

# Hospital Meaningful Use Attestation Data

Utah Medicaid Dually Eligible Hospitals 2011-2012  
A Selection of Measures

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UTAH DEPARTMENT OF  
**HEALTH**



## Utah Medicaid

- Launched State Attestation Process on 10/5/11
- 661 Attestations as of 1/30/13
- \$18,867,974 Adopt Implement Upgrade (AIU) Payments
- 19 Hospitals and 292 Providers Paid as of 1/30/13.

# HIT-EHR Incentive Program

For Eligible Hospitals and Eligible Providers

## Centers for Medicare and Medicaid (CMS) Measures

- Categories
  - Meaningful Use for Eligible Providers and Eligible Hospitals
    - Core Measures
    - Menu Measures
    - Clinical Quality Measures (CQM)
      - Child CQM
      - Adult CQM
  - Currently CMS is endorsing the CQMs
  - CQMs will likely become mandatory

# Quality Measures

## Introduction



## Health Information Technology (HIT) Incentive Payment Program

- Supported through CMS
- Utah Medicaid provides incentives to hospitals as they
  - Adopt, implement, upgrade, or demonstrate meaningful use of certified Electronic Health Record (EHR) technology
- In Stage 1, using their EHR, eligible hospitals must attest to
  - All 14 Core Measures:
  - 5 of 10 Menu Measures
  - All 15 Clinical Quality Measures (CQMs)
- Report levels: national, state, urban/rural, and hospital ID

## Meaningful Use

Medicaid Eligible Hospital Attestations



## To date, 12 of an expected 35 hospitals have attested

- Blue Mountain Hospital, Inc.
- Brigham City Community Hospital, Inc.
- Columbia Ogden Medical Center, Inc.
- Davis Hospital & Medical Center LP
- Hospital Corporation of Utah
- Jordan Valley Medical Center LP
- Mountain View Hospital, Inc.
- Northern Utah Healthcare Corporation
- Salt Lake Regional Medical Center LP
- Timpanogos Regional Medical Services, Inc.
- Tooele Hospital Corporation
- Uintah Basin Medical Center

**“Hospital ID” letters have been randomly assigned**

# Meaningful Use

Medicaid Eligible Hospitals Attesting to Date

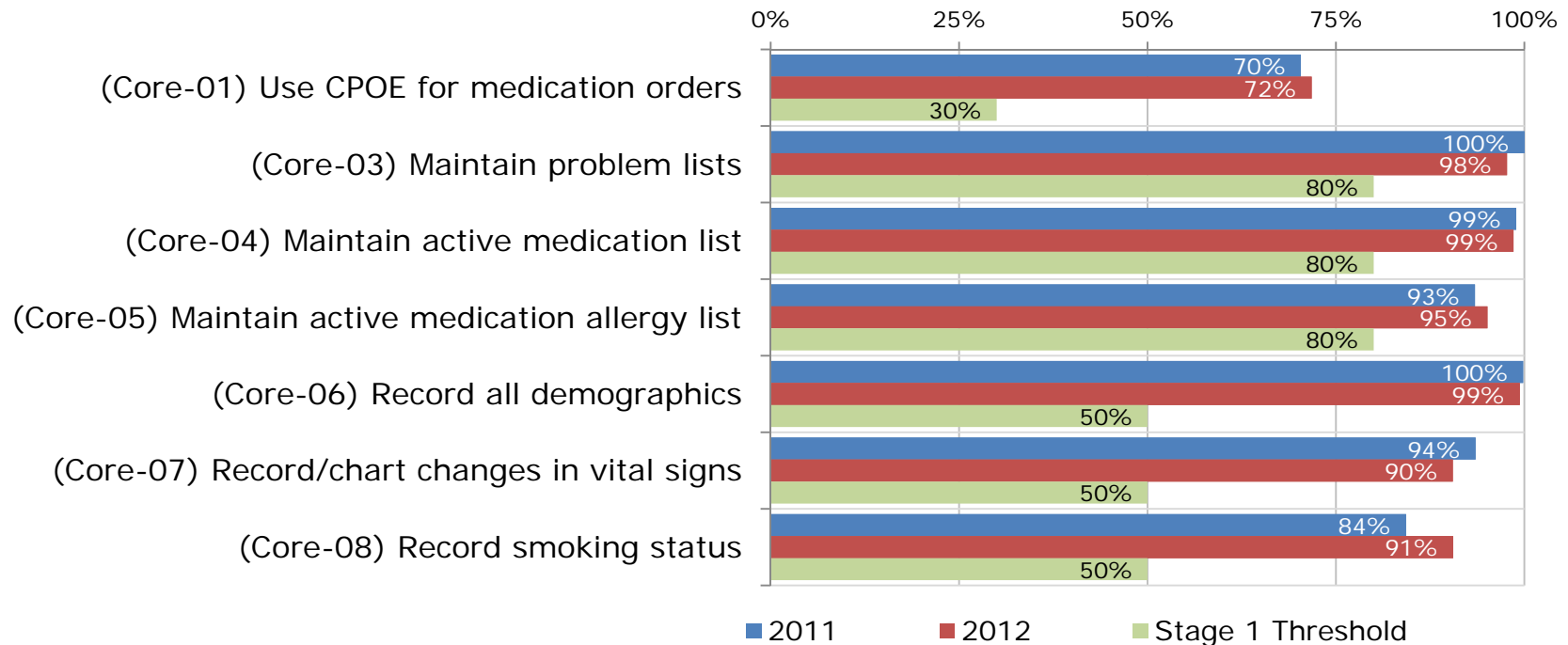


Core Measure	Logic	Stage 1 Threshold
1) Use CPOE for medication orders	Percent	30%
2) Implement drug-interaction checks	True/False	Enabled for entire period
3) Maintain problem lists	Percent	80%
4) Maintain active medication list	Percent	80%
5) Maintain active medication allergy list	Percent	80%
6) Record all demographics	Percent	50%
7) Record/chart changes in vital signs	Percent	50%
8) Record smoking status	Percent	50%
9) Report hospital CQMs	True/False	Provide data
10) Implement one clinical decision support rule	True/False	Implement one DSR
11) Provide patients with e-health information	True/False	50%
12) Provide patients with e-discharge instructions	True/False	50%
13) Capability to exchange clinical information	True/False	Performed at least one test
14) Protect e-health information	True/False	Conduct review

