic Syndromic Surveillance Data to Public Health Agencies

ehrTHOMAS has the ability to export HL7 files for Syndromic Surveillance.

How to create HL7:	
Click the REPORTS BUTTON.	Reports
Click the SYNDROMIC SURVEILLANCE BUTTON.	Syndromic Surveillance
Enter in the appropriate fields to find HL7 files to export.	
Click the EXPORT BUTTON.	Export

Clinical Quality Measures (CQMs)

Threshold = Report 3 core and 3 menu CQMs

CQMs are still required for Meaningful Use even though it may not be a Core or Menu measurement. The practice must report their CQMs during their attestation. For more information on CQMs, please see the ehrTHOMAS Clinical Quality Measures document.

ehrTHOMAS is certified for the following CQM measures:

- NQF0018 Controlling High Blood Pressure: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90mmHg) during the measurement period.
- **NQF0022 Use of High-Risk Medications in the Elderly:** Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported:
 - a. Percentage of patients who were ordered at least one high-risk medication.
 - b. Percentage of patients who were ordered at least two different high-risk medications.
- NQF0024 Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported:
 - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.
 - Percentage of patients with counseling for nutrition.
 - Percentage of patients with counseling for physical activity.
- NQF0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:

 Percentage of patients aged 18 years and older who were screened for tobacco use one or
 more times within 24 months <u>AND</u> who received cessation counseling intervention if
 identified as a tobacco user.
- **NQF0034 Colorectal Cancer Screening:** Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer.
- NQF0038 Childhood Immunization Status: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
- NQF0041 Preventative Care and Screening: Influenza Immunization: Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.
- **NQF0043 Pneumonia Vaccination Status for Older Adults:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
- **NQF0056 Diabetes: Foot Exam:** Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.
- **NQF0059 Diabetes: Hemoglobin A1c Poor Control**: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

- NQF0064 Diabetes: Low Density Lipoprotein (LDL-C) Control (<100 mg/dL): Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.
- NQF0075 Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control (<100mg/DL):

 Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had each of the following during the measurement period: a complete lipid profile and LDL-C was adequately controlled (< 100mg/dL).
- **NQF0101 Falls: Screening for Future Fall Risk:** Percentage of patients 65 years of age and older who were screened for future fall risk at least once during the measurement period.
- NQF0421 Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up:

 Percentage of patients aged 18 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is <u>outside of the normal parameters</u>, a follow-up plan is documented during the encounter or during the previous six months of the encounter.