Meaningfully Using EHRs Can Improve Quality of Care in Practices

Making Meaningful Use Meaningful series

Provided By:
The National Learning Consortium (NLC)

Developed By:
Health Information Technology Research Center (HITRC)
Meaningful Use Quality Workgroup

The material in this document was developed by Regional Extension Center staff in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The REC staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.
NATIONAL LEARNING CONSORTIUM

The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and tools designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.

The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (REC, Beacon, State HIE) and through the Health Information Technology Research Center (HITRC) Communities of Practice (CoPs).

The following resource is an example of a tool used in the field today that is recommended by “boots-on-the-ground” professionals for use by others who have made the commitment to implement or upgrade to certified EHR systems.

DESCRIPTION & INSTRUCTIONS

The Making Meaningful Use Meaningful Use series present information related to selecting clinical quality measures and use of EHRs to improve clinical quality. They are intended to help practices determine what they should consider when selecting clinical quality measures for Meaningful Use and how they can leverage other EHR functionalities when selecting and/or improving clinical quality measures.

This resource provides a large table with three columns. The first column provides examples of opportunities for improvement that may be identified by the practice. The second column presents different EHR functions that assist in improvement for the specified area. The final column lists all the Stage 1 Meaningful Use eligible clinical quality measures related the identified improvement opportunities and associated EHR functions. Lastly, a table presents the Stage 1 Meaningful Use objectives, and all of the Stage 1 clinical quality measures that meet Meaningful Use criteria.
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1 Clinical Quality: Measurement to Improvement

LIST OF EXHIBITS

Exhibit 1: Meaningful Use Stage 1 Overview

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## 1 How Using and EHR Meaningfully Can Improve Quality of Care in Practices

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- NQF 0028: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention |
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**Stage 1 MU Objectives:**
- Meet the requirements for Meaningful Use (MU) as outlined by the Centers for Medicare and Medicaid Services (CMS).
- Enhance patient care through the use of electronic health records (EHRs).
- Improve care coordination across settings.
- Increase patient safety and satisfaction.
- Facilitate public health tracking and reporting.

**Related Clinical Quality Measures (CQMs):**
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### Exhibit 1: Meaningful Use Stage 1 Overview

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<td>• E-prescribing (eRx)</td>
<td>• Incorporate clinical lab test results as structured data</td>
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<td>• Report ambulatory clinical quality measures to CMS/State</td>
<td>• Generate lists of patients by specific conditions</td>
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<td>• Implement one CDS rule</td>
<td>• Send reminders to patients per patient preference for preventive/follow up care</td>
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<td>• Provide patients with an electronic copy of their health information, upon request</td>
<td>• Provide patients with timely electronic access to their health information</td>
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<td>• Provide clinical summaries for patients for each office visit</td>
<td>• Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate</td>
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<td>• Drug-drug and drug-allergy interaction checks</td>
<td>• Medication reconciliation</td>
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<td>• Record demographics</td>
<td>• Summary of care record for each transition of care/referrals</td>
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<td>• Maintain an up-to-date problem list of current and active diagnoses</td>
<td>• Capability to submit electronic data to immunization registries/systems*</td>
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<td>• Maintain active medication list</td>
<td>• Capability to provide electronic syndromic surveillance data to public health agencies*</td>
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<tr>
<td>• Maintain active medication allergy list</td>
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<tr>
<td>• Record and chart changes in vital signs</td>
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<tr>
<td>• Record smoking status for patients 13 years or older</td>
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<tr>
<td>• Capability to exchange key clinical information among providers of care and patient-authorized entities electronically</td>
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<tr>
<td>• Protect electronic health information</td>
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### Stage 1 Core/Alternate Core Clinical Quality Measures (3 of 6)

<table>
<thead>
<tr>
<th>Stage 1 Core/Alternate Core Clinical Quality Measures (3 of 6)</th>
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<tbody>
<tr>
<td>• Hypertension: Blood Pressure Management</td>
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<tr>
<td>• Preventive Care and Screening Measure Pair: a) Tobacco Use Assessment b) Tobacco Cessation Intervention</td>
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<tr>
<td>• Adult Weight Screening and Follow-up</td>
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<tr>
<td>• Weight Assessment and Counseling for Children and Adolescents</td>
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<tr>
<td>• Preventive Care and Screening: Influenza Immunization for Patients 50 Years Old or Older</td>
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<tr>
<td>• Childhood Immunization Status</td>
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<td>Clinical Quality Measures (3 of 38)</td>
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<tr>
<td>• Diabetes: LDL Management and Control</td>
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<td>• Diabetes: HbA1c Poor Control</td>
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<td>• Diabetes: Urine Screening</td>
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<tr>
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<td>• Controlling High Blood Pressure</td>
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<tr>
<td>• Prenatal Care: Screening for HIV</td>
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<tr>
<td>• Prenatal Care: Anti-D Immune Globulin</td>
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