## Medicaid Meaningful Use Core Measures

Hospitals must attest to all 14 Core measures

## Core Measures – Utah Statewide

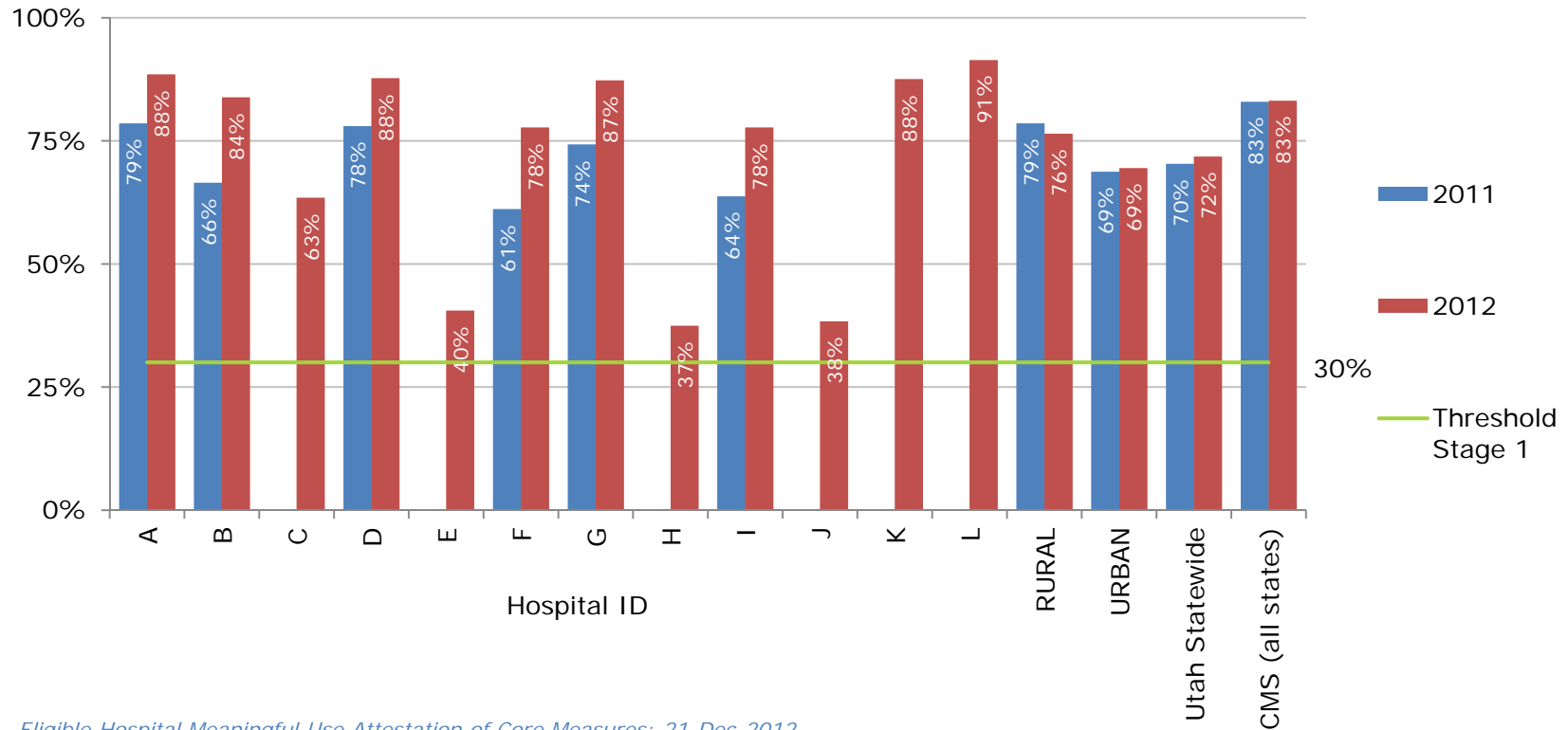


Eligible Hospital Meaningful Use Attestation of [Core Measures](#): 21-Dec-2012

## Core Measures

- Measures with percent logic are illustrated

## (Core-01) Use CPOE for medication orders



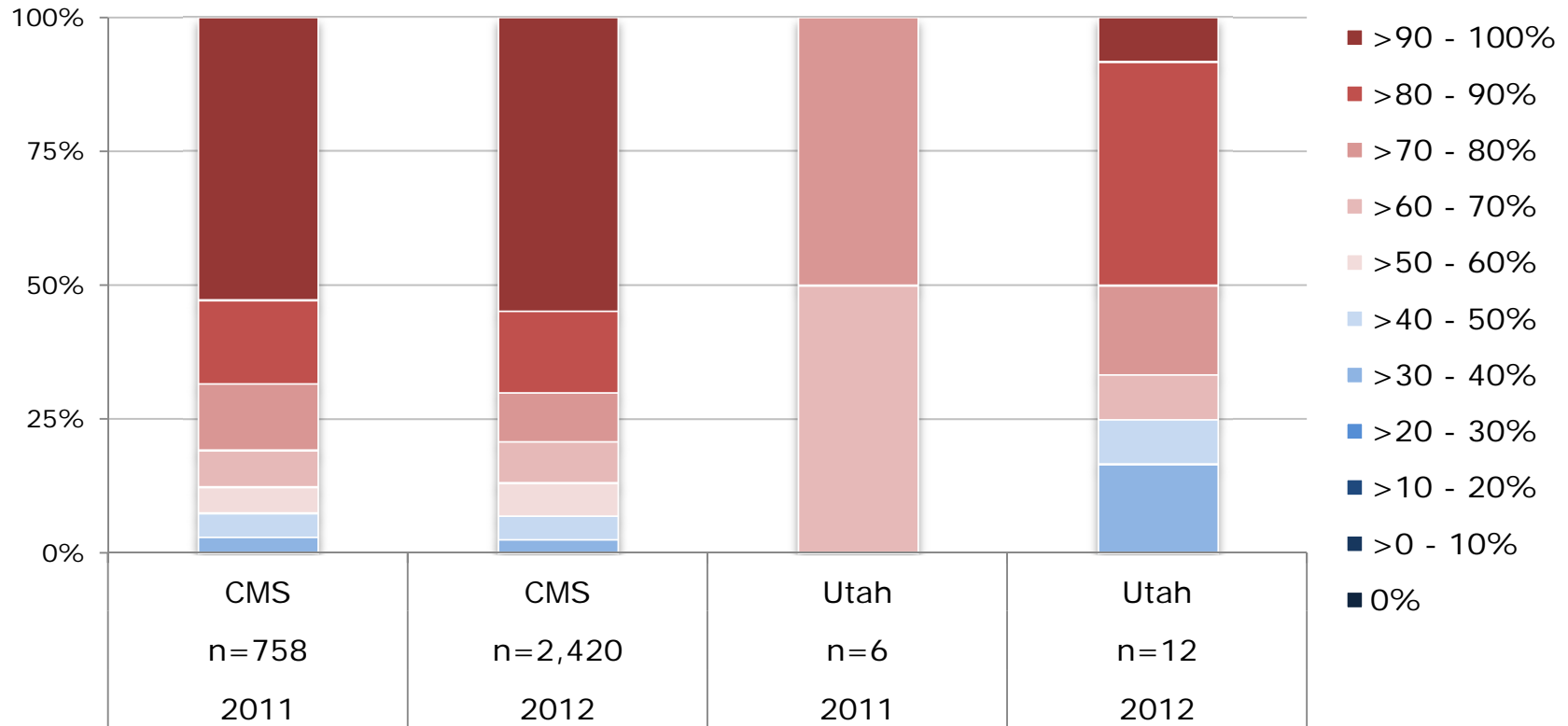
Eligible Hospital Meaningful Use Attestation of Core Measures: 21-Dec-2012

# Core Measure 1: CPOE for Medication Orders

Use Computerized Provider Order Entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per State, local, and professional guidelines.



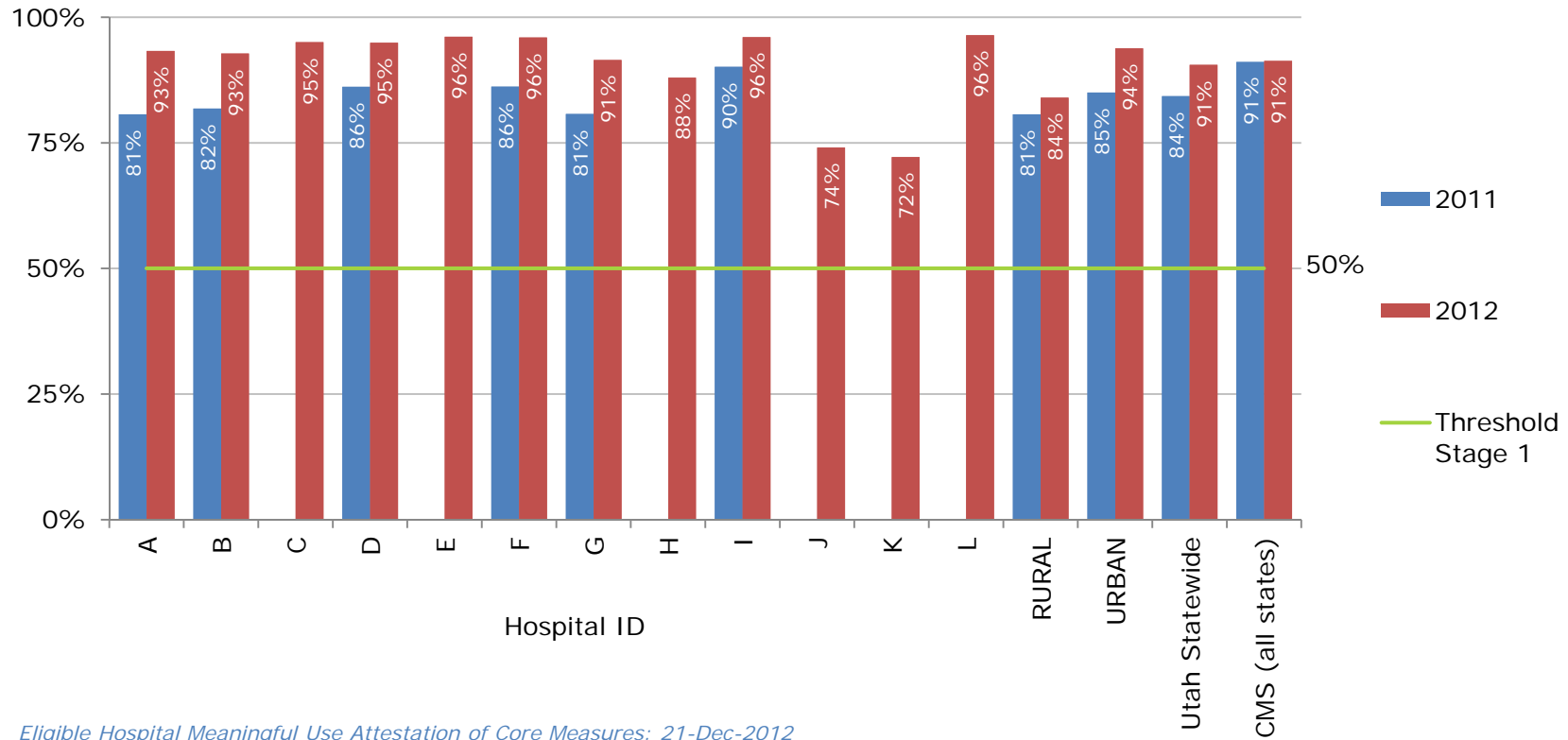
## EHCMU 01 CPOE for Medication Orders



# Core Measure 1: CPOE for Medication Orders

Utah compared to CMS (all states).

## (Core-08) Record smoking status

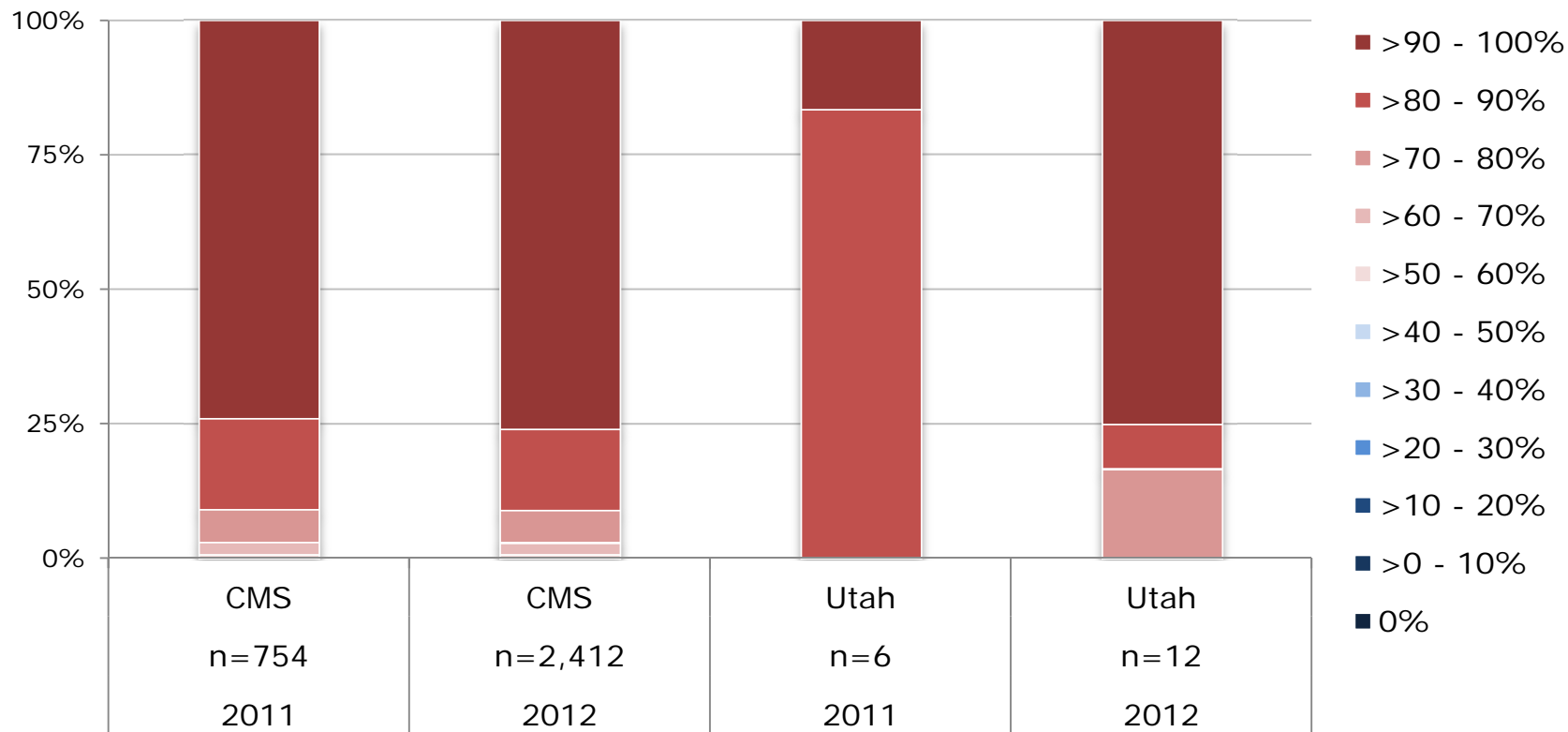


Eligible Hospital Meaningful Use Attestation of Core Measures: 21-Dec-2012

# Core Measure 8: Record Smoking Status

Record smoking for patients 13 years old or older.

## EHCMU 08 Record Smoking Status



# Core Measure 8: Record Smoking Status

Utah compared to CMS (all states).

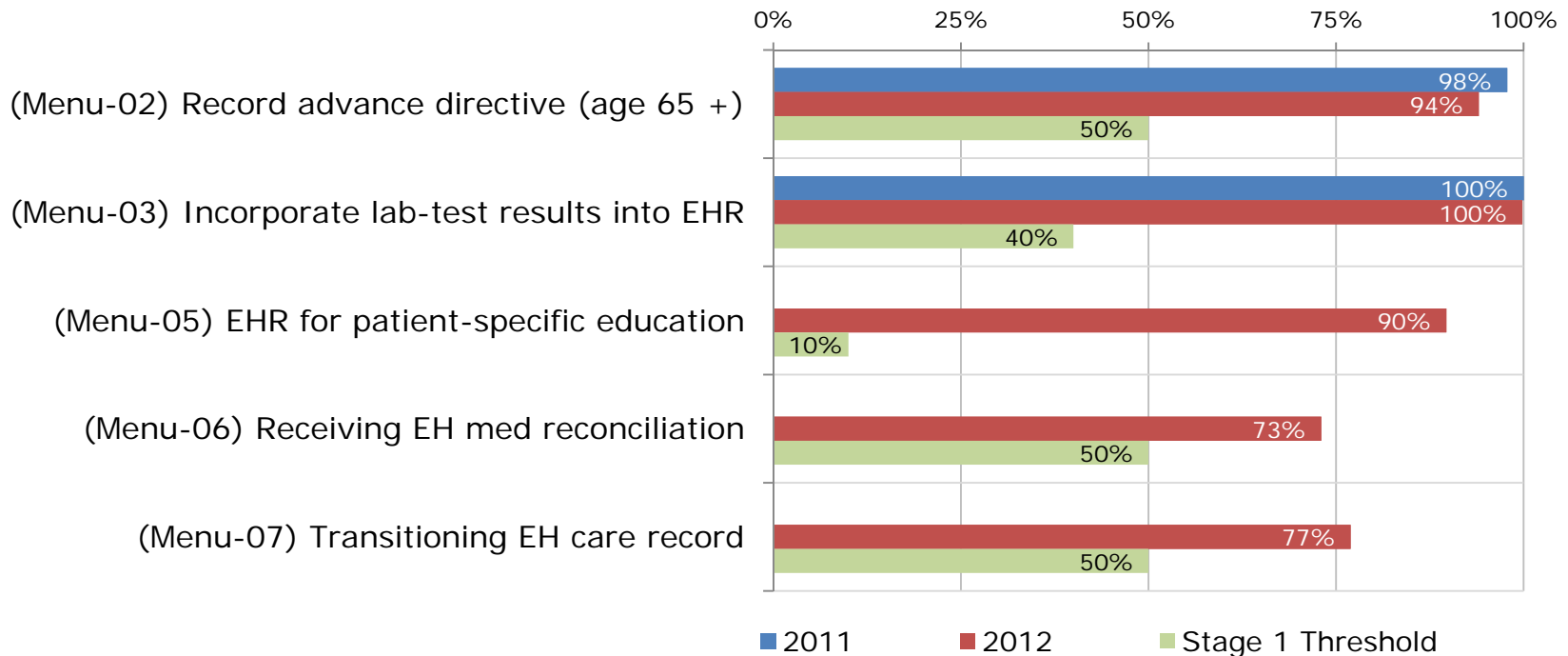
*Eligible Hospital Meaningful Use Attestation of Core Measures: 21-Dec-2012*

Menu Measure	Logic	Stage 1 Threshold
1) Implement drug formulary checks	True/False	Enabled for entire period
2) Record advance directive (age 65 +)	Percent	50%
3) Incorporate lab-test results into EHR	Percent	40%
4) Generate patient lists by specific conditions	True/False	Generate one report
5) EHR for patient-specific education	Percent	10%
6) Receiving EH med reconciliation	Percent	50%
7) Transitioning EH care record	Percent	50%
8) Submit e-immunization information	True/False	Performed at least one test
9) Submit e-data on lab results to public health	True/False	Performed at least one test
10) Submit e-syndromic surveillance data	True/False	Performed at least one test

## Medicaid Meaningful Use Menu Measures

Hospitals must attest to 5 of the 10 Menu measures

## Menu Measures – Utah Statewide

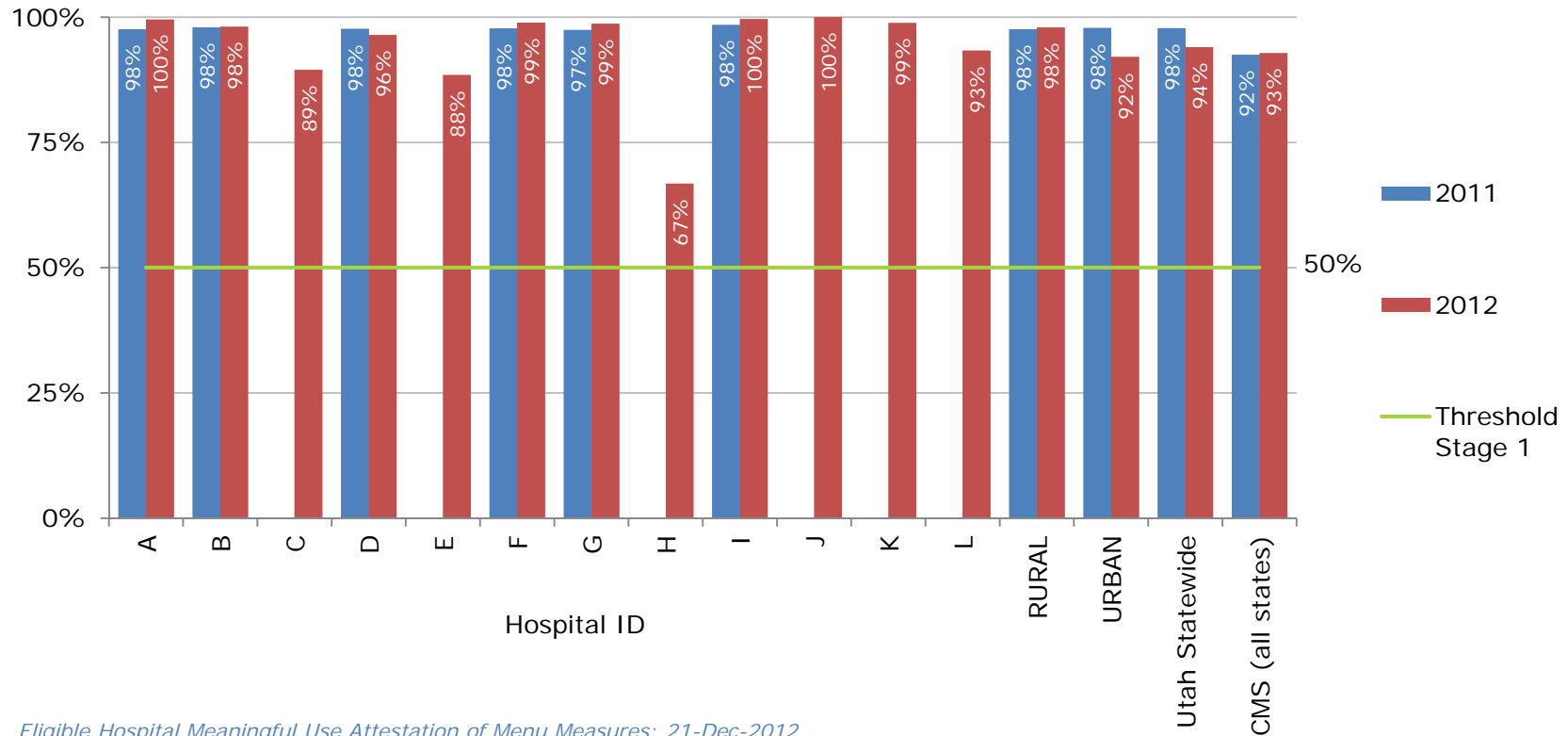


Eligible Hospital Meaningful Use Attestation of [Menu Measures](#): 21-Dec-2012

## Menu Measures

- Measures with a percent logic are illustrated

## (Menu-02) Record advance directive (age 65 +)

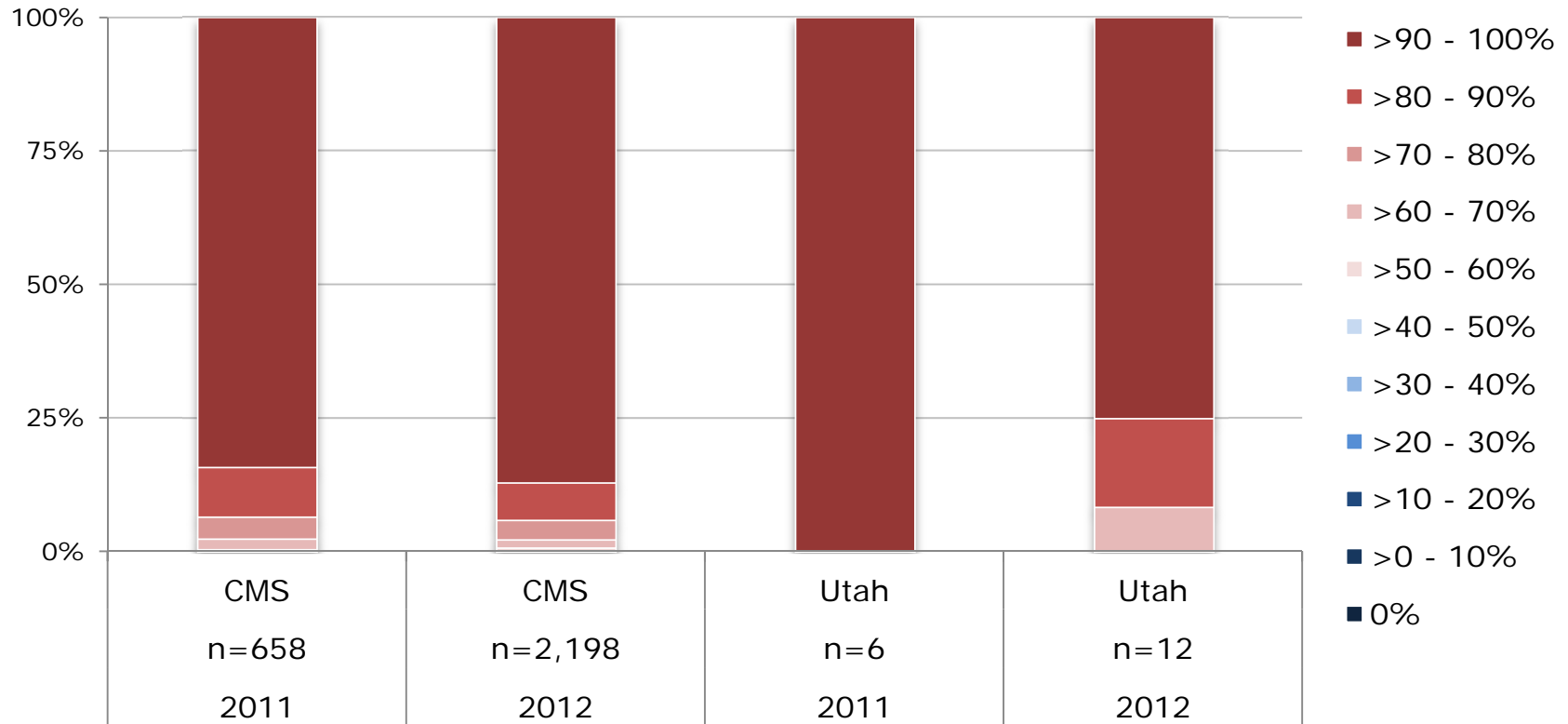


Eligible Hospital Meaningful Use Attestation of Menu Measures: 21-Dec-2012

# Menu Measure 2: Advance Directives

Record advance directives for patients 65 years old or older.

## EHMMU 02 Advance Directives



# Menu Measure 2: Advance Directives

Utah compared to CMS (all states).

*Eligible Hospital Meaningful Use Attestation of [Menu Measures](#): 21-Dec-2012*

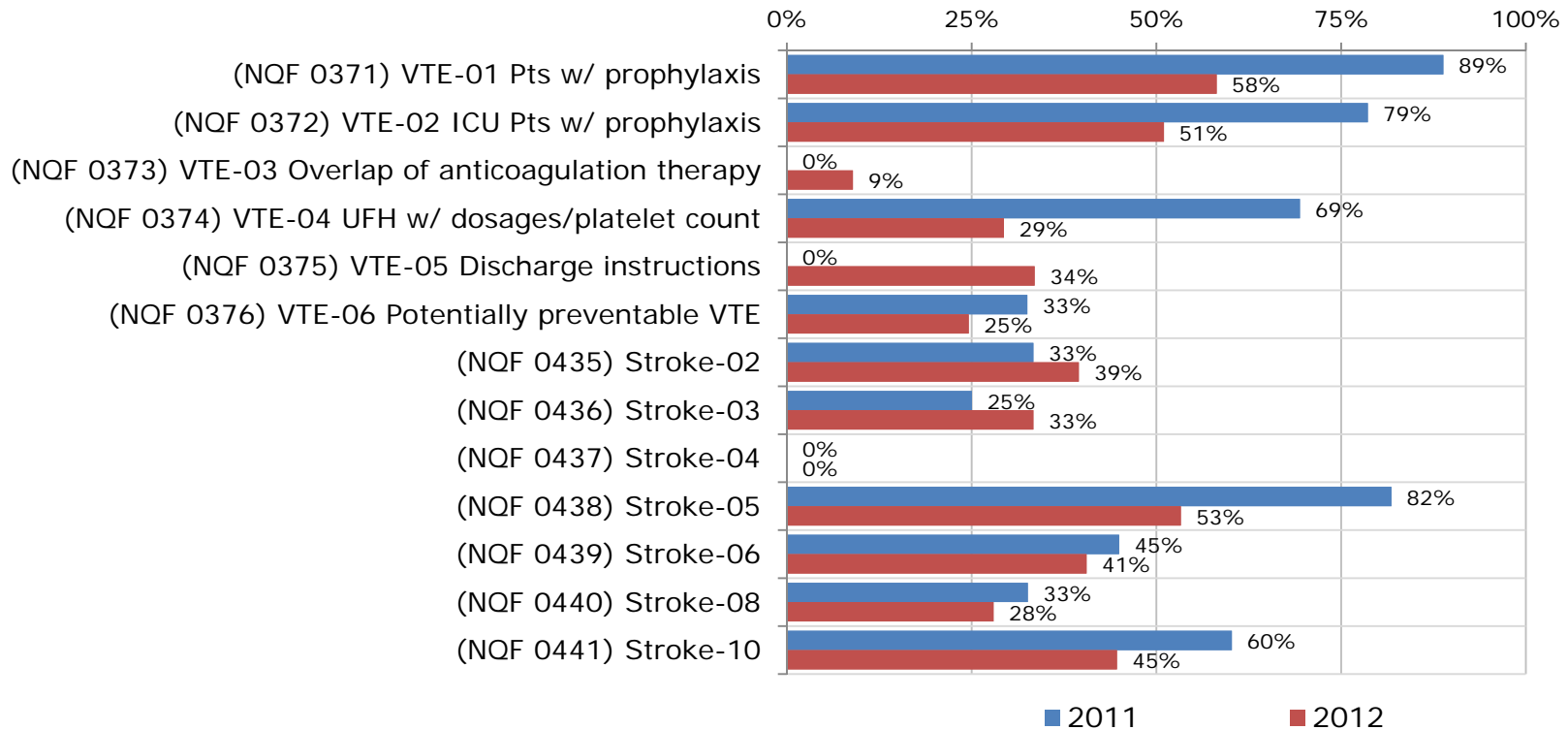
Clinical Quality Measure	Logic
(NQF 371) VTE-1 patients w/ prophylaxis	Percent
(NQF 372) VTE-2 ICU patients w/ prophylaxis	Percent
(NQF 373) VTE-3 Overlap of anticoagulation therapy	Percent
(NQF 374) VTE-4 UFH w/ dosages/platelet count	Percent
(NQF 375) VTE-5 Discharge instructions	Percent
(NQF 376) VTE-6 Potentially preventable VTE	Percent
(NQF 435) Stroke-2 Antithrombotic therapy at hospital discharge	Percent
(NQF 436) Stroke-3 A-fib prescribed anticoagulation therapy at hospital discharge	Percent
(NQF 437) Stroke-4 IV t-PA initiated within 3 hours of time last known well	Percent
(NQF 438) Stroke-5 Administered antithrombotic therapy by end of day two	Percent
(NQF 439) Stroke-6 LDL >100 mg/dL, prescribed statin medication at discharge	Percent
(NQF 440) Stroke-8 Given educational materials during the hospital stay	Percent
(NQF 441) Stroke-10 Stroke patients who were assessed for rehabilitation services	Percent
(NQF 495) ED-1 – ED arrival to departure – admitted patient	Time
(NQF 497) ED-2 – Admit decision to ED departure time – admitted patient	Time

## Medicaid Meaningful Use Quality Measures

Hospitals must attest to all 15 CQMs



## Clinical Quality Measures (Percent Logic) – Utah Statewide

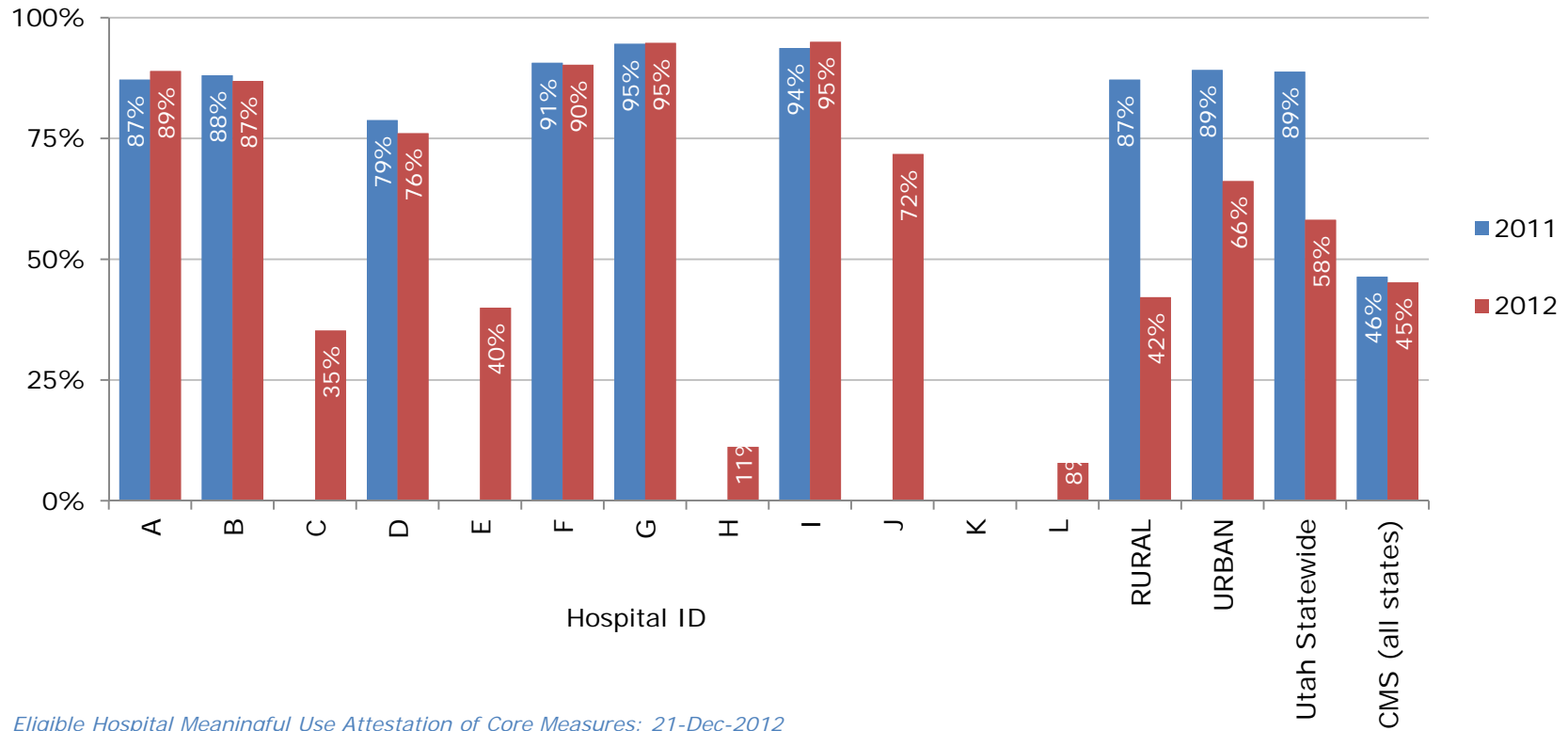


Eligible Hospital Meaningful Use Attestation of [Clinical Quality Measures](#): 21-Dec-2012

# Clinical Quality Measures (CQMs)

- Measures with percent logic are illustrated

## (NQF 0371) VTE-01 Pts w/ prophylaxis

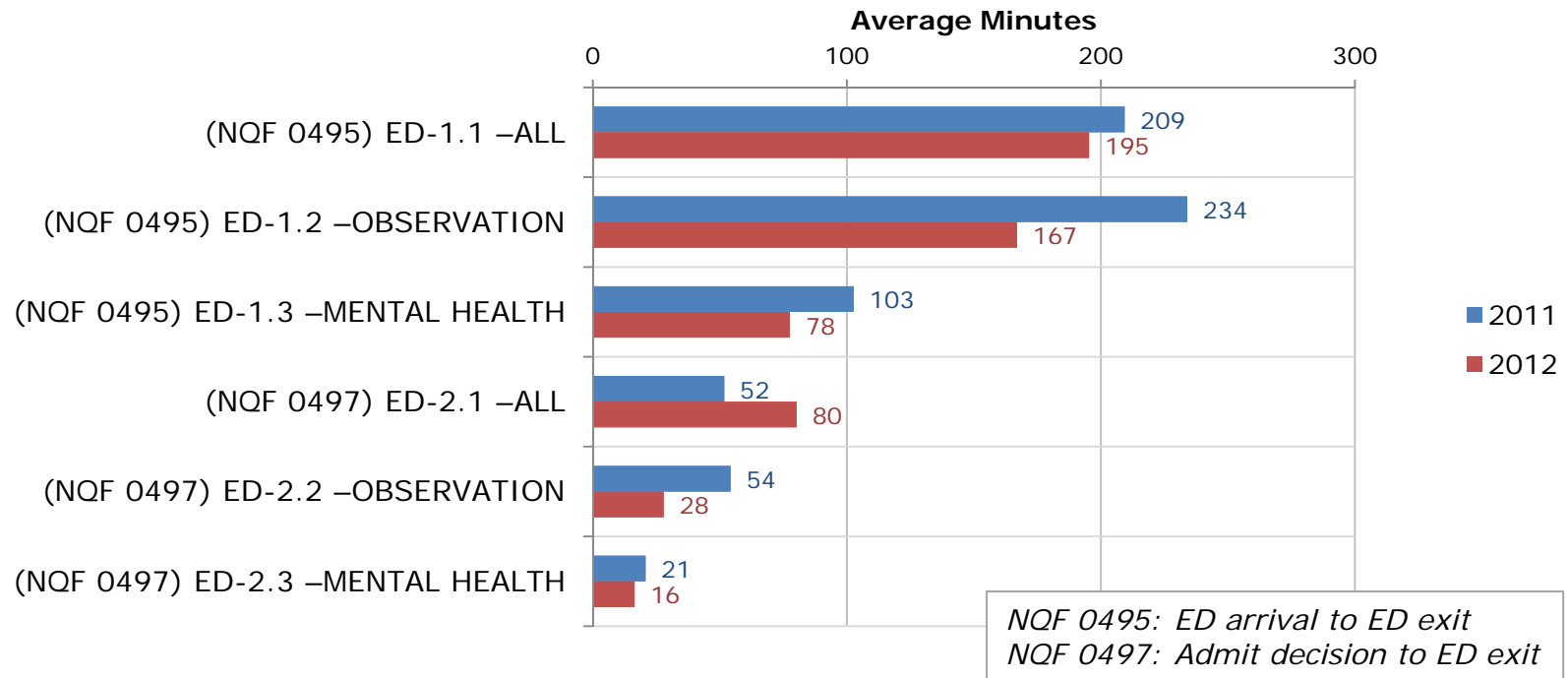


Eligible Hospital Meaningful Use Attestation of [Core Measures](#): 21-Dec-2012

# Clinical Quality Measure: NQF 371

(VTE-1) Number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.

## Clinical Quality Measures (Minutes) – Statewide

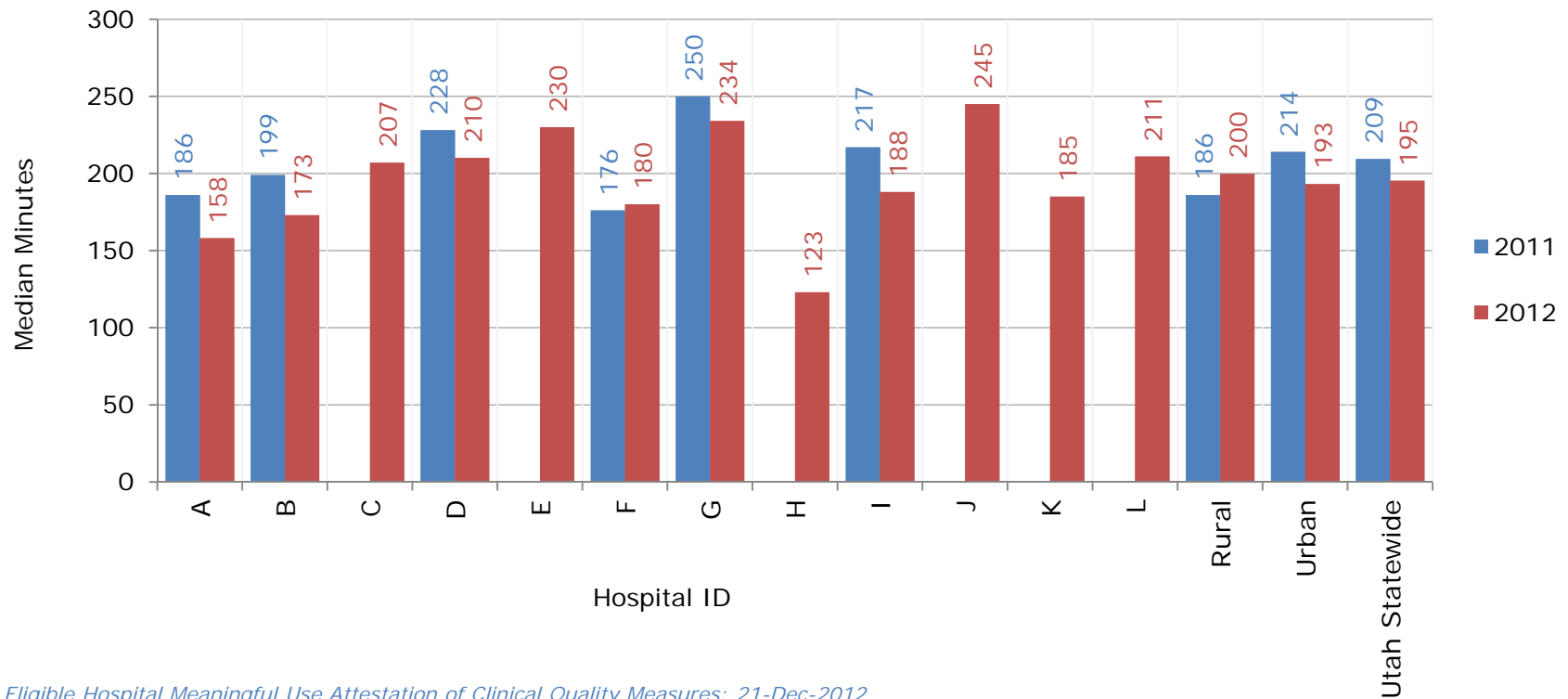


Eligible Hospital Meaningful Use Attestation of [Clinical Quality Measures](#): 21-Dec-2012

## Clinical Quality Measures (CQMs)

- Measures with time logic (throughput minutes) are illustrated

## (NQF 0495) ED-1.1 – ED arrival to departure – ALL



Eligible Hospital Meaningful Use Attestation of [Clinical Quality Measures](#): 21-Dec-2012

# Clinical Quality Measure: NQF 495

(ED-1.2) Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department. **ALL patients.**

# Clinical Quality Measures

Medicaid Meaningful Use Eligible Provider,  
Adult, & CHIPRA Clinical Quality Measures



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NQF #	Clinical Quality Measure
421	Adult Weight Screening and Follow-Up
13	Hypertension: Blood Pressure Measurement
28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
41	Preventive Care and Screening: Influenza Immunization for Patients = 50 Years Old
24	Weight assessment/counseling for children/adolescents: BMI assessment
38	Childhood Immunization Status
59	Diabetes: Hemoglobin A1c Poor Control
64	Diabetes: Low Density Lipoprotein (LDL) Management and Control
61	Diabetes: Blood Pressure Management
81	Heart Failure: ACE Inhibitor or ARB Therapy for LVSD
70	CAD: Beta-Blocker Therapy Patients with Prior Myocardial Infarction (MI)
43	Pneumonia Vaccination Status for Older Adults
31	Breast Cancer Screening
34	Colorectal Cancer Screening
67	Coronary Artery Disease (CAD): Antiplatelet Therapy
83	HF: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
105	Antidepressant Medication Management: Acute & Continuation Phase Treatment
86	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
88	Diabetic Retinopathy: Macular Edema and Level of Severity of Retinopathy
89	Diabetic Retinopathy: Communication with Managing Physician
47	Asthma Pharmacologic Therapy for Persistent Asthma
1	Asthma Assessment

## MU Eligible Provider **Clinical Quality Measures**

Meaningful Use Measures for Medicaid Eligible Providers

NQF #	Clinical Quality Measure
2	Appropriate Testing for Children With Pharyngitis
387	Breast Cancer: Hormonal Therapy for Stage IC-IIIC ER/PR Positive Breast Cancer
385	Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients
389	Prostate Cancer: Avoidance of Overuse of Bone Scan
27	Medical Assistance With Smoking and Tobacco Use Cessation
55	Diabetes: Eye Exam
62	Diabetes: Urine Screening
56	Diabetes: Foot Exam
74	Coronary Artery Disease (CAD): Lipid Control
84	Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
73	Ischemic Vascular Disease (IVD): Blood Pressure Management
68	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic
4	Initiation & Engagement of Alcohol and Other Drug Dependence Treatment
12	Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
14	Prenatal Care: Anti-D Immune Globulin
18	Controlling High Blood Pressure
32	Cervical Cancer Screening
33	Chlamydia Screening in Women
36	Use of Appropriate Medications for Asthma
52	Use of Imaging Studies for Low Back Pain
75	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
575	Diabetes: Hemoglobin A1c Control (< 8.0%)

## MU Eligible Provider Clinical Quality Measures (Continued)

NQF #	Clinical Quality Measure
39	Flu Shots for Adults Ages 50-64 (Collected as part of HEDIS CAHPS)
NA	Adult BMI Assessment
31	Breast Cancer Screening
32	Cervical Cancer Screening
27	Smoking and Tobacco Use Cessation (Collected as part of HEDIS CAHPS)
418	Screening for Clinical Depression and Follow-Up Plan
1768	Plan All-Cause Readmission
272	PQI 01: Diabetes, Short-term Complications Admission Rate
275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) Admission Rate
277	PQI 08: Congestive Heart Failure Admission Rate
283	PQI 15: Adult Asthma Admission Rate
33	Chlamydia Screening in Women Ages 21-24
576	Follow-Up After Hospitalization for Mental Illness
469	PC-01: Elective Delivery
476	PC-03: Antenatal Steroids
18	Controlling High Blood Pressure
63	Comprehensive Diabetes Care: LDL-C Screening
403	Annual HIV/AIDS Medical Visit
57	Comprehensive Diabetes Care: Hemoglobin A1c Testing
105	Antidepressant Medication Management
NA	Adherence to Antipsychotics for Individuals with Schizophrenia
21	Annual Monitoring for Patients on Persistent Medications
0006 & 0007	CAHPS® Health Plan Survey v 4.0—Adult Questionnaire with NCQA Supplemental
648	Care Transition—Transition Record Transmitted to Health Care Professional
4	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
1517	Prenatal and Postpartum Care: Postpartum Care Rate

## Adult Clinical Quality Measures

Public Health Partners expressed the greatest interest in the highlighted measures.



NQF #	Clinical Quality Measure
1517	Prenatal and postpartum care: timeliness of prenatal care
1391	Frequency of ongoing prenatal care
1382	Percentage of live births weighing less than 2,500 grams
471	Cesarean rate for nulliparous singleton vertex
38	Childhood immunization status
1407	Immunizations for adolescents
24	Weight assessment/counseling for children/adolescents: BMI assessment
1448	Developmental screening in the first three years of life
33	Chlamydia screening in women
1392	Well-child visits in the first 15 months of life
1516	Well-child visits in the 3rd, 4th, 5th, and 6th years of life
NA	Adolescent well-care visit
NA	Total eligibles who received preventive dental services (ages 1-20)
NA	Child and adolescent access to primary care practitioners
2	Appropriate testing for children with pharyngitis
NA	Total eligibles who received dental treatment services (ages 1-20)
NA	Ambulatory care: emergency department visits
139	Pediatric central-line associated bloodstream infections–NICU and PICU
1381	Asthma patients with 1+ asthma-related emergency room visit (ages 2-20)
108	Follow-up care for children prescribed ADHD medication
60	Annual pediatric hemoglobin A1C testing
576	Follow-up after hospitalization for mental illness
NA	CAHPS® 5.0h (Child version including Medicaid/children with chronic conditions)

## CHIPRA (Child) Clinical Quality Measures

Public Health Partners expressed the greatest interest in the highlighted measures.

- An invitation for you to share
  - Possible applications
  - Possible analyses
  - Potential interested parties
  - Etc.
- Questions?

# Invitation